
INVESTIGATING THE MANAGEMENT PRACTICES OF MALARIA IN CHILDREN
BELOW FIVE YEARS IN NAGONGERA TOWN COUNCIL, TORORO DISTRICT

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DECLARATION

I AWORI MOREEN solemnly declare that this project work is my original effort and has never been presented to any university or institution of higher learning for a scholarly award.

I therefore present it for the award of a degree of Bachelor of Science and Education at Busitema University.

Signature 

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Date 08/06/2023

APPROVAL

This research report has been submitted for examination with my approval as the candidate's university supervisor.

Signature.....*Flavinda*.....

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Date.....*08/06/2023*.....

DEDICATION

This research work is dedicated to my beloved parents (Mr. Okware George and Mrs. Amollo Lydia Okware) who have stood with me through thin and thick to see me attain my aspiration in this research work, and Habuleke Full Gospel Church that continuously supported me financially and spiritually to see that this work comes into reality.

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ACRONYMS

WHO - World Health Organisation

ICCM - Integrated Community Case Management

VHT - Village Health Teams

LLINs - Long Lasting Insecticide Nets

CDC - Centers for Diseases Control and Prevention

RBC - Red Blood Cell

RDTs – Rapid Diagnostic Tests

CQ – Chloroquine

SP – Sulphadoxine- Pyrimethamine

AL – Artemether- Lumefathrine

DDT – Dichlorodiphenyltrichloroethane

ITNs – Insecticide Treated Nets

GTS – Global Technical Strategy for malaria

ABSTRACT

Malaria is one of the severe public health problems worldwide. It is the leading cause of death and disease in many developing countries, where young children are among the worst affected especially children aged 6 months to five years who account for the 80% of malaria deaths in the Sub-Saharan region in Africa. Uganda has one of the highest global burden of malaria cases with 90% of the population at risk and having malaria as the leading cause of death especially in children. To achieve the new global targets for malaria control and elimination by 2030, and to sustain elimination once achieved, there should be a combined effort from home practices alongside services provided by health facilities that include performing malaria testing using RDTs etc. The homes should be involved because the disease can be got right from home and so it can be managed right from the home to the health facilities. This study aimed at Investigating the management practices of malaria in children below five years in Nagongera town council, Tororo district. This was a cross sectional survey research where respondents were selected randomly and included Health workers from Nagongera health center IV, parents from Chalumba and Sesera Ramogi villages in Nagongera Town council. The data was collected using questionnaires, oral interviews and observation. The study included 50 respondents all these respondents (100%) take their children to health facilities for malaria treatment and also sleep under insecticide treated mosquito nets. The suggested best malaria preventive measures were having children under treated mosquito nets, extending a health center II to these villages and availing the anti-malarial drugs in the health center

CHAPTER ONE: INTRODUCTION

1.0 Back ground

Malaria is an ancient scourge of humanity. Although almost eradicated from industrialized nations, malaria continues to extract a heavy toll of health in a substantial part of the world. Almost half of the world's population lives in countries where the disease is endemic, and almost every country in the world encounters imported malaria. The WHO African region continues to carry a disproportionately high share of the global malaria burden. In 2020 the Africa region was home to 95% of all malaria cases and 96% malaria deaths (Marasinghe et al., 2020). Of the percentage of malaria cases, African countries like Nigeria, Democratic Republic of Congo, Uganda and Mozambique accounted for the biggest share while for the malaria deaths, African countries like Nigeria, Democratic Republic of Congo, United Republic of Tanzania, Mozambique and Uganda took the biggest share (World Health Report, 2021).

Children are the worst affected, especially children aged 6 months to five years because during this period they have low immunity (Roberts & Matthews, 2016), this is because during this period children are most vulnerable as they have lost the maternal immunity and they haven't developed yet specific immunity to infection (Schumacher & Spinelli, 2012). The severely affected children often die between 24 to 72 hours after developing the symptoms (Mutsigiri-Murewanhema et al., 2017). The children below five years accounted for about 80% toll of all malaria deaths in the Sub-Saharan region in Africa. Uganda has one of the highest global burden of malaria cases, with over 90% of the population at risk and malaria remains the country's leading cause of death, especially in children below five years of age. In 2020, WHO reported that there were an estimated 204 million malaria cases and over 30,900 estimated deaths in the country.

Management of malaria includes preventive, control and treatment methods of the disease and the way in which the patients suffering from malaria are taken care of. Today the fight against malaria is part of the overall effort of the government of Uganda with support of several partners to improve health with an overall goal of reducing malaria by 2040. In these efforts, nationally representative cross-sectional surveys are carried out in order to monitor and evaluate the progress of malaria control. These include Demographic health surveys which are conducted every 5 years.

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