

*INTEGRATED PROJECT*

*FOR MALARIA AND TRACHOMA CONTROL IN AMHARA NATIONAL REGIONAL STATE*



*THE THIRD MALTRA  
WEEK ACTIVITY REPORT*

*NOVEMBER 2009*



*The Miracle Team (Partially)*



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*MalTra III Campaign Final Report November 2009*

## Table of Contents

<i>Preamble</i>	<i>i</i>
<i>Preparations for the campaign – development of guidelines and acquisition of drugs and supplies</i>	<i>1</i>
<i>Preparations for the campaign – trainings</i>	<i>2</i>
<i>Exemplary leadership and coordination</i>	<i>3</i>
<i>Press conference in Bahir Dar</i>	<i>4</i>
<i>Campaign kicked off colorfully in Woreta town</i>	<i>5</i>
<i>Supervisors role</i>	<i>6</i>
<i>The Campaign Week</i>	<i>7</i>
<i>Supportive supervision</i>	<i>8</i>
<i>Community mobilization</i>	<i>9</i>
<i>Woreda level review meetings</i>	<i>10</i>
<i>Regional level review meeting</i>	<i>11</i>
<i>Outputs of MalTra III Campaign</i>	<i>13</i>
<i>What did we accomplish ?</i>	<i>14</i>
<i>Recognition</i>	<i>17</i>
<i>Recognition...cont'd</i>	<i>18</i>
<i>Post campaign press events</i>	<i>19</i>
<i>Post campaign press events ...cont'd</i>	<i>20</i>
<i>Beyond Trachoma Control: "Azithromycin Saves Lives"</i>	<i>21</i>

## Preamble

Dear readers,

I feel greatly honored to introduce to you this magnificent performance of third round MalTra campaign in western Amhara. By any standard, the achievements of this campaign are “nothing short of a miracle”. Nowhere in the history of trachoma control, at least to my knowledge, has ever been such a huge campaign in geographic scope, number of teams and size and composition of beneficiaries. Nearly 8.6 million people benefited from this campaign in just one week. How immensely gratifying it is for all public health heroes of our time!

I want to seize this opportunity to thank all those who have toiled from dawn to dusk at each level of the campaign structure and the entire admin and political leadership from Kebele way up to the level of the Regional State Government. Of course, my heartiest appreciation also goes to our partners and donors like Pfizer, ITI, and Lions Clubs International Foundation without whose active participation and generous contribution this wouldn't have even been imagined.

The report presented here is summary of interventions carried out during MalTra III Campaign organized and conducted in the period November 1-7, 2009. This report is presented pictorially in order to give color and flavor to the spectacular work done as the saying goes, “a picture speaks more than thousand words”.

I will be doing injustice if I fail to recognize those outstanding members of the miracle team who worked far beyond their call of duty to produce this report so promptly and colorfully. Ato Mulat Zerihun, Berhanu Melak, Tesfaye Teferi and the team leader Dr. Zerihun Tadesse deserve special appreciation.

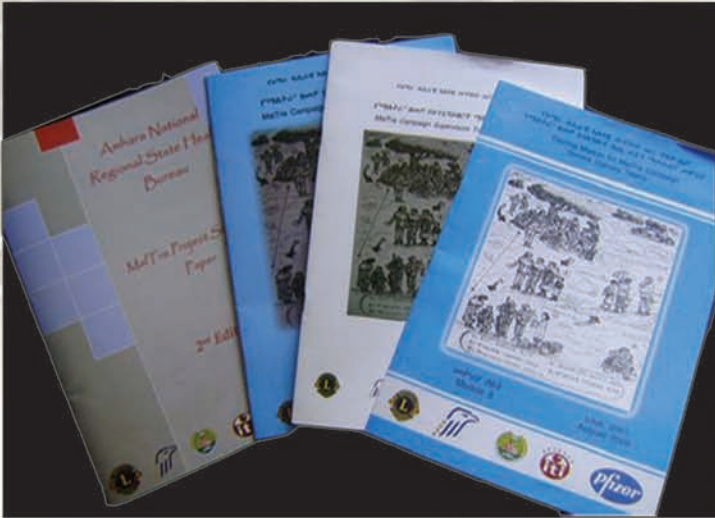
Congratulations to all!

