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Meeting training challenges in infrastructurally weak areas of Sri Lanka for the national malaria elimination programme

S D Fernando¹, R Wickremasinghe², R L Ihalamulla³ and P Wijeyaratne³

¹*Department of Parasitology, Faculty of Medicine, University of Colombo*

²*Department of Parasitology, Faculty of Medical Sciences, University of Sri Jayewardenepura*

³*Tropical and Environmental Diseases and Health Associates, No. 3 Elibank Road, Colombo 5*

TEDHA (Tropical and Environmental Diseases and Health Associates Pvt. Ltd.) was selected as a Principal Recipient by the Ministry of Health to strengthen malaria surveillance in the Eastern Province and Mannar District so as to eliminate malaria from Sri Lanka by 2014. The challenge for TEDHA was to recruit, train and develop skills in fever and parasitology surveillance in 112 individuals who would be able to carry out their duties at selected peripheral hospitals and *via* mobile malaria clinics so as to effectively manage and deliver the objectives of the National Malaria Elimination Programme. This study describes the recruitment and training of these persons to carry out surveillance for the detection of malaria infected individuals.

The basic criterion for selection was a credit pass in Science at the O-Level Examination. Training was carried out at the Faculty of Medicine, Kelaniya by senior university academic staff in two batches for a period of six days for fever trainees and one month for parasitology trainees followed by a two weeks field training with the Regional Malaria Officers in the respective regions. Training included lectures, practicals and field visits. Prior to commencement of training, knowledge regarding malaria was assessed using a multiple choice question (MCQ) paper. Following the training, knowledge was assessed using the same MCQ paper, short essay questions and a practical examination. All candidates scored significantly higher at the MCQ examination paper following the completion of training as compared to the same test administered prior to the commencement of training ($p < 0.001$). The mean total score of the entire examination was 83.5 for parasitology and 71.5 for fever. Candidates who did not receive the required criteria at the post-training examination were terminated and replaced with suitable new candidates.

Fever and parasitology surveillance activities have commenced in all hospitals. This model of training may be replicated as a successful strategy to meet this challenge in peripheral areas where the infrastructure facilities are meager.