

Global Fund Malaria Program



Submitted by: EDCCD

Monthly Update [16 June to 15 July 2016]

MONTHLY UPDATE

Component : **MALARIA**

Report To : Global Fund and LFA

Report By : EDCD, Teku, Kathmandu

Update Period : [16th June – 15th July 2016]

Program Districts : 25

Major Program Interventions	<ul style="list-style-type: none"> • For the smooth implementation of the program, malaria related medicine and logistics are smoothly supplied to program districts regularly. • For effectiveness in the program implementation, orientation/trainings to the staffs are continued. • For minimizing data discrepancies, regular follow up and on site coaching are on-going. • For updating the status of malaria risk district, micro-stratification is continuing. • For minimizing the positive cases and to control the transmission, case notification and case based investigation is undergoing. • For tracing & tracking all malaria cases, orientation is conducting for private practitioners and FCHVs. • For providing information on vector species, their distribution, density, bionomics and susceptibility, entomological study is on-going.
Major Achievements (Till this period)	<ul style="list-style-type: none"> • Expended 2.08 million out of 2.9 million USD (71% achievement); Rated B1 in the last PU. • Total 304,437 LLINs distributed (ANC: 58,280, Mass distribution: 246,157). • Ward level Micro Stratification conducted in 383 VDCs of 44 districts. • School health program conducted in 95 schools where more than 9,000 students directly oriented in malaria disease. • Entomological study conducted in 4 sites and G6PD deficiency survey conducted in 3,653 participants from 27 sites. • Orientation for Private Practitioner conducted in 16 districts, FCHVs in 17 sites and Mother's Group in 12 sites. • Microscopy related 2 basic & 4 refresher training and 1 internal competency workshop conducted. 108 lab personnel received microscopy training. • 86 malaria positive cases reported in MDIS and 270 mobile distributed. • Developed & printed BCC materials such as; radio PSA, leaflet, flip chart etc.

1) Program Update

- Ward level micro-stratification conducted in 44 districts where data from 383 VDCs were collected; school based health program conducted at 95 schools of 25 program districts till the end of this period.
- Entomological study completed in 4 sites (Kerabari, Meghauri, Tamasariya, Bardiya) out of a proposed 49 study sites.
- G6PDd survey conducted at 27 sites of 12 districts out of 30 sites.
- Private Practitioners and FCHVs orientation on malaria disease continued as per the plan.
- Case Based Investigation continued as per the notification received in MDIS system.
- National Multisectoral Advocacy Meeting conducted.
- Basic Malaria Microscopy Training conducted at VBDRTC.
- NMSP (2014-2025) printed in Nepali version.

2) Program Activities

A. Ward-Level Micro-stratification & School Health Program



Verifying data during microstratification at Mangalapur Health Post at Chitwan district.

Ward Level Microstratification conducted in 383 VDCs of 44 districts including 255 high & moderate risk VDCs of 25 program districts till the end of this period. The microstratification was conducted in the following districts: Jhapa, Ilam, Panchthar, Morang, Sunsari, Tehrathum, Dhankuta, Saptari, Siraha, Udaypur, Dhanusa, Mahottari, Sarlahi, Sindhuli, Dhading, Lalitpur, Kavrepalanchowk, Sindhupalchowk, Bara, Parsa, Rautahat, Chitwan, Makwanpur, Gorkha, Kaski, Lamjung, Kapilvastu, Nawalparasi, Rupandehi, Arghakhanchi, Palpa, Parbat, Dang, Pyuthan, Banke,

Bardiya, Surkhet, Dailekh, Kailali, Achham, Doti, Kanchanpur, Dadeldhura and Baitadi. Similarly, school health program conducted in 95 schools of high & moderate risk VDCs of 25 program districts till the end of this period. From this program, more than 9,000 students received orientation and awareness on malaria and their roles & responsibilities to prevent the transmission of the disease in the community.

B. Basic Malaria Microscopy Training

Basic Malaria Microscopy Training was conducted from 15th June to 9th July, 2016 at VBDRTC. The objective of the training was to develop skills and capacity of laboratory technicians/laboratory assistants in malaria microscopy. A total of 13 laboratory professionals attended this training which helped them in enhancing their knowledge on malaria microscopy. Pre and Post-analysis of the participants demonstrated that the training program had significantly improved the microscopic skills of the participants and had improved their parasite diagnosing capacity. The participants were also trained to make good quality smears and stain the slides. There was a marked improvement in this newly acquired skill as well.

