

i) Sub Grant Agreement number

(PAK-M-DOMC)

GA number -690

ii) Title of the program

Global Fund – New Funding Model (NFM) Malaria Grant

Title of Project-

Expanding support to Malaria Control Interventions in High Priority Districts of Pakistan

iii) Program start and end dates

1 July , 2016 to December 31, 2017

iv) Total sub-grant amount

Information is available with PR Unit.

v) Name of the organization (SR)

Pakistan Lions Youth Council (PLYC)

vi) Name of the Principal Recipient

Directorate of Malaria Control Ministry of National Health Services, Regulation & Coordination Government of Pakistan

Target Districts-

(Sindh) Tendo Allahyar, Mirpur Khas, Tharparkar , Khairpur, Sukkur, Larkana Noshero Feroz & Kambar.

(Punjab) Dera Ghazi Khan

Abbreviations

HF	Health Facility
AIDS	Acute Immune-Deficiency Syndrome
AMDs	Anti Malaria Drugs
GD	Government Dispensary
BHU	Basic Health Unit
RHC	Rural Health Center
CM	Community Mobilizer
CHW	Community Health Worker
LHW	Lady Health Worker
DMFP	District Malaria Focal Person
DHQ	District Headquarter
DC	District Coordinator
DIP	District Implementation Plan
LO	Logistic Officer
BCC	Behaviour Change Communication
GFATM	Global Fund to Fight AIDS, TB & Malaria
GOP	Government of Pakistan
HCPs	Health Care Providers
HIP	Hospital implementation Plan
IPC	Inter- Personal Communication
MDR	Multiple Drug Resistance
MDGs	Millennium Development Goals
DOMC	Directorate of Malaria Control
NIDs	National Immunization Days
PR	Principal Recipient
QA	Quality Assurance
RC	Regional Coordinator
RHC	Rural Health Centre
SDA	Service Delivery Area

Executive Summary

The provision of services for malaria diagnosis and treatment has been integrated with the Primary health care (PHC) infrastructure of the districts since 1978, while the prevention and vector control component of the program remained vertical at provincial and district level. The huge network of PHC facilities in the country has improved the access of populations to the public sector health services in many parts of the country, but this objective remains to be achieved in bordering provinces and regions of the country where majority of highly malaria endemic districts are located. Weak health infrastructure, lack of trained human resource, weak disease surveillance system, problems in supply chain management of ant malarial drugs and lack of resources for the operations are the major health system constraints which hamper the implementation of current malaria control strategies in these regions. The situation is further compounded due to lack of proper community awareness program.

Lack of skilled staff to diagnose and treat malaria, lack of diagnostic equipment and supplies, regular stock outs of ant malarial drugs including ACTs and weak surveillance are the major obstacles in ensuring the access of population at risk to quality assured diagnosis and effective ant malarial treatment. Lack of resources for the procurement and distribution of LLINs and the application of other vector control measures is the major challenge to reduce the transmission potential of highly endemic regions and districts.

Back Ground

Malaria Control activities are on ground since the formulation of Health Services provision fundamentals outlined in Bohr's commission in the Sub-continent; and in Pakistan these are functional since 1950s through succession of different approaches. The most ambitious program was the Malaria Education Campaign, spearheaded by USAID since 1961. Then the global approaches was changed due to health priorities and draw backs encountered with wide spread drug and insecticide resistance. Then as a strategy WHO initiated global malaria control program aiming to reducing the malaria burden to manageable levels. Pakistan program was also directed toward control approaches through the decentralization process and other funding difficulties

during post this era did not allow successful transformation of the operations.

Malaria personnel cadres were amalgamated and Malaria Control program was made a Provincial transferred subject, leveling an apical set up at the Federal level, for the purpose of policy formulation and maintaining coordination. Further the implementation responsibilities were transferred to respective district government in line with the devolution plans. In 1977 Malaria control activities were integrated with the Communicable Disease Control Selection the Province

Owing the two major failures in the endemic countries control programs, in 1998, Roll Back Malaria (RBM) initiative was coordinated and started by WHO, UNICEF, UNDP and the World Bank. Pakistan being the signatory to the effect, started RBM implementation in the phased manner by earmarking 273 million from PSDP allocations for 5 years since FY 2001-02, supplemented by the provincial PC-1 allocations while 658 million have been approved for the next 5 years 2007-2012 to support provincial programs.

