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Abbreviations	
ACD	Association for Community Development
ACT	Artemisinin combination therapy
AFI	Acute Febrile Illness
API	Annual Parasitic Index
ASD	Association for Social Development
BDN	Basic Development Needs
DOMC	Directorate of Malaria Control
FLCF	First Level Care Facilities
GFATM	Global Fund to fight AIDS, TB and Malaria
HCP	Health Care Provider
INGO	International Non-Governmental Organization
LHW	Lady Health Worker
LHV	Lady Health Visitor
LLIN	Long Lasting Insecticide Nets
MCP	Malaria control program
MIS	Malaria Information System
NIMRT	National Institute of Malaria Research and Training
NRSP	National Rural Support Program
NGO	Non-Governmental Organization
PF	Plasmodium Falciparum
PR	Principal Recipient
RDT	Rapid Diagnostic Test kit
SDA	Service Delivery Area
SR	Sub-Recipient

Name of Project: Expanding Support to Malaria Control Interventions in high Priority Districts of Pakistan, new funding request (NFR). The duration of the project were from January 2018 to December 2020.

Directorate of Malaria Control (DMC) as Principal Recipients (PR) sign a grant agreement with the Global Fund and National Rural Support Programme (NRSP) worked as sub recipient (SR) in five districts of Sindh.

Malaria Strategic Plan, Pakistan – 2015-20

Goal:

By 2020, reduce the malaria burden by 75% in high and moderate endemic districts/agencies and eliminate malaria in low endemic districts of Pakistan, aligned with The Global Technical Strategy (GTS) and Global Malaria Plan of Action (GMAP) 2015-2020.

Objectives:

- 1) To achieve <5 API in high endemic areas of the province of Baluchistan, Sindh, KP and FATA region by 2020.
- 2) To achieve <1 API within moderate endemic districts of Baluchistan, Sindh, KP and Punjab by 2020.
- 3) To achieve Zero API within low endemic districts of Sindh, KP and Punjab by 2020.

Specific objectives:

- 1) To ensure and sustain the provision of quality assured early diagnosis and prompt treatment services to >80% at risk population by 2020.
- 2) To ensure and sustain coverage of multiple prevention interventions (IRS, LLINs & and other innovative vector control tools and technologies) to 100% in the target high risk population as per national guidelines and coverage of foci in moderate and low risk districts by 2020.
- 3) To increase community awareness up to 80% on the benefits of early diagnosis and prompt treatment and malaria prevention measures using health promotion, advocacy and BCC intervention by 2020.
- 4) To enhance technical and managerial capacity in planning, implementation, management and MEAL (Monitoring, Evaluation, Accountability and Learning) of malaria prevention and control intervention by 2016.
- 5) To ensure availability of quality assured strategic information (epidemiological, entomological and operational) for informed decision making and; functional, passive and active case based weekly surveillance system in all low-risk districts by 2017.
- 6) To ensure provision of malaria prevention, treatment and control services in humanitarian crises, emergencies and cross-border situation.

Overall Achievements

Indicators	2018	2019	2020
Population	5335,734	5357,449	5409,566
Malaria diagnostic (Microscopy Centers)	52	52	52
Malaria diagnostic (RDT Centers) Public Sector	170	170	188
Malaria diagnostic (RDT Centers) Private Sectors	75	75	75
Screened for malaria	457,373	662,068	548,768
Malaria confirmed cases (total)	69,517	76,593	56,370
PV	48,605	60,449	49,490
PF	18,927	15,805	6,663
MIX	436	339	217

PLANNING & COORDINATION

NRSP has conducted coordination meetings which is planning and sharing of project activities of regular basis. upgraded HFs 315.

Number of Malaria Diagnoses and treatment facilities

(Microscopy and RDT Centers)

District	Microscopy centers			RDT Centers Public Sector			RDT Centers Private Sector		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Thatta	09	09	09	28	28	28	15	15	15
Sujawal	09	09	09	25	25	25	15	15	15
Umerkot	12	12	12	46	46	46	15	15	15
T.M.Khan	05	05	05	16	16	35	15	15	15
Badin	17	17	17	54	54	54	15	15	15
Total	52	52	52	170	170	188	75	75	75

QUARERLY CLUSTER MEETING.