Teshome Gebre,

Country Representative,

The Carter Center - Ethiopia

## *Preparation: development of guidelines, acquisition of drugs and supplies*



A lot of work was done at the preparatory stage in order to make MalTra III a phenomenal success.

Second edition of MalTra Project Strategy paper outlining MalTra campaign and on-going interventions was released. Training modules for trainers, supervisors and treatment teams were developed and distributed for use during training.

Drugs and supplies for the diagnosis, prevention and treatment of trachoma and malaria worth over 180 Million USD distributed to residents of 71 Woredas (districts).

## *Preparation for the campaign – Trainings*



Effective training and team building was the secret of our success!

- ❖ Two-days training of trainers (TOT) given to 221 health workers drawn from five zones (North Gondar, South Gondar, West Gojjam, East Gojjam and Awi)
- ❖ Three-days training to 989 field supervisors
- ❖ Two-days training to 4,275 Health Extension Workers who served as treatment team leaders
- ❖ Half-day orientation to 12,825 Volunteer Community Health Promoters
- ❖ One day training to 61 Woreda level supervisors



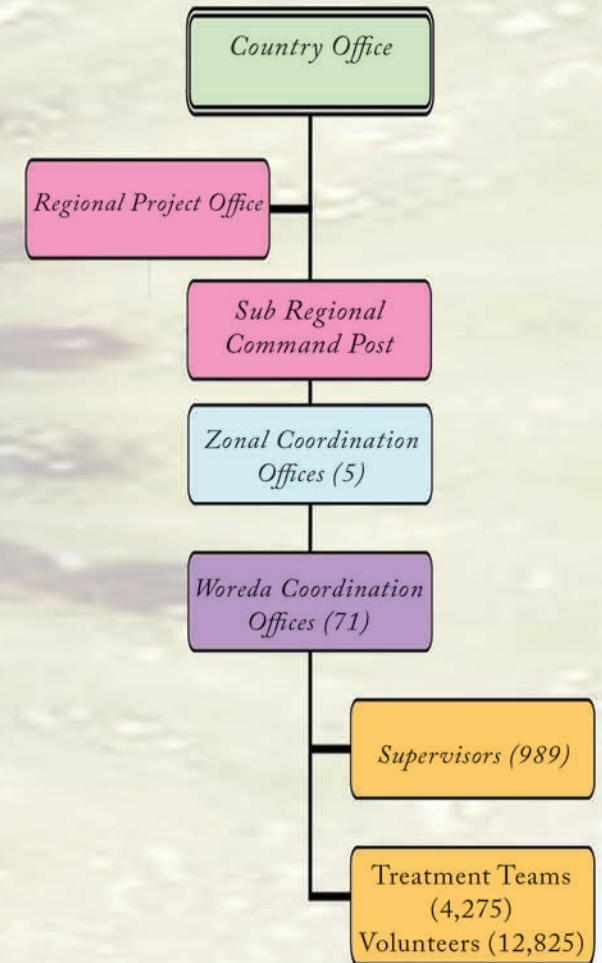


## *Exemplary leadership and coordination*



The leadership exercised by the Regional Health Bureau, Zone Health Departments and Woreda Health Offices was exemplary. They were actively involved during planning, resource mobilization, execution, monitoring and review meetings. The leaders at various levels played key roles to ensure that MalTra III campaign gets the utmost political attention by way of involving the highest political leadership at various levels.

## *Coordination and supervision structure by the Carter Center*



## Press Conference



A press conference was held on November 1, 2009 at the Kuriftu Lodge, Bahir Dar. Lead partners of the MalTra project and journalists from the Amhara Region Mass Media Agency took part in the press conference. The objectives, targets and strategies of the MalTra III Campaign were discussed.

