PO - (8467) - IMPACT OF COMMUNITY CASE MANAGEMENT OF MALARIA(CCM) AMONG CHILDREN UNDER FIVE YEARS: AN EVALUATIVE STUDY IN KABONGA

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Background: In Burundi, Malaria is considered a major public health concern and the leading cause of death. Malaria is responsible for up to 25% of all outpatient visits and up to 48% of all deaths in health facilities among children under five years old. Despite efforts made, timely access to health care is still limited mainly due to geographic inaccessibility and lack of awareness about malaria complications. To increase timely access to malaria treatment, the Burundi's MoH implemented the Community Case Management of Malaria (CCMM) since 2015 in Kabonga. We sought to assess the impact of CCMM in improving Malaria outcomes following two years of its initiation.

Methods: Selected Community Health Workers (CHWs) were initially trained for simple Malaria management among children under five y.o using Artemisinin-based Combination Therapy (ACT) and to perform Rapid Diagnosis Tests for Malaria (RDTs) then equipped to provide service. This was a retrospective and prospective study using mixed methods approach between September-October 2017. Data before CCMM initiation (2013-2014) were collected from Kabonga health center then compared to data of (2015-2016) corresponding to CCMM implementation to see the change. Data were from health records, stakeholders and processed using SPSS.

Results: 5922 children in total were treated for malaria between 2013-2014 and 5249 between 2015-2016 (11.3%) of case decrease. CHWs managed in total 1751 children using ACTs between 2015-2016. Of them, 1297 (74%) had consulted within 24 hours of fever onset and the cure was rated approximately to 90%. Mortality decreased up to 75%. Ownership level was encouraging among beneficiary communities and was low among district and health center’s staff. Some out stocks were also reported.

Conclusion: Using trained CHWs increased access to timely and appropriate treatment in sampled communities which was associated with improved health outcomes among children under 5 y.o. However, regular supply to CHWs and strong ownership is needed.