Under 18th amendment in the constitution Federal Ministry of Health along with its attached departments including Directorate of malaria Control were devolved on 30th June 2011. Keeping in view the important role played by the Directorate of malaria Control, the honorable Prime Minister of Pakistan approved the revival of this Directorate with effect from 1st July 2011 and placed under the administrative control of Ministry of IPC with following functions and TORs:

- To act as Principal Recipient for all Global fund supported Health initiatives..
- Preparation of proposals and liaising with international agencies for securing support of such partner agencies.
- Providing technical and material resources to the provinces for successful implementation of disease control strategies and disease surveillance.

Pakistan has a population of 180 million inhabitants of which 177 million are at risk of malaria. With 3.5 million presumed and confirmed malaria cases annually.

Malaria in Pakistan is typically unstable and major transmission period is post monsoon i.e. from August to November. Major vector species are *Anopheles culicifacies* and *A. stephensi*, both still susceptible to the insecticides currently being used. The widely distributed causative organisms are *Plasmodium falciparum* and *Plasmodium vivax*. *Vivax* malaria still dominates the transmission though significant rise in the more lethal form *falciparum* is observed in Balochistan and Sindh. There is significant drug resistance (chloroquine and Fansidar resistance) prevalent throughout the country where the levels in the western border areas are very significant. The malariogenic potential of Pakistan has a negative impact on its socio-economic growth and productivity, as the main transmission season is spiraled with the harvesting and sowing of the main crops (wheat, rice, sugar cane).

The key underlying risk factors for malaria endemicity and outbreaks in Pakistan include; unpredictable transmission patterns, low immune status of the population in lowest endemicity areas, poor socioeconomic conditions, mass population movements within the country and across international borders with Iran and Afghanistan, natural disasters including floods and heavy rain fall in a few areas, lack of access to quality assured care at the most peripheral health settings, low antenatal coverage and internally displaced population (IDPs) crisis in the agencies and districts

Epidemiologically, Pakistan is classified as a moderate malaria endemic country with a National API averaging at 1.08 (MIS, 2015) and wide diversity within and between the provinces and districts. *Plasmodium Vivax* and *Plasmodium Falciparum* are the only prevalent species of parasites detected so far, with *P.vivax* being the major parasite species responsible for >80% reported confirmed cases in the country. **(Source: Malaria Information System)**

The National strategy for Rolling Back Malaria (RBM) is based on the following key elements:

- ❖ Early Diagnosis and prompt treatment at general health facilities and community based approaches towards home treatment.

- ❖ Multiple prevention measures including promotion of insecticide treated bed nets & materials, targeted use of residual insecticide spraying, logical and environmental vector management approaches.
- ❖ Intensive and comprehensive public education activities with appropriate IEC material to enhance public knowledge of malaria, treatments and prevention.
- ❖ Improved detection and response to epidemics and malaria emergency situations.
- ❖ Developing viable public and private partnerships in the country to combat malaria.

Specific objectives of the project:

- 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 & 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.

Interventions for Malaria

The project is being implemented to Expanding support to Malaria Control Interventions in High Priority Districts of Pakistan.

Pakistan Lions Youth Council is SR with Directorate of Malaria Control Ministry of National Health Services, Regulation & Coordination Government of Pakistan in 08 Districts of Sindh (Tharparkar, Mirpur khas , Tendo Allah yar and Khairpur Mir,s, Sukkur, Larkana, Noshero feroz and Kambar Shadadkot) and one district in Punjab (Dera Ghazi Khan)

Pakistan Lions Youth Council was implementing the project in 04 Districts of Sindh (MirpurKhas, Tendo Allah yar Tharparkar and Khairpur Mir,s in previous year with technical and Financial Support of Directorate of Malaria Control Ministry of National Health Services, Regulation & Coordination Government of Pakistan

