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**Ministry Of Health Gezira State  
Gezira Malaria Free Initiative 2004 -2005  
Dr Abbas Sulaiman**

**Situation Analysis and Objectives** . Gezira State is one of the largest States in Sudan with an area of 35.304 km<sup>2</sup> and population 3.6692000. it is administratively divided into seven localities with malaria units in each locality. Malaria is a major health problem in the State. Plasmodium falciparum is the predominate species (> 95 %) and anopheles arabiensis is the sole vector. More than 31 % of out patient visitors are malaria and about 35.6 % of the admission in the State health facilities are due to malaria and about 20.1 % of the total deaths for the year (2002).

The main strategic directions are early diagnosis and prompt treatment. Selective vector control measures including insecticides, treated nets, early forecasting and appropriate respond to epidemics, developing partnership and applied field research. Control measures in Gezira State is affected by irrigation scheme favourable breeding sites, broken pipes, poor drainage system, insecticide resistance and poor financial support, insufficient epidemiological and health information system and more over poor diagnostic facilities in both public and private sector.

*Mal. Cases-Admissions-Deaths (1999-2003)*

P.C	Mal Deaths	General Deaths	P.C%	Mal Admissions	General Admissions	P.C %	Mal Cases	outpt Attendance	Year
24.7	389	1573	43.6	28640	65404	43.9	38933	88589	1999
28.1	392	1885	41.0	28751	70124	42.8	59799	139644	2000
28.65	425	1483	32.6	18362	56359	41.1	41578	101411	2001
20.0	338	1682	35.6	16361	45949	31.02	85161	274527	2002
8	182	2268	29.4	22511	76411	24	129387	538963	2003

**Achievements (2002)** . During 2002 different strategies were implemented according to the stratification of the State (e.g. the residual spray was omitted from

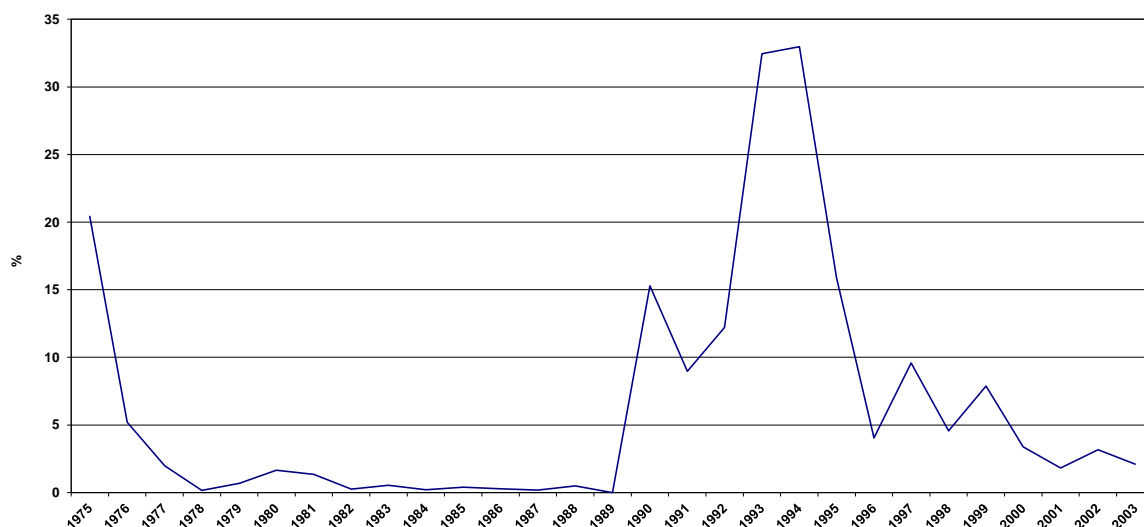
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the urban area, intensified larval control, environmental manipulation and management, distribution of bednets for the risk groups and health education). The political government had played a big role in these achievements.:

- 1-reduction of malaria cases by 23.5 % ( from 31% [2002] to 23 % [2003])
- 2-reduction of malaria mortality by 60 % from (20% [2002] to 8.3 % [2003])
- 3-reduction of malaria prevalence (from 3.2 % [2001] to 2.1 % [2002])
- 4- reduction of malaria Admission cases by 17% ( from 35.6 % (2003) to 28% (2003))
- 5-introduction of the quality assurance in malaria laboratories and training of more than 35 % of the targeted personals and increase of the reporting sites from 42 to 48 sites.

**Graph 1. : Prevalence of Malaria among children 1975-2003**

معدل انتشار الملاريا بين الاطفال للعام 1975-2003



**Main constrains .** These include extension of the irrigated areas with lack of inter-sector and intra-sectoral cooperation, population movement, turnover and emigration of the staff. Financing of the program although is better before but it is not stable. Immargace of drug and insecticide resistance

**Challenges.** Sustainability of the initial success in the last year, reduction

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of malaria mortality, improving lab diagnosis, making antimalarial drugs free and availing ITNs at all level and all time

**General Objective .** To make Gezira State malaria free zones by 2005.

**Specific objectives:**

- To reduce the mortality due to malaria by 20%.
- To reduce the admission due to malaria by 25 %.
- To reduce the malaria cases among the outpatient attendance by 25 %.
- To reduce the malaria prevalence to less than 2%