C. Entomological Study

Till the end of this period, entomological survey had been conducted at 4 different sites; Meghauri of Chitwan, Kerabari of Morang, Baniyabar of Bardiya and Tamsariya of Nawalparasi districts out of a proposed 28 sites. This study will help to detect geographical distribution & distribution of various vectors, and to determine the role of the vector mosquito in the dynamics of transmission, their behaviour and seasonal prevalence. Entomological investigation are key and essential aspect of malaria vector control, as these investigations provide information on vector species, their distribution, density, bionomics and susceptibility/resistance to insecticides used for malaria control or elimination.



D. G6PDd Survey



Conducting G6PDd Survey at Gunjanagar, Chitwan.

G6PDd survey was conducted in 27 sites, including Daijee, Motipur, Chhinchu and Lekhgaun during this period. In the study, till date, a total of 3,653 people including 2,353 males and 1,300 females have been tested for G6PD deficiency. Out of those tested 108 have been found to have G6PD deficiency. As per the survey, the preliminary results show an average prevalence of 2.95% with a few areas such as Gunjanagar of Chitwan showing a prevalence as high as 13.33%. The survey has hinted a higher prevalence of G6PD deficiency among specific ethnic groups mainly the Tharu Community. The study was conducted to

map areas with high prevalence of G6PD deficiency which would provide evidence for the national program to make informed decision for the provision of point of care G6PD test (rapid care test) while administering primaquine for malaria patient. In areas where there are more than 5% prevalence of G6PD deficiency, health facilities of such areas will be equipped with rapid test kits.

E. Private Practitioner's Meeting and FCHVs Orientation

Private Practitioner's meeting conducted in 17 districts; Illam, Jhapa, Mahottari, Sindhuli, Parsa, Chitwan, Makwanpur, Kapilvastu, Nawalparasi, Rupandehi, Dang, Banke, Bardiya, Surkhet, Kailali, Kanchanpur and Dadeldhura till the end of this period. The objective of the meeting was to orient them about malaria treatment algorithm and reporting & recording system of the disease so that it will be helpful to trace and track malaria positive cases unreported from private sector. An estimated 20% of the cases are not recorded or reported under the national reporting system.



Private Practitioner's meeting at Banke district

Likewise, to enhance the capacity of FCHVs to identify malaria related signs and symptoms in the community, orientation to these FCHV were conducted in 17 high risk hard to reach VDCs of Kailali, Kanchanpur and Baridya districts. A total of 424 FCHVs were oriented on malaria disease and motivated to refer any suspected cases in the health facilities through the use of sms and referral coupon which was distributed during the program. The program will most likely help trace and track malaria positive cases those are missing in the community through the trained FCHVs. The FCHVs were also handed a flip chart on malaria to use for promotion programs in the community.

F. National Multisectoral Advocacy Meeting



National Multisectoral Advocacy Meeting was conducted on 14th July 2016 at Grand Hotel, Kathmandu. During the program, Dr. Padam Chand, Secretary, Ministry of Health (MoHP) and Dr. Baburam Marasini, Director from EDCD formally released the Nepal Malaria Strategic Plan (NMSP), 2014-2025. The program highlighted the need to work on implementation of NMSP where Dr. Chand, expected support from all the stakeholders for malaria elimination. Dr. Marasini highlighted the various survey and studies that are ongoing and have been conducted in the past. He also briefed the participants on the status of malaria programs at

present and the status of the LLIN distribution. The workshop was attended by representatives from the MoH, MoFALD, MoAD, WHO, JHPIEGO, National Planning Commission, National Public Health Laboratory, NHEICC, VBDRTC, Kathmandu Medical College, Nepal Army Hospital, Nepal Police Hospital, Alka Hospital, Sahid Memorial Hospital, Vayodha Hospital etc.

G. Malaria Case Investigation

Between the 1st of April 2016 and 15th of July 2016, a total 86 malaria positive cases had been reported in the MDIS system through mobile SMS. The cases have been reported from Bara, Mahottari, Sindhuli, Sarlahi, Makwanpur, Chitwan, Nawalparasi, Kapilbastu, Rupandehi, Surkhet, Banke, Kailali and Kanchanpur districts. A maximum of 17 cases were reported from Kapilbastu district alone. As per the cases reported, EDCD team and team from the respective district including VCI and Lab personnel visited the sites to confirm and investigate the cases.

3) Next Period Planning (16th July to 15th August, 2016)

- Conduct malaria team meeting at Kathmandu.
- Collect data and information for PUDR submission
- Continue case base investigation/ foci investigation as per the reporting in MDIS
- Develop quarterly bulletin 'Malaria Update'

4) Next Monthly Reporting Update

Reporting Period : 16th July to 15th August 2016

Reporting Due Date : 31st August 2016