The Strengthening Malaria Monitoring and Evaluation Systems (SMMES) of Ethiopia Program is funded by USAID/PMI to support the malaria control program of the Government of Ethiopia for the duration of five years. The program mainly focuses in strengthening mechanisms providing the necessary evidences to monitor and evaluate the implementation and achievements of the malaria control program in Ethiopia. Addis Continental Institute of Public Health (ACIPH) is the prime awardee and Tulane University in New Orleans, USA is a sub-awardee in implementing the program. The ACIPH with Tulane University have been working together to support malaria surveillance activities in selected woredas in Oromia regional state for the past four years. This program will continue supporting the surveillance sites and work on the following core areas in supporting the Malaria program in Ethiopia:

**Monitoring and Evaluation/Surveillance:** this project will continue supporting the existing surveillance system, with the possibility of expanding to more sites and linking it to the existing Public Health Emergency Management (PHEM) system during the project period focusing on generating quality and timely data on malaria morbidity and mortality. The project will conduct need assessment for M&E and surveillance and implement the support based on needs in close collaboration with the FMOH, EPHI, RHBs and other stakeholders.

**Operational research and special surveys:** the project will strive to strengthen operational research capacity through training and hands-on technical assistance. It will also conduct studies on priority operational research agendas. These priority areas shall be identified through stakeholder consultations.

**Technical Assistance:** under this theme the project will provide technical assistance to FMOH, EPHI, RHBs and other stakeholders based on their need on monitoring and evaluation of malaria programs.

**Networking:** this project will also provide support to strengthen the network of malaria research in public universities, and research Institutes. Through this, the project aims to improve the quality of research and avoid duplication of efforts, focusing on priority research agendas.

The implementation of these activities will be aligned and coordinated with the malaria control program as well as the Monitoring and Evaluation activities of the Ethiopian Public Health Institute (EPHI). The program will participate in other Monitoring and Evaluation activities that potentially help achieving the malaria control goals in the country.
The status of Malaria Surveillance System at the 10 HCs: Result from the Rapid Assessment

At the beginning of the SMMES project, a rapid assessment of the former epidemic detection sites were conducted to collect feedbacks from the RHB, Zonal health office, Woreda health office and the 10 Public Health Care Units (PHCUs) as the project has plan to re-initiate the surveillance activity in the same 10 PHCUs.

Data recording and Reporting at the HCs: Based on the assessment, all the facilities have continued the malaria surveillance activity and send their report weekly to the Woreda health office. Their reporting is current and all sites last reported at most a week prior to the assessment. The teams at the health centers have received the weekly malaria report from the respective health posts either through phone or on paper. Most of the facilities use HMIS registration book for above 5yr clients and IMNCI registration book for under 5yr clients coming to the OPD.

Regarding the quality of registration at the health centers, they generally are clean and complete. For Asebot, Asendabo, Dera, Kersa and Methhara health centers, there were dedicated clerical staffs who are assigned to carryout data recording either on the HIMIS registration book or enter to a computer program. The rests did not have such dedicated personnel thus the clinicians at the OPD and also the lab tech at the Laboratory were responsible for data recording and reporting.

In laboratories at these 10 PHCUs, the surveillance activity have been continued. We witnessed that even those that run out of the registers used for malaria surveillance are using a hand made register and collect the data. The recording at pharmacies is less well in most the facilities and needs to be strengthened. Some keep the prescription paper while few use registration books for selected drugs but not for anti-malaria drugs.

The Zone as well as the Woreda malaria focal persons and heads or delegates also were interviewed and all acknowledge the contribution made by the previous project in strengthening the malaria surveillance and express their willingness to collaborate with the new project owning the program. They recommend expansion of the support to other PHCUs as much and as soon as possible. They also recommend to have close communication among us to update any finding.

Data recording and Reporting at Health Posts: The PHCU staff interviewed acknowledge the challenge of obtaining timely data from the health posts in the last six months since the collection is done physically by the staff from the PHCU or by the health extension workers coming to the health center.
Selected Results from the Surveillance Sites

Figure 1. Number of patients tested for malaria at the HCs since August, 2014.

A total of 2,365 patients were tested for malaria in August 2014 and this number has increased to 2,444 in September. Dera HC had the highest number of patients tested for malaria followed by Wolenchiti. Dembi and Bulbual HC had the lowest number of patients tested. Indeed the incidence of malaria in these health facilities is low compared to others.

A possible increase in the number of patients who have been tested for malaria was observed in Asebot, Asenda-bo, Dembi, Kersa and Metehara. This is a proxy measure of number of malaria suspected patients given all suspected are sent for laboratory confirmation.

Figure 2: Number of Confirmed malaria cases at the HCs. Since August, 2014

A total of 466 malaria confirmed cases were reported in the 10 sites in August, 2014 and this number have shown slight reduction in September. Although the total number of patients tested was increased in this month.

The highest number of confirmed malaria cases were observed in Dera followed by Wolenchiti and Metehara. Except for Methara, the number of confirmed malaria cases were decreased in the following month. For Kersa, the confirmed cases were almost doubled in the following month. Similar trend was also observed for Asebot.
Figure 3: Overall test positivity rate in all sites, since August, 2014. The highest test positivity rate was for Kersa (34%) in the month of September, 2014 followed by Metehara (27.9%) and Dera (26.1%). For Kersa, the test positivity rate was doubled in the month of September. Except for Kersa, Metehara and Dembi, the test positivity rate had shown reduction in all sites in the following month. This trend is somehow similar with the number of confirmed malaria cases observed in the same sites but different from the total suspected malaria cases observed.