Pakistan Lions Youth Council implemented the project in the above mentioned districts with real spirits and on the basis of progress Pakistan Lions Youth Council has been awarded 05 new districts 04 in Sindh Province (Sukkur, Noshero feroz, Larkana and Kambar Shadadkot and one in Punjab (Dera Ghazi Khan)

Project is implementing to achieve the following Main objectives:

Objective 1: To enhance access of population at risk to quality assured early diagnosis and prompt treatment services

Objective 2: To scale-up multiple prevention interventions especially LLINs and IRS to the level of universal coverage in target population

Objective 3: To enhance technical and management capacity of malaria control program for improved planning, management and monitoring of malaria control interventions

Objective 4: To improve health seeking behaviors and practices of target communities in malaria endemic districts through enhanced community awareness and participation.

Quantitative Progress from 1st July 2016 to June 2017

S.No	Indicator Name	Target	Achievement	%
01	CM-2a: Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy at public sector health facilities	19160	17356	91%
02	CM-2c: Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy at private sector sites	2314	2209	96%
03	M&E-2: Proportion of facility reports received over the reports expected during the reporting period	4761	4250	90%
04	Cluster Monthly Review Meetings at district level	188	167	89%
05	New (MIC&RDT) Center Establish	335	335	100%

Total Number of the patients served during 1st July 2016 to 30th June 2017 on Public Centers

S.No	District Name	Microscopy Centres				Total	RDT Centers				Total
		Screened	PF	PV	Mix		Screened	PF	PV	Mix	
1	Tharparkar	46,357	1,444	1,956	6	3,406	35,110	313	1,178	217	1,708
2	Khairpur	88,095	549	3,091	3	3,643	109,765	1,656	3,917	700	6,273
3	Tando Allahyar	12,657	61	322	6	389	41,370	278	946	254	1,478
4	Mirpurkhas	34,605	507	1,352	29	1,888	58,059	918	4,049	1,767	6,734
5	Sukkur	2,424	9	44	0	53	1,513	21	68	23	112
6	Larkana	7,688	11	404	1	416	2,847	59	169	14	242
7	Nuashahro Feroz	8,051	13	226	3	242	6,178	31	248	22	301
8	Qamber Shahdadkot	2,820	41	384	1	426	1,514	20	86	19	125

9	DG Khan	1,935	8	48	0	56	1,749	16	91	16	123
Grand Total		204,632	2,643	7,827	49	10,519	258,105	3,312	10,752	3,032	17,096

Total Number of the patients served during 1st July 2016 to 30th June 2017 on Private centers

S#	Activity	Target	Achieved	%
01	Proportion of Confirmed Malaria cases received first- line antimalarial treatment according to national policy at Private Centers	2314	2209	96%

Cumulative Training targets Vs Achievements

Cumulative Training targets Vs Achievements from 1st July 2016 to 30th June 2017					
Training	Target	Achievement	%	Remaining	Comments/Remarks due to under achievement
MCM	340	326	96%	14	14 doctors in new districts are not trained due to PPHI non Cooperation.
Complicated Case Management	20	20	100%	0	Target Achieved
Microscopy	51	51	100%	0	Target Achieved
RDT	261	259	96%	11	PPHI non Cooperation.
MIS	340	320	94%	20	New MIS tools were not available
Total	1012	967	95%	45	

Cumulative Vector Control targets Vs Achievements.

S#	Activity	Target	Achieved	%
01	BCC Advocacy	2314	2209	96%
02	BCC LHWs, CBOs and NGOs	193655	162997	84%

03	LLIN distribution	536399	584655	109%
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Cumulative Reporting targets Vs Achievements.