***G.F.I.- P.O.A. (2004-2005 )***

<b>TYPE</b>	<b>PLANNING ELEMENT TITLE</b>
<b>EXPECTED RESULTS</b>	Early diagnosis and appropriate treatment of 85% of simple malaria cases at PHC level and of > 90% of cases at referral hospitals.
<b>PRODUCT-1</b>	<b>Management of Simple Malaria Cases Improved / Strengthened</b>
Activity 1	Institute prompt diagnosis and effective treatment of malaria cases at facility level
A/C	Provision of free antimalarial at facility level (Q tabs, Q syp, SP tabs, Q tabs)
A/C	Training of 30(TOT) focal points to supervise the management of simple malaria at public, NGOs and private
A/C	Raising caretakers awareness towards better management at home using COMBI methodology HE. (in Madani area)
A/C	Operational research testing the practical issues related to the use of CT(CQ+SP&AS+SP ) in selected areas
Activity 2	Strengthening of malaria microscopy network
A/C	Provision of S & E
A/C	In job Training (200 ) Lab Tech.
A/C	Basic training (20 mala. Microsc. )two months duration
A/C	Strengthening Quality Assurance in 7 localities (referral labs )

<b>TYPE</b>	<b>PLANNING ELEMENT TITLE</b>
<b>Product 2</b>	<b>Severe malaria Cases managed appropriately at referral hospitals</b>

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Activity	Identify and address the determinants of severe malaria through hospital-based project in 9 hospitals out of 45 (continuation program )
A/C	Focal group discussion with hospital staff for identification of mortality determinants in priority area hospitals (9 hospitals)
A/C	Supplement diagnostic package to caregivers (Sphygmomanometers, stethoscopes, thermometers, torch, weighing scale, ...)
A/C	Supplement treatment package to malaria patients (IV Q, supportive treatment..)
A/C	Training of 30 (TOT) Health Professionals (public and private) on Management of severe Malaria to train at least 20persons in their hospitals
A/C	Institution of case auditing by team of experts from the hospital
A/C	Focused operational research on treatment regimens: QIV for 3 days+SP/Q IV vs ART

<b>Expected results 2</b>	<b>Prevention of malaria through use of integrated vector control measures - 7 localities</b>
<b>Product 1</b>	I.T.Ns made available and affordable
Activity	Promote the use of ITNs (ref: Sudan ITNs strategic plan)
A/C	Provision of 160.000 ITNs
A/C	Distribution of ITNs through institutes , unions NGOs & other partners .
A/C	Establish 7 centers in the localities for effective treatment & retreatment
A/C	Using mass media to increase I.T.Ns use.
A/C	Conduct operational research comparing the impact of I.T.Ns vs IRHS on the disease.

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<b>Product 2</b>	<b>Mosquito population to be reduced and hence transmission interrupted</b>
Activity 1	Use of Larvivorous Fish
A/C	Construction and rehabilitation of fish raring ponds in at least 3 areas
A/C	Distribution of Larvivorous fish in at least 3 areas
Activity 2	Conduct targeted chemical larviciding in the main cities and towns in the state
A/C	Chemical larviciding in urban areas (insecticides , cost of application )
A/C	Sensitize related sectors & CBOs towards environmental management ( intermittent drying in 20% of the irrigated area )
Activity 3	Covering 95% of houses (442581 houses ) with IRHS where recommended (irrigated areas)
A/C	Provision of S&E (Insecticides ,sprayers and protective clothes )
A/C	regular Supervisory visits during the campaigns and after the operations
A/C	Entomological surveys before and after the operations
A/C	Training of the public health officers (70 )
A/C	Bioassay for the current insecticides under use

<b>Expected results 3</b>	<b>Introduction of intermittent preventive treatment (IPT) to protect mothers during pregnancy.</b>
<b>Product</b>	<b>Pregnant women and new-borns be protected from consequences of malaria in pregnancy</b>
Activity	Introduction of IPT with sulfadoxine/pyriemethamine (S/P) in antenatal clinics in 3 areas
A/C	Supply and distribution of 50.000 tabs of S/P

<b>Expected results 4</b>	<b>Early detection and control of malaria epidemics in unstable malaria's areas</b>
<b>Product</b>	<b>Epidemics detected &amp; adequately responded to within 2 weeks of initiation</b>
Activity	Strengthen Malaria Surveilance and Response to Epidemics
A/C	Review preparedness plan and emergency stock management (drugs and insecticides)
A/C	Training of 21 focal points from the localities to deal with epidemic at local level (7 teams )
A/C	Purchase and pre-positioning of drugs, insecticides, spraying equipment's and RDT .

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<b>Expected results 5</b>	<b>Malaria Epidemiological data made available and used for planning, monitoring And evaluation of control activities</b>
<b>product</b>	<b>Base-line information updated and appropriately analyzed for planning and evaluation</b>
Activity	Strengthening surveillance system
A/C	Making use of the data collected as part of CD surveillance system (weekly and monthly reports) and health information system (quarterly)
A/C	Annual blood survey and monthly entomological survey
<b>Expected results 6</b>	<b>Extend RBM partnership and advocacy and increase local capacity for management of malaria control programmes</b>
<b>Product</b>	<b>RBM partnership extended and programmes effectively managed</b>
Activity 1	Sustain the institutional, public and private sector partnership
A/C	Organization of RBM partnership meetings
A/C	Celebration of AMDs for 2004/ 2005
Activity 2	Capacity Building at the state and locality levels
A/C	Employment of 46 sentinel sites for weekly reporting
A/C	Conduction of review meetings and technical support missions
A/C	Evaluation of Malaria Control Activities by NMCP/RBM in all localities.
A/C	Establishment of enabling environment at state level by provision of appropriate technology (3 computers ,3 double cabin pick up, 7single cabin pick up, 35 motorcycles and 300 bicycles 2 eight-ton trucks . )
A/C	Competition between different actors
Total	