Twelve Quarterly cluster meetings were conducted in each district, these meetings are set to involve all the stakeholders and to review the overall progress of activities at the district level. In these meetings, the facility focal persons from of all functional facilities in district bring FM-1 and stock registers along with the monthly FM-2 reports, and collection of the district health information software. These are 60 meetings conducted by NRSP.

MONITORING VISIT OF HEALTH FACILITIES.

District Coordinators conducted monitoring visits of Public and Private Sector Health Facilities. These monitoring visits also help in resolving reporting issues, screening and suspected issues, stock outs, issues and Behavior Change Communication activities, which are all discussed and determined.

CAPACITY BUILDING.

NRSP has organized training of Health care providers with the collaboration of VBD Sindh. Malaria activities in five districts Tando Muhammad Khan, Badin, Umerkot, Sujawal and Thatta. There are five types of trainings, Management of Uncomplicated Malaria Case management, Severe malaria Complicated Case Management, Malaria Information system (MIS Tools), usage of Rapid Diagnosis Test, Malaria Microscopy. trainers are from district health office, and they all trained on MIS, RDT, Microscopy & CM training then they tackle down the trainings in districts level with support of NRSP staff. During the 2018 to 2020 NRSP has facilitated to health department/DoMC Sindh and the provided the logistic arrangements for trainings of health care providers and paramedics staff which were MOs, FMOs, Microscopists, Malaria supervisors, and dispensers, from Thatta Sujawal, Badin, Tando Muhammad khan, and Umerkot.

Number of Health Care Providers Trained on National Treatment Guideline, Malaria Diagnosis and Disease Surveillance in grant period 2018 to 2020

Type of Trainings	Number of Targets HCPs from 2018 to 2020	Number of HCPs trained	%
Malaria Case Management (Un Complicated and Severe)	397	395	99%
Malaria Diagnosis through Microscopy	48	49	102%
Malaria diagnosis through RDT (Public & Private Sector)	230	231	100%
Malaria Surveillance and Outbreak Response Public & Private Sector	315	312	99%

A total 315 health facilities which is including Privates and Public health care facilities. From those HF of personnel were trained under two types of trainings that took place in during the 2018 to 2020, Trained 49 malaria Microscopist and malaria Supervisor in the training on Malaria Microscopy, Microscopy is the Gold standard of Malaria diagnosis so those microscopists are working in Microscopy centers and provide the skills and diagnosis tests of Malaria Microscopy, the patient are satisfied their services.



One another training on diagnosis test to provide easiest and accessible in to remote and for away distance areas in the districts of Sindh, which is very rare availability of electricity in basic health care units, (BHUs), so therefore RDTs kits are provided to those areas, and trained **231** Lab technicians, Dispensers, Microscopists and malaria supervisors, on the mode of action of Rapid diagnosis test, method of use of RDTs, Collection of patients' bloods with bio safety precautions. And the patients are satisfied, in this regards the number of screening had increased during the 2018 to 2020.



NRSP organized the trainings on Management of uncomplicated Malaria case and Complicated/severe malaria case Management, Trained 395 health care providers in management uncomplicated Malaria and Complicated Severe Malaria case management



In the malaria project Malaria information system is very important as well as others trainings, trained 312 Lab technicians, Dispensers, Microscopists and malaria supervisors, on MIS tools which are used in Malaria information knowledge about tools, covering data Flow mechanism, Patients movement in health facility, Covering the responsibilities of facility focal persons on FM-1, FM-2, FM-3 and FM-4 and correct filling of that and record keeping properly.

BEHAVIOR CHANGE COMMUNICATION

NRSF has worked in five districts in Sindh, Badin, Tando Muhammad Khan, Thatta, Sujawal and Umerkot. In the malaria project one of the prime activities are awareness, therefore NRSF organized the Behavior change communication awareness sessions, advocacy session the advocates are trained for the tackle down their session in community, those advocates are Lady Health workers, Community resources persons, Religious persons, and others. Notable persons. They had conducted the awareness and behavior change communication about the Malaria, its symptoms, causes and treatment.