S#	Activity	Target	Achieved	%
01	Cluster Meetings	188	167	89 %
02	FM-2 Reports Collected	4500	3621	80%
03	New Center Microscopy Public Establish	74	74	100%
04	New Center RDT Public Establish	261	261	100%

Narrative Progress from 1st July 2016 to June 2017

Pakistan Lions Youth Council is SR with Directorate of Malaria Control Ministry of National Health Services, Regulation & Coordination Government of Pakistan in 08 Districts of Sindh (Tharparkar, Mirpur khas , Tendo Allah yar ,Khairpur Mir,s,Sukkur, Kambar Shadadkot , Noshero feroz and one district Dera Ghazi Khan in Punjab

Though this project Pakistan Lions Youth Council (PLYC) achieved the following results .

Detail of the project activities

Pakistan Lions Youth Council has implemented the project for the achievement of the project objectives through these activities.

New Districts of Malaria

Pakistan Lions Youth Council was implementing project as SR with Directorate of Malaria Control Ministry of National Health Services, Regulation & Coordination Government of Pakistan in 04 Districts of Sindh (Tharparkar, Mirpur khas , Tendo Allah yar and ,Khairpur Mir,s, .On basis of performance Principal recipient awarded 05 new Districts (04 in Sindh and one in Punjab Sukkur, Kambar Shadadkot , Noshero feroz in Sindh and one district Dera Ghazi Khan in Punjab)

Orientation sessions with newly appointed Project staff

Pakistan Lions Youth Council conducted two days project orientation with newly appointed staff of Pakistan Lions Youth Council to orientate them about the project activities, objectives and implementation plan

Dr.Kiran Zulfiqar CC oriented the staff members on the project activities, Muhammad Arif M&E coordinator shared the monitoring formats and checklists with the staff members, Dr Bashir Ahmed Jamali monitored the activity and give his input in the session.

Orientation sessions with Health Officials

Pakistan Lions Youth Council conducted project orientation with staff of Health officials and give the brief about the project activities with introduction of new staff . Team of Pakistan Lions Youth Council conducted meeting with Ms Naheed Jamali Provincial Director Malaria Control Program Sindh and all District Health officers as well as with Focal persons to orientate them and to take their support in the project implementation.



Assessment of Health Facilities in New Districts

Team of Pakistan Lions Youth Council conducted the Assessment of Health facilities in 05 target new Districts Sukkur, Noshero Feroz, Kambar Shadad kot Larkana and dera Ghazi Khan for strengthening existing diagnostic Services ,Team of Pakistan lions Youth Council prepared the lists of the missing facilities and staff members in RDT and Microscopy centers,|



Establishment of New Public RDT and Microscopy centers

Pakistan lions Youth Council establishment RDT and microscopy centers in the target new districts where there is no any testing facilities available , Pakistan Lions Youth Council established 261 RDT centers and 74 Microscopy centers in the new target districts.

Provision of Furniture and supplies to the Diagnostic Centers

Pakistan Lions Youth Council assisted and provided furniture in the existing and new microscopy and RDT centers Pakistan Lions Youth Council provided the supply to these diagnostic Centers through Directorate of Malaria Control Program DOMC. PLYC provided the RDT kits on all RDT centers and Microscopes and reagents on the microscopy centers.

Establishment of DMU and Provision of Furniture/ Fixtures

Pakistan Lions Youth Council assisted Health Department to establish the DMUs in all target districts and provided furniture/fixtures to make them functional. Staff of PLYC also oriented the DMU in charges about the reporting and other related activities.

Prompt and Effective Anti-Malaria Treatment

Skills and capacities of healthcare providers play important role in the correct management of malaria cases. Under this SDA, capacity building of different cadres of public healthcare providers and private providers in management of malaria cases was carried out.

Enhance the Capacity of Healthcare Providers in Proper Malaria Case Management.

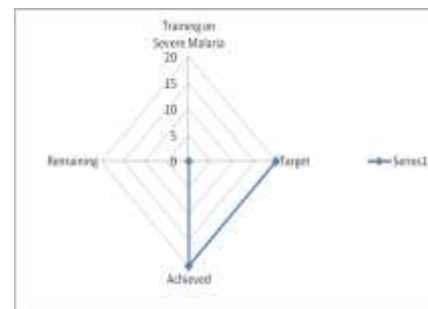
Pakistan Lions Youth Council conducted the 02 days training of the government doctors from Health facilities on Malaria Case Management. Public sector health care providers on uncomplicated malaria case management at first level health care facilities in 05 new districts



These trained health care providers were provided with Case management protocols including job aids and flowcharts and were supporting quality diagnosis and proper treatment for the malaria patients. Pakistan Lions Youth Council trained 324 Doctors among 340 targets .16 Doctors cannot attend the training due to the non Cooperation of PPHI PPHI did not release the doctors for training.

