



In Sierra Leone, malaria is the leading cause of illness and death among children under 5. *Photo by Michael Duff for CRS*

CRS in Sierra Leone

HELPING REDUCE DISEASE AND DEATH FROM MALARIA

OVERVIEW

Malaria is endemic to Sierra Leone, with stable and perennial transmission all over the country. It is still the leading cause of disease and death among children under 5 and is a serious public health challenge. CRS, with funding from The Global Fund, is a primary recipient of the malaria grant to combat many of these challenges in all 14 districts of the country, in particular through a series of behavior change communication (BCC) activities. These include training of community members such as in-school youths, and multimedia campaigns that include radio dramas, jingles, TV spots, billboards, and other key information, education and communication materials. With the goal of reducing malaria disease and death by at least 40 percent, CRS works with BRAC, ChildFund International, Community Animation for the Welfare of Children, and the Praise Foundation, each of whom is a project sub-recipient. CRS also works with Pikin to Pikin Movement and Caritas Kenema.

OBJECTIVES

- 1a) All those with suspected malaria should have access to confirmatory diagnosis.
- 1b) All malaria cases to receive effective treatment.
- 2a) Provide access to 100 percent of the population at risk with preventive measures by 2017.
- 2b) To protect at least 80 percent of pregnant women and children under 1 year with IPT-3 (three doses of intermittent preventive treatment) by 2020.
- 3) Provide knowledge to communities so that at least 80 percent practice malaria prevention and treatment measures by 2018.
- 4) By 2020, at least 95 percent of health facilities report routinely on malaria program performance.
- 5) By 2020, maintain and strengthen capacity for program management, coordination and partnership to achieve malaria program performance at all levels.

CRS is responsible for the implementation of activities relating to Objective 3, which is to ensure that services provided through the implementation of activities relating to the other four objectives are taken up by the population.

QUICK FACTS	
Project type	Health
Funder	The Global Fund
Project location	Nationwide
Number of people served	3,105,394
Timeframe	July 2016 - June 2018
Partners	Ministry of Health and Sanitation, National Malaria Control Program

KEY MESSAGES

Key messages of the BCC campaigns incorporate steps for both the prevention and control of malaria:

- Sleep under a long-lasting insecticidal net.
- During pregnancy, take at least three doses of IPTp-SP (IPT during pregnancy with sulfadoxine-pyrimethamine).
- Visit a health facility or consult a community health worker within 24 hours of the onset of fever symptoms.
- Be tested and, if positive, take antimalarial medicine.
- Take the complete dose of the prescribed treatment.

INCORPORATING GENDER

In The Global Fund BCC activities, efforts are made to target women to empower them to better protect themselves against malaria. Health clubs, made up of groups of volunteers selected and trained by CRS, promote malaria prevention and control at the community level, and each club includes an equal number of women and men to ensure that their house-to-house visits are accepted by the community. Data collected on the number of people reached is also disaggregated into men and women reached.

To achieve the above, CRS uses a strategy comprising negotiated behavior change through frequent and consistent contact between the club and household members. CRS' successes in behavior change promotion are attributed to a twofold approach: SARAR, a process utilizing self-esteem, associative strengths, resourcefulness, action planning and responsibility as well as a peer-to-peer social learning approach. Community and school health clubs are trained to use these techniques to effect behavior change.

FY16 ACHIEVEMENTS

Last year, CRS, through its implementing partners, mobilized 2,220 community health clubs, comprising about 22,210 members. The clubs carried out outreach activities on key malaria messages in their respective communities. CRS also mobilized about 780 school health clubs, with a total of 7,800 members, to promote malaria prevention and control in schools. As a result of the widespread outreach and communication efforts, CRS was able to sensitize more than **2 million people** to the causes and symptoms of malaria, as well as its prevention and control.

RESULTS OF THE MALARIA INDICATOR SURVEY

As part of the process of implementing The Global Fund's malaria grant in collaboration with the Ministry of Health and Sanitation and the National Malaria Control Program, CRS implemented a Malaria Indicator Survey (MIS). Its aim is to measure the progress of key malaria indicators. The 2016 MIS, steered by CRS and its partners (NMCP/MOHS, COMAHS, Statistics SL, and ICF Macro) carried out the study in all 14 districts.

KEY MIS FINDINGS 2016

The Malaria Indicator Survey showed that knowledge of malaria prevention and control had increased among women aged 15 to 59 since the 2013 MIS (see Figure 1). Similarly, malaria prevention and control practices had increased within the population studied (Figure 2). The proportion of pregnant women who took both the first and second doses of sulfadoxine-pyrimethamine increased by more than 20 percentage points between 2013 and 2016. Similarly, the proportion of caregivers who sought treatment when a child had a fever rose by more than 10 percentage points between 2013 and 2016 (see Figure 2). The survey found that all respondents who had access to an insecticide-treated net had slept under it the night before the survey. The prevalence of malaria decreased from 43 percent to 40 percent during the same period.

Figure 1

Percentage women aged 15-59 with knowledge of causes, symptoms and prevention of malaria

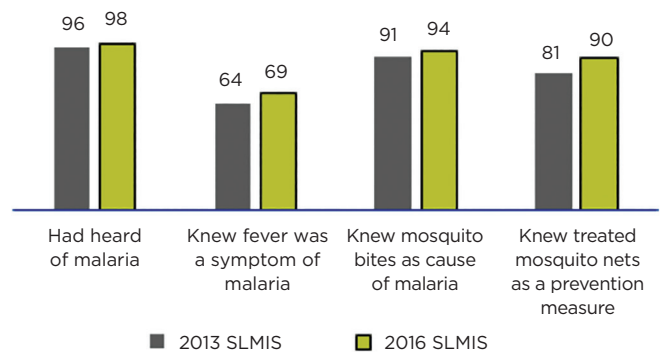


Figure 2

Percentage of children under 5 with recent fever for whom advice or treatment was sought