Indicators of BCC

- Mother care givers who know that LLINS and IRS methods of preventing of Malaria.
- Mothers care giver who knows that children under 05 years with fever should be seen by health care providers (outcomes: increased the number of screening children with fever under 05 years)
- House hold representatives who know that malaria should be diagnosis with Microscopy and RDT (Outcomes: During the awareness sessions in House hold level the people had well known about diagnosis methods of Malaria RDT and Microscopy, and increased screening & Suspected cases and Positive cases has been treated.

BCC in LLINs Mass Distribution:

LLINs mass distribution campaign had started on 13th October to 17th October-2018, NRSP team had well organized awareness sessions, beneficiaries which got LLINs from distribution Points.

Displayed pictorial banner with key messages. Distributed by third.

party **730378** LLINs in sujawal and Thatta district, Awareness sessions was organized about Malaria Disease, its Causes, prevention; Diagnoses, Treatment and Misconceptions of Malaria treatment was also given in these sessions, through pictorial banners.



During 2018 to 2020, BCC awareness session NRSP five Districts bcc field officers conducted advocacy sessions had trained advocates for enhance their capacity in the mobilization and sensitization. There are trained 92% advocates due COVID -19, P-10 April to June 2020, did not organize, they trained advocates conducted awareness sessions in their respective villages/areas, which are very high risk of malaria positive cases, all the advocacy sessions in arranged at the located BHUs, they advocate from Local Support Organization and Non-Government Organizations and Community based workers Organizations and Lady Health workers, which is achieved, 76.8% by LHWs and CBOs. During COVID -19, P-10 April to June 2020 awareness sessions could not be organized in communities so that the reason of low achievement of awareness session, but dissemination of messages through social media, Radio and Speaker announcement



Indicators	Number of targets of Participants from 2018 to 2020	Number of trained Participants(2018 to 2020)	Percentage %
Advocacy	4860	4472	92.10%
Awareness sessions with community by CBOs	64400	49485	76.80%
Awareness Sessions with community by LHWs	32400	24895	76.80%

All the advocates utilized the IEC (information education and communications) material called flip charts these charts are consist on malaria key message.

We achieved indicators of Proportion of mothers'/care givers who know that LLINs and IRS are methods of preventing malaria of distributing and providing of LLINs through ANC and MASS distribution during 2018 to 2020, therefore the beneficiaries are using the LLINs in proper way, they known about maintenance and usage.

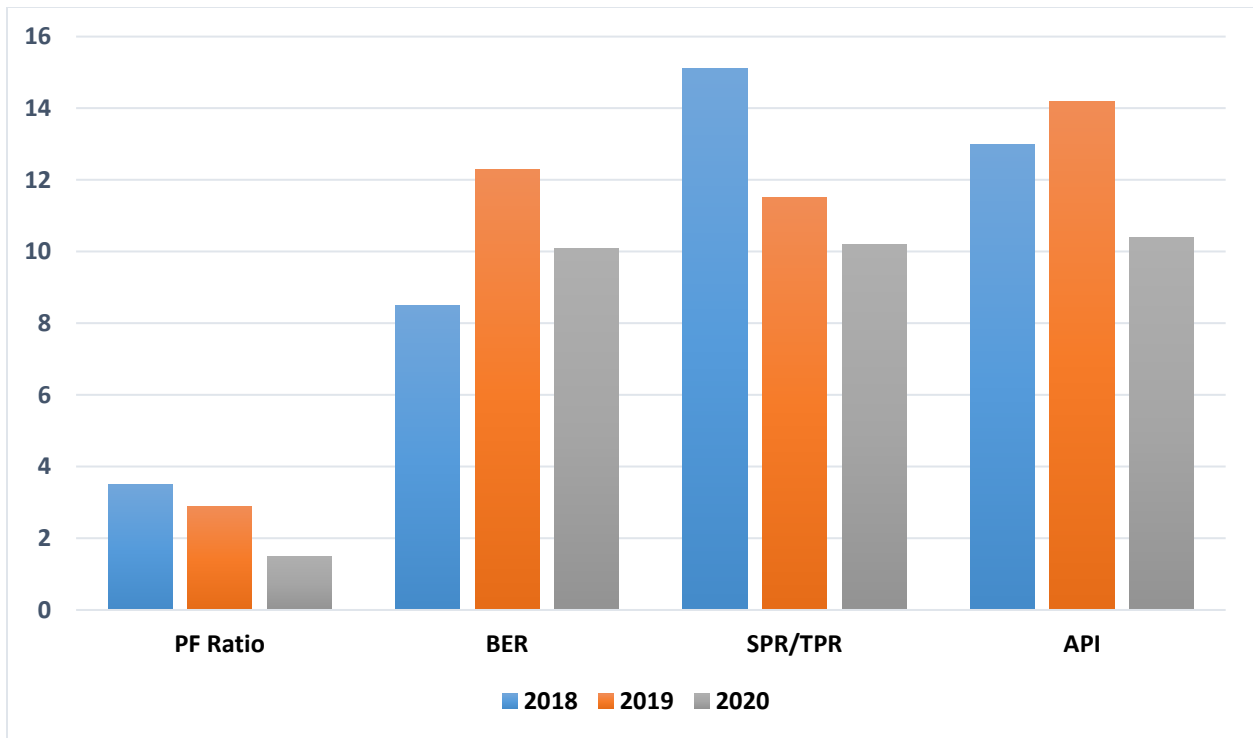
NRSP had reached to mothers'/care givers who know that children than 5 years with fever should be seen by a health care provider, and achieved the targets 100%, we have reached the each of household representative who know that malaria should be diagnosed with Microscopy or RDT centers, communities has been move to words to diagnose and treatment, therefore increase the number of screening and suspected cases was reported from health care facilities.