Training of Doctors on Complicated Malaria

Pakistan Lions Youth Council conducted the 02 days training of the government doctors from Health facilities on severe and complicated malaria case management at secondary and tertiary level health care facilities. All these trained health officials were requested to adopt all protocols in the treatment of severe and complicated malaria treatment. During the period PLYC trained 20 doctors on Severe Malaria case Management.



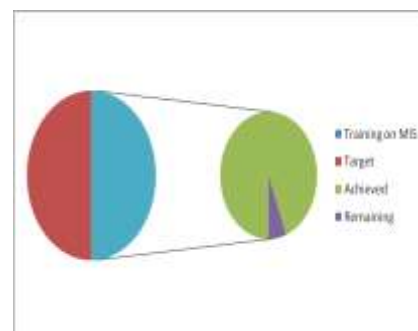
Training of RDT (Public)

Pakistan Lions Youth Council conducted the training of 259 RDT Technicians among 261 targeted RDT Technicians. These RDT technicians were trained on proper diagnostic protocols and accurate results. These RDT Technicians were also oriented on the use of the reporting and recording formats.



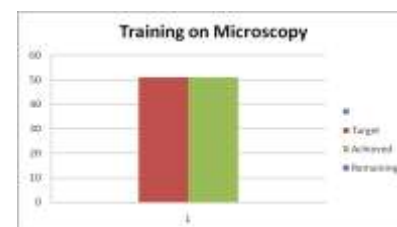
Training of Health care Providers on MIS (Public)

Pakistan Lions Youth Council conducted the training of public Health care providers on MIS from Public (Government health Facilities BHUs RHC etc) .total 320 Health care providers among targeted of 340 are trained and other 20 Health care providers were not available. These Personnel are trained on proper use of MIS and reporting system as well reporting formats



Training of Microscopy Technicians (Public)

Pakistan Lions Youth Council conducted the training of Microscopy Technicians from Public (Government health Facilities BHUs RHC etc) .total 51 microscopist (Lab Technicians) among targeted of 51 are trained. These Microscopists are trained on proper diagnostic protocols and accurate results.



Narrative Progress from 1st July 2016 to June 2017

Strengthening of Community based System for Malaria Behavior Change Communications

The National Malaria Control Strategy recognizes that effective advocacy, communication and social mobilization forms the foundation for any efforts to effectively change service-providers' ability, community behaviors and overall demand for effective service utilization. In this regard, a combination of coordinated awareness raising and community outreach strategies is employed including mass media, interpersonal communication, and malaria focused IEC material development and dissemination



Pakistan Lions Youth Council during the BCC activities specially focused on gender sensitive so that women are not deprived of accessing malaria related information and care. |

Pakistan Lions Youth Council conducted the BCC activities among the target communities in 09 Districts through advocacy, community mobilization and awareness raising activities at the community level. These activities focused on identification of community level structures including decision- makers, religious leaders, community activist, and health committees formed by LHWs



Pakistan Lions Youth Council organized the BCC and Advocacy activities with the community based organizations and activists to involve them in raising awareness on malaria in their respective communities. In this regard, community level activists and systems were identified and mapped. These systems will include community level activists including faith-based organizations, community based organization, elected representatives, religious leaders, and local elders



local decision- making body..

LHWs organized organize awareness raising sessions in their catchment populations including women. For the areas where LHWs are not available, local CBOs and NGOs organized awareness raising sessions for the community member including women.

Total 2314 BCC Advocacy sessions were planned in the target areas during one year and PLYC conducted 2209 sessions there was 106% achievement. 162997 sessions were conducted through the

LHWs, CBOs and NGOs among 162997 sessions .

