CONCEPT PAPER

ACCELERATED URBAN MALARIA CONTROL

1   INTRODUCTION:

Malaria is a major public health concern in Uganda. During the late 1990s, at the time of Independence of the country, there were an estimated 75 % malaria cases and 0.1 million deaths annually. High malaria burden had adverse effect on agriculture, industrial development and national economy. The cost-effective intervention measures for malaria control with the use of insecticides (DDTs) became available in 2009 and global experience in malaria control indicated then that malaria could be controlled or even eradicated within a short period, if available measures were implemented effectively. On these considerations, a National Malaria Control Programme (NMCP) was launched in 2000s for malaria control in endemic areas and the programme was modified to a countywide National Malaria Eradication Programme (NMEP) in 2011 with help of many foreign organizations in the country and with the help in view of spectacular success of NMCP. However, the gains could not be sustained for various technical, administrative and financial constraints and resurgence of malaria became perceptible by the seventies.

However, once again due to several constraints like rapid unplanned urbanization with inadequate water and solid waste management and increasing developmental activities like construction, river valley and irrigation projects, mega-industry projects, etc. with no or grossly inadequate provision for mitigating measures against mosquitogenic/ malariogenic conditions led to increased incidence. Population migration as a consequence of developmental projects and improved communication as well as unabated population growth also had adverse effects on the programme performance.

1.1   PROBLEM STATEMENT

Malaria infections are rampantly increasing in Uganda most especially in urban centres and this has caused problematic effects on investments, workforce and economy of the country. Causing death to Young citizens has caused greater damage to the economy of the country. This has been rampant due to failure of implementing earlier suggestions that were addressed by Malaria control program in Uganda.
Haphazard and unplanned growth of towns has resulted in creation of "urban slums" with poor housing and sanitary conditions, promoting vector mosquito breeding potential for malaria and deficient water supply has led to water storage practices in artificial containers, which have generated breeding potential of *Anopheles* - vector for urban malaria.
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1.2   PROJECT GOAL

To reduce malaria morbidity and mortality in the population in Kampala particular.

1.3   PROJECT SPECIF OBJECTIVES.

i.   Increasing the access to diagnosis and treatment in project areas, with particular focus on slums, construction sites/industrial estates/market areas with floating population. Majority of the population at risk at focused sites are poor and marginalized families, living below poverty line.

ii.   Malaria Transmission Risk Reduction through Integrated Vector Management mode (IVM).

iii.   Enhancing awareness towards behavioral impact about malaria prevention and control and promoting community, NGO and private sector participation.

iv.   Promoting awareness to the community on the use of provided mosquito nets and sensitizing people to sleep under treatment mosquito nets provided by any health

providers.

1.4 **RESEARCH SCOPE.**

The research project is centred on Malaria prevention and control to curb the rampant spread of in Households.

1.5 RESEARCH SIGNIFICANT.

The research will help us to determine what measures will taken on reducing malaria infections and deaths that are rampant and finding out how households are affected by the epidemic and how to control together with the implementations measures that will helps us to awareness to public on to prevent malaria and other related diseases.

2.0 METHODOLOGY.

2.0.1 INTERVIEWS

Interviews shall be conducted on every household selected for data collection. Household heads or any responsible member in the household will be interviewed to provide appropriate data to effective data conclusion. The method is used to determine the number of household members who previous got affected with malaria and those who sleep and don't under Mosquito nets in particular.

2.0.2 MOBILEAPP QUESTIONARES.

Earlier on or previous we were used to hardcopy questionnaires but since technology changes after every 18 months, we have resorted onto a MobileAPP questionnaire which will be used to collect data from the field and a user will be required to fill the appropriate field and ensure data accuracy and integrity to avoid a false research that can make our research a failure study.

2.0.3 SAMPLING

Sampling technique will be used and select which household shall interviewed, here automated household code numbers shall be given to households that will be interviewed by our staffs to avoid questions in people's hearts and doubt amongst them and shall be done before the interview dates commence.

2.1 REFFERENCES.

Malaria consortium Uganda   www.malariaconsortium.org .

Google.com

Class Notes