PROGRAMATIC PERFORMANCE

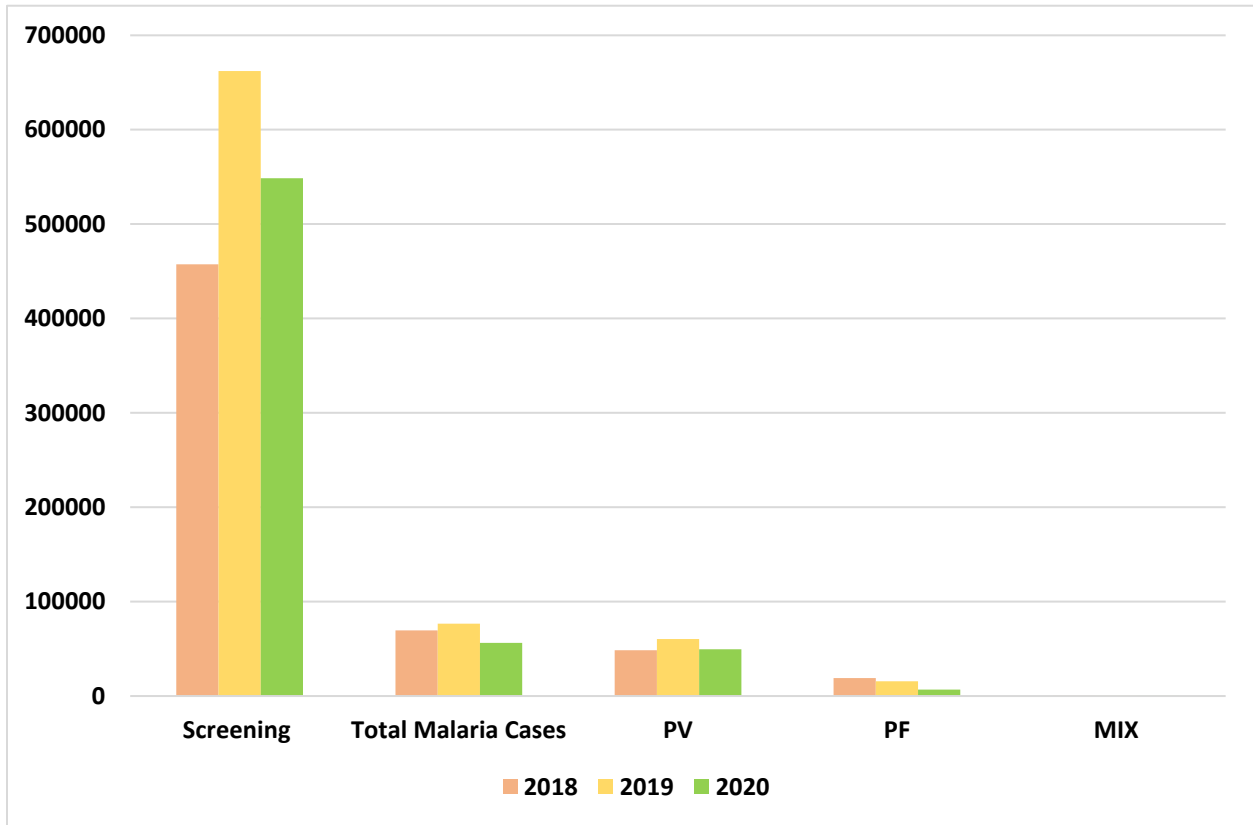
Yearly Comparison of KPI 2018 to 2020

Year	PF ratio	SPR/TPR	BER	API
2018	3.5	15.1	8.5	13.0
2019	2.9	11.5	12.3	14.2
2020	1.6	10.1	10.2	10.4

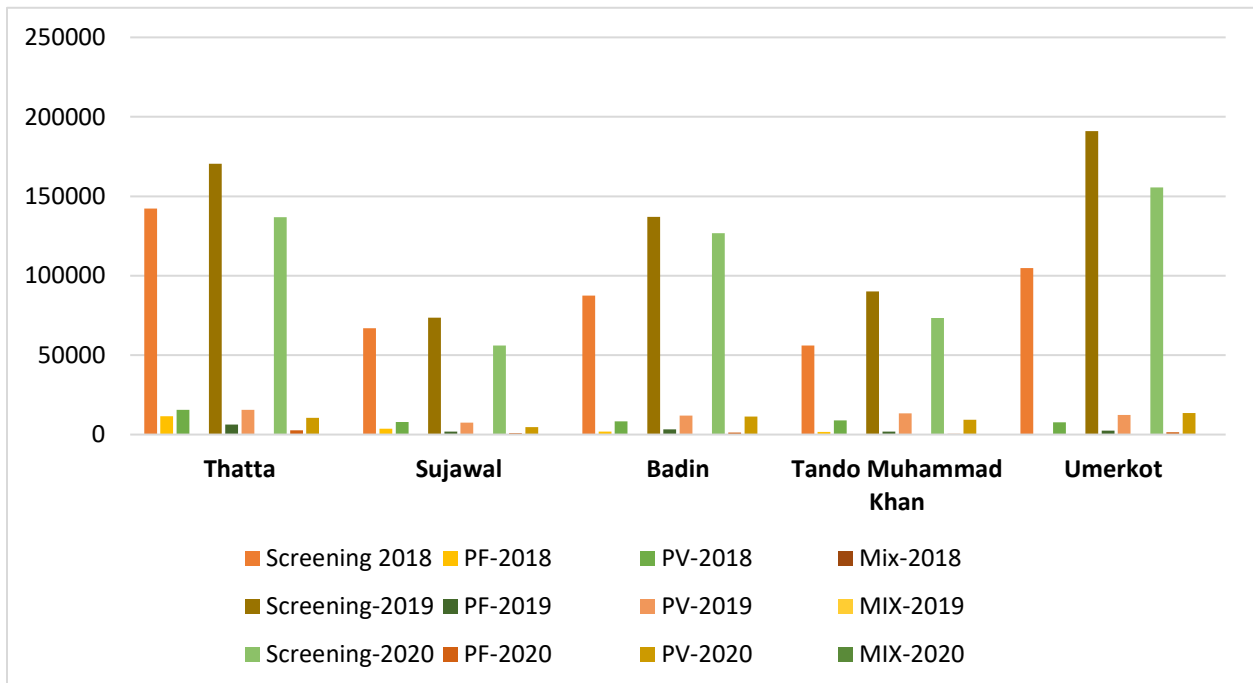


Year	Total Screening	Total Malaria Cases	PV	PF	Mix
2018	457373	69517	48605	18,927	436
2019	662068	76593	60449	15805	339
2020	548768	56370	49490	6663	217

Yearly Comparison of Malaria Screening Vs Cases



District wise cases comparison-2018,2019&2020



GALLERY



Country's Country Coordinating Mechanism (CCCM) visit

Rapid Diagnostic Test training for malaria supervisors and Lab technicians in district Umerkot





Quarterly review meeting









The End