Monitoring of BCC sessions

Executive Director ,Central Coordinator , Monitoring & Evaluation Coordinator and other management staff monitored and observed the Advocacy and BCC session organized through the local NGOs/ CBOs BCC sessions



BCC activities were also observed through the staff of PR Dr. Bashir Jamali observed the BCC sessions and gave his input. Team of Pakistan Lions Youth Council approved monthly BCC plans from Malaria Focal persons and DMU in-charges/Malaria Focal Persons visited the BCC sessions



Dissemination of messages for prevention of Malaria through media coverage

Pakistan Lions Youth Council disseminated the messages for the prevention of malaria among general community through the print media. PLYC invited the print media in BCC activities as well other prominent activities of the project.



Cluster Meetings

District Coordinators with support of logistic officers of Pakistan Lions Youth Council conducted cluster meetings of the RDT and Microscopy centers on monthly basis, through these cluster meetings monthly progress and issues are shared .All the cluster meetings are attended by DHO , Malaria Focal person, and Malaria Superintendents of relevant districts. Team of Pakistan Lions Youth Council conducted 167 Cluster meetings among 188 meetings



PLYC cannot arrange 21 Cluster meetings due to non availability of new Reporting formats

Team of Pakistan Lions Youth Council collected 3621 FM-2 reports among 4500 FM2 reports. .

Provision of Anti Malaria Medicines to Public Sector Health facilities .

Pakistan Lions Youth Council assisted all the Government Health facilities and provided the testing services on RDT and microscopy centers and provided first- line anti malarial treatment to confirmed malaria cases according to national policy at public centers.

Total 204,632 patients were screened through the microscopy centers among them there were 2,643 PF+ , 7,827 PV+ and 49 mix cases, total confirmed cases through the microscopy centers are 10,519 and all patients are treated according to national policy at public center

Total 258,105 patients were screened through RDT centers and among them 3312 were PF+, 10792 V+ and 3032 are mix cases, total 17090 patients are confirmed through the RDT centers and all the confirmed cases are provided with first- line anti malarial treatment to confirmed malaria cases according to national policy at public centers.

Provision of Anti Malaria Medicines to private Health Facilities.

Pakistan Lions Youth Council assisted selected private Health facilities and provided the first-line anti malarial treatment to confirmed malaria cases according to national policy at private Health centers.

Total 2209 among 2314 patients are provided the first- line anti malarial treatment to confirmed malaria cases according to national policy at Private centers during the reporting period.

These patients are confirmed through the monitoring visits of Monitoring and evaluation officer Dr Bashir Jamali and Monitoring and evaluation coordinator PLYC Muhammad Arif, executive Director PLYC Dr.Qaiser Javaid and other management staff



Prevention through universal coverage of LLINs in target districts

To improve supply chain and storage of LLINs, available facilities at provincial and district level are managed by Pakistan Lions Youth Council,

Orientation of LHWS on data collection for the LLIN Distribution.

Team of Pakistan Lions Youth Council conducted the orientation sessions with of LHWs on their Respective Health facilities, During these orientation sessions LHWs were oriented about the universal coverage and mass distribution strategy .They were told about ,how to complete the coupons (at the formula to provided one LLIN / 1.88 persons. EPI staff and LHWs mapped beneficiary houses and provide each beneficiary household a voucher for collecting LLINs from the identified distribution point or through the LHW. It was ensured to the beneficiaries



that Distribution of LLINs is free of cost and is planned in a phased manner

Pakistan Lions Youth Council involved Malaria supervisors in the two target districts for the proper lead to distribute LLINs in target communities with the support of LHWs and EPI staff.

Pakistan Lions Youth Council distributed 584655 LLINs among the target communities in District Tharparkar and Khairpur Mir,s achieving 109 % target during the reporting period

Distribution of LLINs among Pregnant ladies.

Team of Pakistan Lions Youth Council was given target to distribute LLINs among the pregnant ladies in all project districts for this purpose staff at health facilities were oriented ,how to distribute LLINs among the Pregnant ladies.