*Campaign kicked off colorfully in Woreta town  
(November 2, 2009)*



VIPs attended MalTra III Campaign kick off at Woreta town in South Gondar

- ❖ H.E Mr. Ayalew Gobeze, President Amhara Regional State Government
- ❖ The Honorable World Laureate Dr. Tebebe Yemane Berhan, Representative of LCIF
- ❖ Dr. Asrat Genet, Head of Amhara Regional Health Bureau
- ❖ Dr. Paul Emerson, Director of Trachoma and Co-director of Malaria Program, Carter Center
- ❖ Kim Frawley and Rachel Carter Seligson from Pfizer Inc.
- ❖ Dr. Danny Hadad and Lisa Rontondo from ITI HQ

*Supervisors played a crucial role in this campaign!*



Supervisors went to their respective places of assignment four days before the launch of the campaign in order to ensure that Woredas are well set for the campaign. Their early dispatch helped a lot to fix Logistical issues.

During the campaign 33 vehicles (8 from government and 25 from Carter Center) were used to facilitate supportive supervision, and coordination of treatment teams.

## *The Campaign Week*



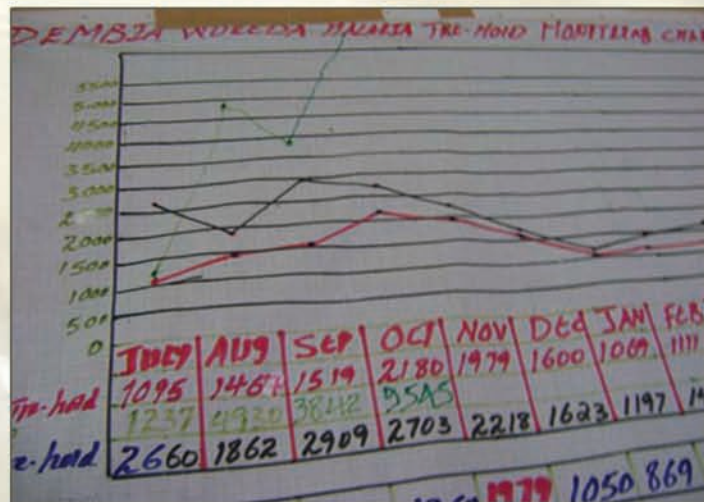
MalTra III campaign was carried out in 71 Woredas of North Gondar, South Gondar, East Gojjam, West Gojjam and Awi.

During the campaign 4,275 teams consisting of 17,100 community members were deployed to 1,750 Kebeles to provide package of services to 9,309,143 people.

During the week-long campaign 8,597,677 people (92.4 % of the target population) received Zithromax and Tetracycline Eye ointment for the prevention and treatment of trachoma. A total of 32,110 people were treated for malaria. The treatment for malaria contributed significantly to abort imminent outbreaks of malaria in some of the campaign Woredas.

At the village level, treatments were given by teams of four members that were led mainly by HEWs (See Picture of a team bottom right)

## Supportive supervision



There were two levels of supportive supervision. The upper level was carried out by 61 Woreda level supervisors who received one day orientation and deployed as teams. A team of two supervisors oversees an average of 2-3 Woredas. The field level supervision was done by 989 field supervisors each of whom were in charge of 1-2 Kebeles. They provided support to each treatment team while delivering service at the village level.

These two levels of supervision were instrumental in providing on-the-spot training and ensure provision of standardized and quality assured service.

*Community Health Education and Mobilization:  
The Cornerstone of MalTra campaign!*



## *Woreda Review Meetings*



All the 71 Woredas that participated in the campaign organized half-day review meetings at the end of the campaign. The meetings were chaired by Woreda administrators or Woreda Health Office Heads. Participants included campaign coordinators at Woreda level, supervisors, HEWs and volunteers.

The review meetings focused on coverage of malaria and trachoma interventions, challenges identified during the campaign and lessons learnt for future campaigns. In some Woredas Kebeles with outstanding performance were awarded certificates of appreciation.



## *Regional Review Meeting*

A two-day regional level review meeting was held in Bahir Dar. The meeting assessed performance of trachoma and malaria interventions during the campaign, assessed adequacy of health education, supportive supervision and operations management at various levels. The meeting was concluded by identifying lessons for future campaigns.



