

Reducing malaria mortality rate at Chilubi Mainland District Hospital

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Introduction

Malaria remains an important public health burden, particularly in sub-Saharan Africa, which accounts for about 90% of malaria cases and deaths worldwide. WHO Estimates the number of malaria deaths in Africa region to be at 593,000. In Zambia, Malaria is both a Health and Economic problem and remains a huge burden countrywide.

One of the National Malaria Elimination Strategic Plan objectives for 2022-2026 is to reduce malaria deaths from 8 to 4.7 deaths per 100,000 populations by 2026. Hospitals in Zambia reported 1499 total deaths from malaria, a mortality rate of 8 deaths per 100,000 populations (HMIS 2021; MIS 2021). Chilubi mainland District Hospital is equally not spared; and recorded a total number of 10 deaths due to malaria last year.

Therefore, it is against this performance that the facility embarked on a quality improvement project to reduce the mortality rate from 10 last year (2023) to 6 this year (2024).

Methods

The Fishbone diagram technique was employed to identify root causes, leading to the development of targeted interventions which were all low cost. Root causes identified included; lack of screening skills

among staffs (Where some staffs were only relying on RDT, which detects *p. falciparum* only), insufficient test kits and lab commodities (e.g. Running out of RDT kits, Giemsa solutions, glass slides etc.), poor community engagement and lack of IEC and poor documentation.

The interventions implemented were: targeted orientations and Technical Support to staffs who were identified lacking skills in terms of malaria screening and management, lobbying of more test kits from District Health Office, ZAMMSA and other partners, proper usage of lab commodities by lab staffs were employed, conducted Orientations on proper documentation to departmental staffs, and emphasis to be giving Information Education on every malaria patient was intensified at all service delivery points and stuck malaria guidelines on the walls in specific rooms. Key stakeholders (village headmen, political leaders, schools and churches) were also engaged in distributing the information about early health seeking behaviours, proper usage of mosquito nets and refraining from the myths about the mosquito nets (e.g. means of controlling world population and suffocating once you sleep under it)

Results

As of July 2024(Jan-July 2024), malaria mortality rate has reduced to 4, compared to 6 in the same period last year (2023).

Conclusion

The reduction in the malaria mortality is a great achievement by the facility and is mostly as the result of the availability of test kits and lab commodities Which were lobbied, continuous orientations to staffs lacking malaria screening skills and proper documentation. The project is still ongoing and the facility is looking forward to further reduce malaria related deaths as the year progresses.