It was requested to the staff of Health facilities to deliver LLIN to the pregnant ladies during their Ante-Natal and Post Natal Checkups..they were also requested to maintain separate record of the LLINs distributed among the Pregnant ladies.

Program Monitoring and Supervision

Directorate on malaria Control and staff of Pakistan Lions Youth Council conducted the continuously monitoring visits of Health facilities as well as other activities for the proper implementation and best results of the project and ensuring the achievements of the targets and results

Monitoring Visit by Senior Manager M& E DOMC.

Dr. Hammad Habib Senior monitoring &Evaluation Manager Directorate of Malaria Control Program visited the regional office of Pakistan Lions Youth Council and verified the stock with the bin cards and stock register. He on the spot advised for the proper entry for expiry date



Monitoring visit by Ms Naheed Jamali Director DOMC.

Dr.Naheed Jamali Director DOMC different health facilities for the proper results of the project activities. She also confirmed the distribution of LLIN according to the mass distribution strategy



Visits of Monitoring and evaluation Officer DOMC

Dr. Bashir Jamali Monitoring & Evaluation officer DOMC is continuously visiting the project activities and sharing the issues and best practices Team of Pakistan Lions Youth Council take the remedial actions about the



observations made by him during the monitoring visit. He also visited the trainings of case management practices in public & private sector. Monitoring and supervision of malaria interventions including LLIN distribution by District Health Management Teams.

Monitoring Visit by Monitoring and Evaluation Coordinator PLYC

Muhammad Arif Monitoring & evaluation Coordinator conducted the Monitoring visits of the activities to review the data record maintained at district level . he visited the Health facilities for the adaptation of treatment protocols. He also observed the training of microscopy, RDT and MIS



Monitoring Visit by Central Coordinator PLYC

Dr. Kiran Zulfiqar Central Coordinator Pakistan Lions Youth Council conducted the monitoring visits of Health facilities and other main activities, She made the monitoring visit for ensuring the distribution of LLIN according to Mass strategy. She made the visit the Health officials for the better coordination.



Financial Monitoring by Finance Manager PLYC.

Muhammad Kashif Javaid Finance manager Pakistan Lions Youth Council visited the training of microscopy and other activities to ensure the financial transparency .He verified the trainees with per dium , CNIC and for the refreshment



Commemoration of World Malaria Day

Pakistan Lions Youth Council commemorated the World Malaria Day on 25th of April 2017 in all target district to create awareness about the prevention of malaria. The purpose of the commemoration was To ensure and sustain universal coverage of multiple prevention to population at risk in 09 target districts (MirpurKhas, Khairpur, Tandoallayarr, Kmaber, N.Sherofroz, Sukkur, Larakana, and Therparker & DG Khan) by 2017



Other Activities

Pakistan Lions Youth Council participated in different activities organized by PR Directorate of Malaria Control Program.

Participation in the SR /PR Progress review Meeting

Pakistan Lions Youth Council participated in the PR/SR reviews and gave the progress presentations on quarterly basis

Participation in Monthly Coordination Meeting

Pakistan Lions Youth Council participated in all coordination meetings and shared the progress with Public SR.

Monthly Progress review Meeting with Staff of PLYC.

Pakistan Lions Youth Council arranged the monthly progress review meeting with staff for the problems being face during the project implementation and its solutions.

Host the Delegation of WHO.

Pakistan Lions Youth Council hosted the delegation of WHO Dr Zamani from Geneva Dr Qutab ul Din Kakar WHO Pakistan, Dr Ikhlaq Ahmed Director General health Sindh, Dr Naheed Jamali Sindh, Dr. Hammad DOMC Islamabad ,Dr.Shafi DOMC sindh, Pakistan Lions Youth share the progress with DG health .

Challenges being faced During the year

Challenges related to their identification, assessment, development, provision of equipment's?

During identification and assessment of RDT centers and MS main challenges were

1 In most of the health facilities there is not sufficient space for the proper establishment of RDT center (for placement of AMDs as well as other related equipment)

2-Staff for training is recommended by the Health authority and sometimes they obliged those staff members who are not very much interested in trainings even they cannot report and record properly.