*Regional Review Meeting... cont'd*



## Outputs of MalTra III

### Malaria Specific

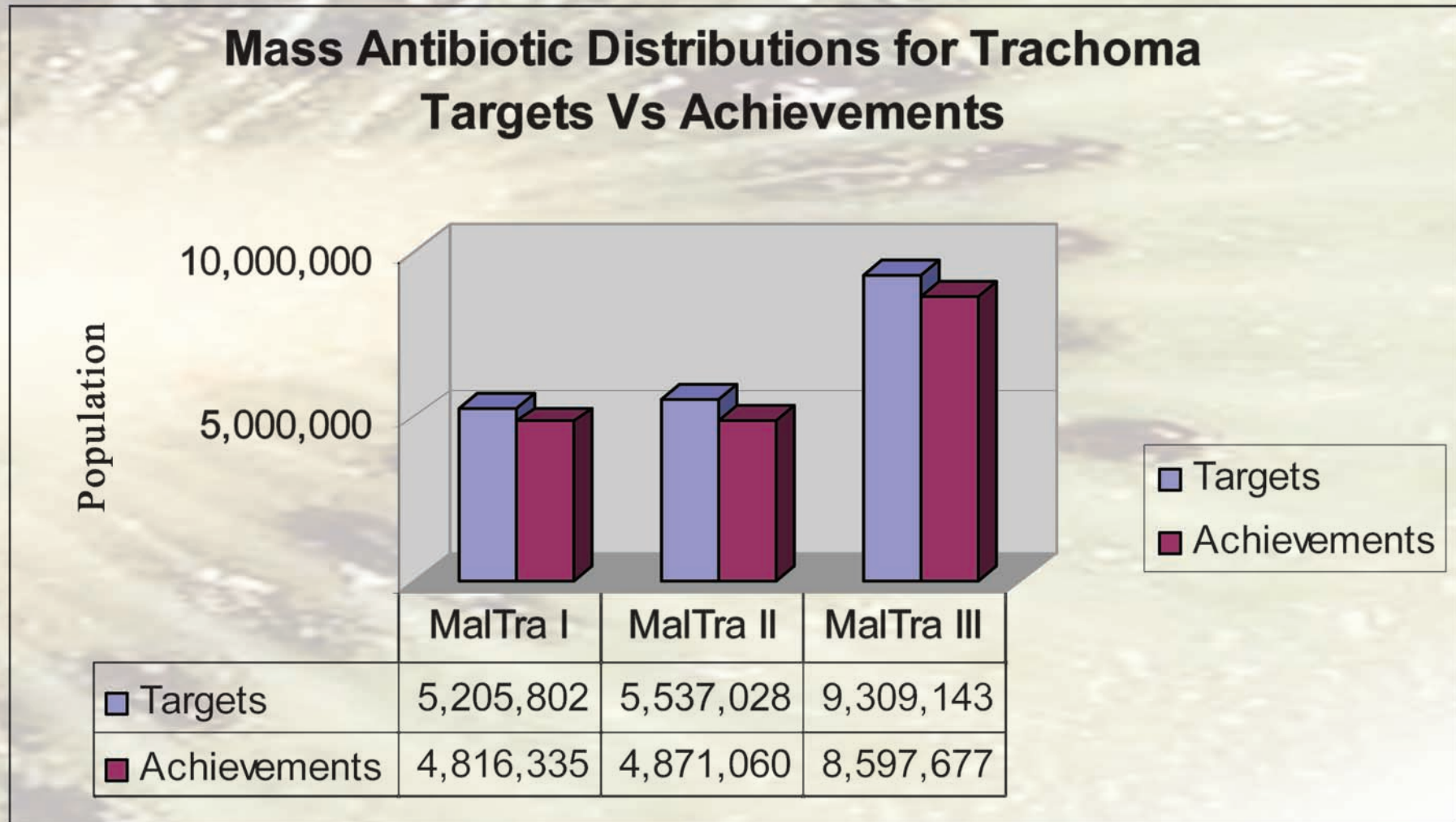
Zone	Total # of febrile cases	Malaria suspected	RDT results			< 3 month Preg	Treatment	
			Pos	Neg	Not done		ACT	Refer
South Gondar	10,440	9,979	5,469	3,711	1,286	47	6,358	3,177
East Gojjam	7,540	7,165	2,460	3,085	1,748	116	4,978	2,239
West Gojjam	21,012	19,738	4,867	4,998	8,949	35	15,325	2,413
Awi	2,020	1,847	608	901	338	31	1,178	466
North Gondar	10,440	9,979	5,469	3,711	1,286	47	6,358	3,177
Sub Region	46,401	44,090	14,645	13,692	15,310	235	32,110	8,728

