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Robert Mather
Against Malaria Foundation
England

Dear Mr. Mather,

UNICEF would like to sincerely thank SWIM for its support to provide the people of Ankasha with Long Lasting Insecticide Nets (LLINs) to protect themselves from malaria. The project has been successful and integrated very well within the Health Extension Program (HEP) for sustainability, and also implemented alongside Indoor Residual Spraying (IRS) and mass treatment (Mass Drug Administration (MDA)). This multiple intervention approach (one of the first in Ethiopia) will reduce malaria among the Ankasha people substantially. As I personally visited Ankasha during the LLIN distribution, I can inform you that the people of Ankasha are very grateful for the support from SWIM.

All 10,600 LLINs were distributed to the people of Ankasha. Ankasha is one of the malarious woredas in Amhara region where HEP and community IMCI is currently being implemented. Each village in the woreda has a health post and two female Health Extension Workers (HEWs). HEWs work with community volunteers called Community Resource Persons (CRPs) that are becoming increasingly important in sustaining high LLIN coverage in Ethiopia, identifying families needing new nets to replace old worn out non-effective ITNs. They are also instrumental in increasing proper use of LLINs by the beneficiaries. The national LLIN policy in Ethiopia targets all families in malarious areas and each family on the average will receive 2 ITNs by the end of 2007. Children and pregnant women will be given priority in using nets. The distribution of ITNs to the rural areas is free, whereas the urban communities nets are targeted for social marketing. Thus, all families living in malarious areas in Ankasha woreda have received free nets both from SWIM or the Global Fund.

What is of special significance in the Ankasha kebeles, is this is one of the first communities to receive blanket coverage with all three of Ethiopia's main malaria control activities. Firstly, three weeks prior to SWIM LLIN distribution, Mass Drug Administration (MDA) was conducted in all malaria affect communities in Ankasha. Every person (except for pregnant women and infants) were presumptively treated for malaria using the ACT, Coartem (Artemether-Lumefantrine). This hopefully wiped out most of the malaria parasites (*Plasmodium falciparum*) in these communities.

Secondly all homes were sprayed (Indoor Residual Spraying - IRS) to kill all potential malaria vectors in these communities to reduce malaria re-infection after MDA. Thirdly, all families were provided with, on average, two LLINs to protect themselves from re-infection, after having been cleared of parasites during the MDA campaign. IRS will provide high impact vector control, while LLINs are the longer term more cost effective technique for ensuring that the people in these communities remain free from malaria infection for many years more.

We believe that this triple malaria control approach, where treatment (cure) and prevention are tightly integrated, is likely to substantially reduce malaria in the long term. Of course there is need to assess this by conducting monitoring and evaluation and further studies. To this end the Ethiopian malaria partnership will conduct a Malaria Indicator Survey (MIS) in October 2007, which will provide the most comprehensive data and information ever on the impact of Ethiopia's malaria control program on malaria.

Please find below table for the number of SWIM malaria ITNs distributed in kebeles of Ankessa Woreda in Amhara region.

List of kebele	Number of ITNs distributed
Chiba	190
Shumata	170
Dugli	180
Ayehu	182
Ambella	100
Kuper	170
Kunzela	1000
Huletu Chaja	980
Chaja Kibirta	1650
Umbiri	820
Bayna	2040
Dimama	1240
Buya	1718
Sestu Segno	160
Total	10,600

Please also find herewith enclosed CD and DVD indicating ITNs distribution and other malaria prevention and control interventions in Ankessa woredas.

Best Regards,



Rory Neftt
Project Officer - Health