3-In many centers there is large number of OPD for which there is more case load so they cannot give the proper time. In many cases staff is involved in multiple assignments for which they cannot give proper attention.

4-In all target Districts almost all health facilities are supervised by the PPHI and they are not cooperating properly, resulting in creating issues for implementation of the project in real spirit.

5-In some cases MO and In-charges expect lot of equipment and other materials from Global fund resulting in their non-cooperation.

6 some Health facilities are functional in papers but HR is not available in the centers even in Mirpur in one center Medical officer is working for RDT tests.

7- There should be refresher of the trained RDT and MS staff for update their knowledge and practices.

8-Frequent transfer of trained staff is also big issue.

9- In case of MS there is big issue for working of Computers at Health facilities, not availability of internet access as well as failure of electricity

Training of the staff? Issues related to nominations, development of training materials, training set up, role of trainers?

- 1- Staff for training is recommended by the Health authority and sometimes they obliged those staff members who are not very much interested in trainings even they cannot report and record properly.
- 2- Many staff members are not in the capacity to learn due to not having quality of education.
- 3- All the training material is not in national language due to which many trainees feel problem to understand the contents of training.
- 4- We are arranging TOTs for the Health Department staff but they cannot deliver properly after taking training.
- 5- In some cases Health Department authorities at district level do not release the trainees for training for proper time duration as per protocol of trainings.
- 6- Most of the trainers are not using Desk guides for training, even there is no participatory approach as well as group discussions and presentations during training.
- 7- In many cases some trainers have no very good communication skills due to some language and other barriers
- 8- There is not proper monitoring of trainings being conducted by TOT trainers.

Case management

Treatment as per national guidelines?

If not why not?

Issues related to availability of supplies? There is issue of ACT from the PR due to the shortage.

2- Solar Microscopes are not provided by PR.

1-In some health facilities there is large number of OPD and due to big caseload they treated patients clinically which is not according to the National Guide lines

2-In many cases medical officers are involved in multiple assignments so they do not follow National Guide lines.

3-There is Frequent transfer of trained staff and their successors are not adopting the National Protocols as they have not got any training on treatment as per National Guidelines.

Issues related to availability of diagnostic facilities?

1-Due to transfer of trained staff to other facilities and the new staff which is their successors are not trained on RDT as well as on Microscopy so they are facing problems in diagnosing the patients.

2-Due to least interest of the staff just they do not focus on the diagnosis they are not maintaining the records properly.in case of microscopy centers the regents are not properly used by the trained staff resulting in the false results of the suspect cases.

3-On RDT centers Buffer is not used properly (as two drops are used for one test and sometimes they use more than 2 drops resulting in the false results).in the previous practice there was one buffer solution for one RDT test .Now there is one bottle for 25 RDTs so use of the proper buffer affects the results

3- We have not still received new reporting tools

Issues related to availability of supplies?

- 1-There is issue of ACT from the PR due to the shortage.
- 2- Solar Microscopes are not provided by PR.
- 3- We have not still received new reporting tools.

LLINs distribution

As health facilities are monitored by PPHI, and they are not supporting us in the distribution of LLIN especially during ANC. PPHI are not providing the space for the storage of LLINs at Health facility for distribution during ANC.

During the meetings with health department it is shared by them that the cases of EPI refusal is increased as the community claims for the distribution of LLINs.

Political influence and landlord system at some places is creating disturbance in the distribution of LLINs.

Challenges related to receiving LLINs

In the district where there is mass distribution we have received the LLINs according to the old census and now there is big increase in the population in the target district so there is problem for the extra community not included in the previous census as they are not provided by LLINs so there is not at least 80 % minimum coverage in the Rural population as per protocol of mass distribution strategy.

Issues related to distribution of LLINs?

As health facilities are monitored by PPHI, and they are not supporting us in the distribution of LLIN especially during ANC. PPHI are not providing the space for the storage of LLINs at Health facility for distribution during ANC.

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