### Trachoma Specific

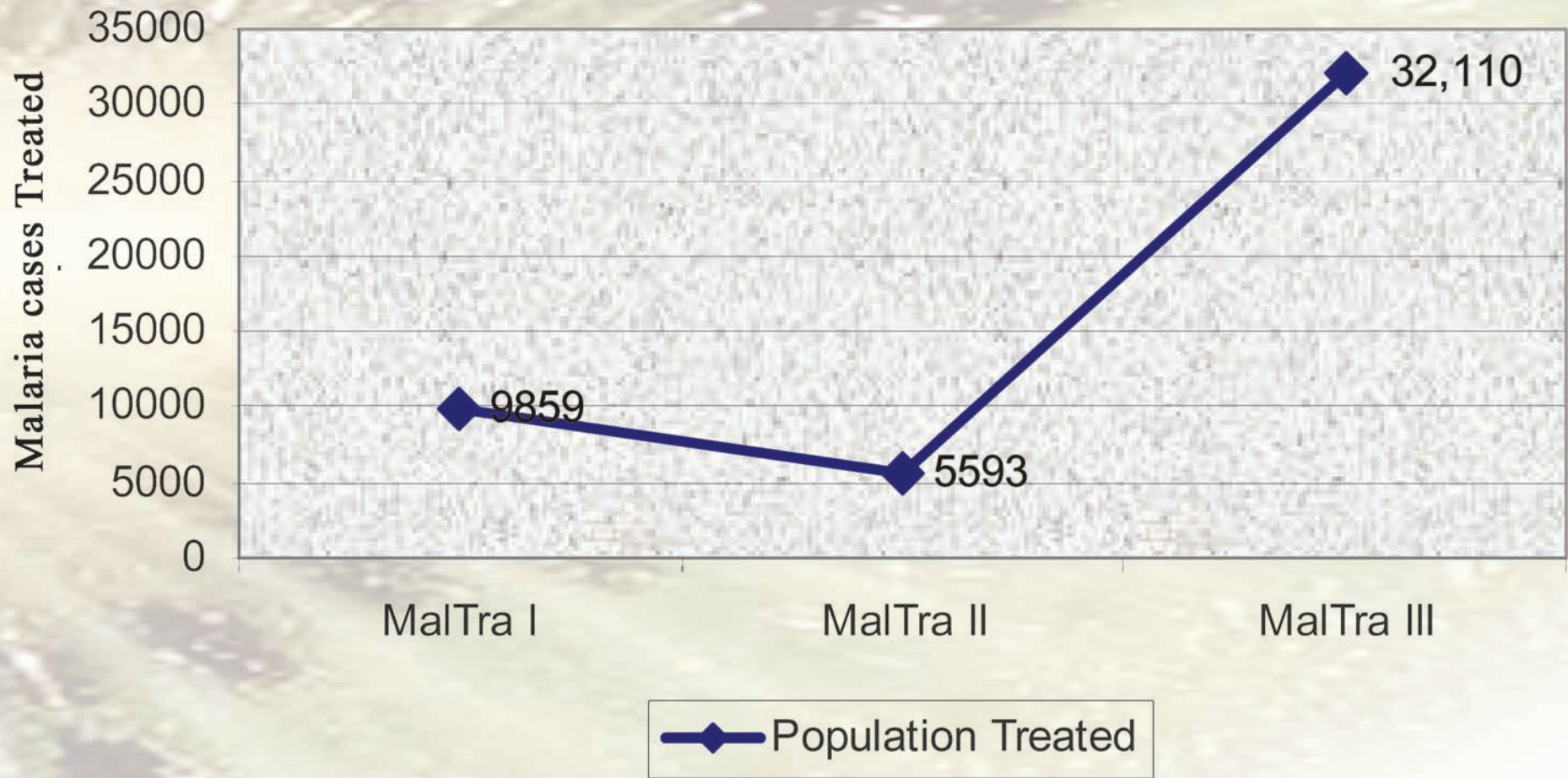
Description	Targets	Achievements
Woredas	71	71 (100%)
Kebeles	1,750	1,750 (100%)
Woreda coordinators	172	172 (100%)
Supervisors	989	989 (100%)
Teams	4,275	4,275 (100%)
Volunteers	12,825	12,825 (100%)
Population	9,309,143	8,597,677 (92.4%)

- Includes 179,882 people who received Tetracycline Eye ointment

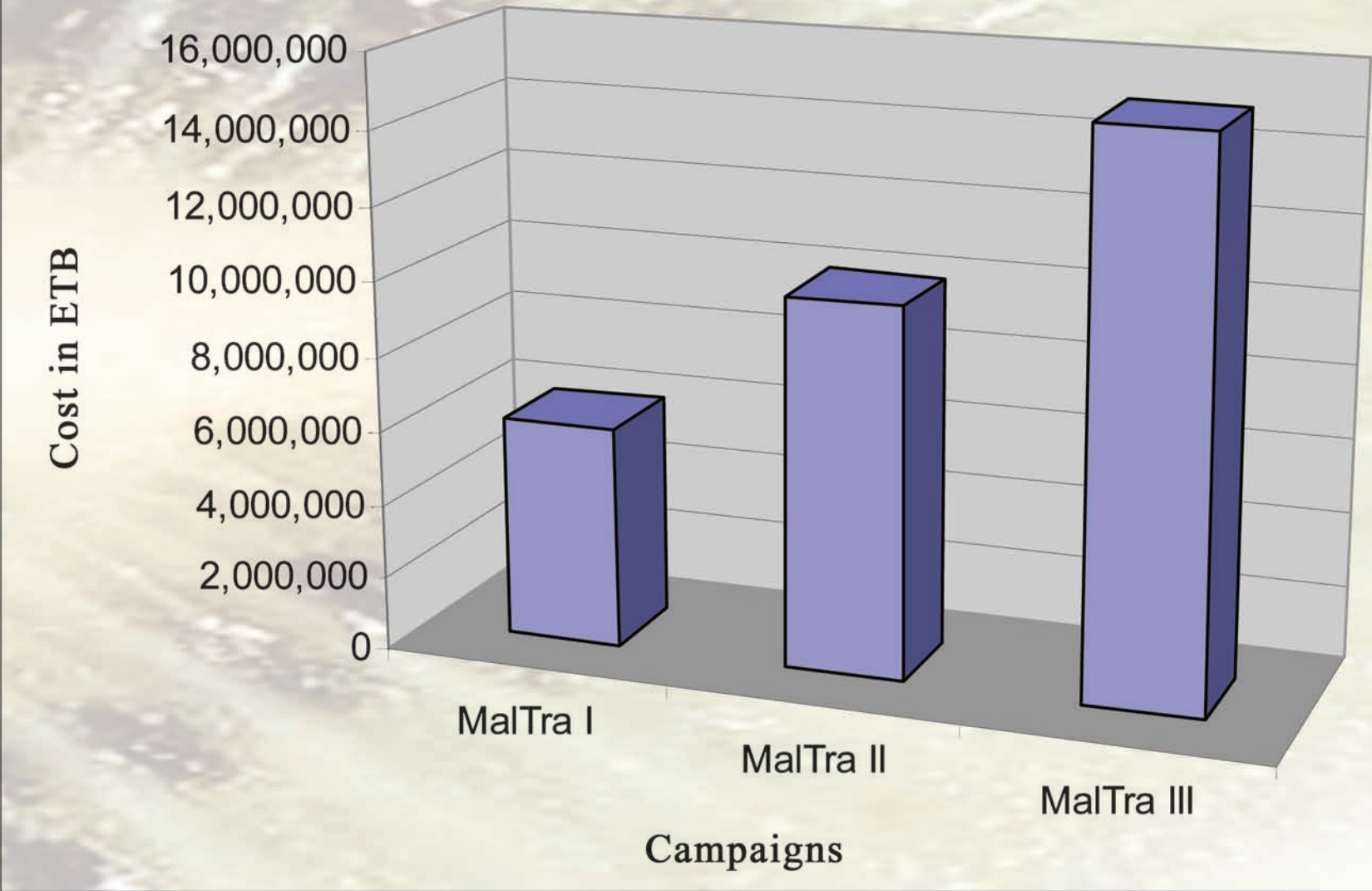
# What did we accomplish?



## Malaria Cases Treated



# Operational Cost of MalTra Campaigns (ETB)



## Recognition



At the conclusion of the two-day review meeting held in Bahir Dar there was ceremony to recognize special contributions to the success of MalTra III campaign

### Partners' Award

These certificates were presented to Heads of Zone Health Departments and other health officials with exemplary leadership demonstrated during MalTra III Campaign.

### Excellence Award

These certificates were issued to staff of The Carter Center at the Country, Regional and Zonal Project Offices with notable contribution during MalTra III.

### Distinguished Leadership Award

Highest award bestowed to six topnotch staff of the Carter Center ( Dr. Zerihun Tadesse, Mr(s). Tesfaye Teferi, Firew Ayalew, Mulat Zerihun, Berhanu Melak and Mesele Damte)

## *Recognition...cont'd*



During the launch of MalTra III campaign partners who contributed to the success of the campaign (Federal Ministry of Health, RHB, LCIF, TCC, Pfizer and ITI) received awards from South Gondar Zone and Fogera Woreda Administrations.

Ladies with traditional dress and the colorful Ethiopian coffee ceremony caught everybody's attention.





## *Post campaign press events*



MalTra III campaign got wide media coverage (print and electronic) both in-country and abroad.

In a special dinner organized by Amhara Regional State Government Deputy Prime Minister Addisu Legesse thanked MalTra partners for supporting the fight against malaria and trachoma.

Ato Addisu commended all the partners that have contributed to the design and implementation of the MalTra week and urged the regional state president to organize special forum in recognition of this outstanding accomplishment.

## *Post campaign press events ...cont'd*



Post campaign press conference was organized at Sheraton Addis on 26 Nov,09 in the presence of H.E Minister Tedros Adhanom, Honorable World Laureate Dr. Tebebe Yemane Berhan, Mr. Teshome Gebre and representatives of ITI and CBM.

Mr. Teshome presented summary of the achievements of MalTra III campaign. The Minister noted the achievements as extraordinary, expressed his wishes to see MalTra experience replicated to other regions and urged to convene a joint planning meeting with the MalTra partners anytime soon.

## *Beyond Trachoma Control: "Azithromycin Saves Lives"*

A new research published by the Journal of American Medical Association (JAMA), on September 2, 2009 reported that Azithromycin, which is given to treat/prevent trachoma, could have the added value of reducing child mortality in those endemic communities.

The study was conducted jointly by the Proctor Foundation (University of California San Francisco), The Carter Center and the Amhara National Regional State Health Bureau in Goncha Siso Enesie district of East Gojjam zone. The following statement is an excerpt from the article "Effect of Mass Distribution of Azithromycin for Trachoma Control On Overall Mortality in Ethiopian Children: A Randomized Trial" (Porco TC, Gebre T, Ayele B, et al. JAMA, 2009; 302(9) p.967).

"A large, cluster-randomized trachoma trial in Ethiopia offered the opportunity to assess the effect on mortality of antibiotics given community wide for a non-lethal indication. Mass oral Azithromycin distribution for management of infection with *C trachomatis* was associated with fewer deaths in children. It is not clear precisely why azithromycin decreased mortality, although infectious diseases are the leading cause of death in Ethiopian children, in particular pneumonia (28%), diarrhea (20%), and malaria (20%). In Ethiopia, Azithromycin is likely effective against the major pathogenic causes of lower respiratory tract infections such as *Streptococcus pneumoniae* and *Haemophilus influenzae*, and may have some effect against major causes of bacterial diarrhea such as *Escherichia coli* and *Clostridium jejuni*. Azithromycin has also been shown to have efficacy in the prevention and treatment of malaria due to both *Plasmodium falciparum* and *Plasmodium vivax*."

Remarkably, the observed overall mortality in the children who had taken Azithromycin was just half of that observed in children who had not taken the drug. The authors believe that this was because the antibiotic might have been effective against other killer diseases such as respiratory tract infections, bacterial diarrheal diseases and malaria.









