

THEMATIC REVIEW
SINDH MALARIA CONTROL
PROGRAM
2014-18

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Objectives:

- ❖ To review the epidemiological outlook of malaria disease in each province of Pakistan with particular reference to disease burden and trends,
- ❖ To review the Malaria program structure, capacity and management in each province and at national level.
- ❖ To assess the current program performance by intervention thematic areas and review progress, challenges and towards achievement of targets in each province and progress towards achieving goals.

Objectives:

- ❖ To identify priority needs and gaps for improving program performance and coordination at provincial as well as federal level.
- ❖ Define steps to improve program performance and redefine the strategic direction and focus, including revision of policies and strategic plans at national and provincial levels which can help tapping the available funds from various sources including the public sector and donors
- ❖ To assess Global Fund grants supported projects in highly endemic districts of the country and to suggest ways and means for quality assured interventions following the principals of transparency, accountability and value for money.

Methodology of the MPR

- Malaria program review involves a mixture of methods:

- desk reviews
- Consultations
- field visits

- The programmatic review phases

- Phase I: Planning,
- Phase II: Desk review,
- Phase III: Field review and
- Phase IV: Final report and follow-up on recommendations.

Desk review - Seven Themes

- ❑ Program Management
 - ❑ Procurement and Supply Chain management
 - ❑ Vector Control
 - ❑ Diagnosis and Case Management
 - ❑ Advocacy, BCC, IEC and Social Mobilization
 - ❑ Malaria in Pregnancy
 - ❑ Surveillance, Monitoring and Evaluation
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Theme 1- PROGRAM MANAGEMENT

□ Status

- Headed by director
- sanctioned positions 1,341 (156+ 1,185) vacant 387 (99+281)
- out of 281 vacancies at districts 271 are technical positions
- 2,473 public sector health facilities managed by Health department, #PPP partners and #PPHI
- There are National guideline available which require to be adapted at provincial level and printed in Sindhi and Urdu.
- Human Resource development needs to be structured

Year	Allocation			Releases			Expenditure			%
	D	ND	Total	D	ND	Total	D	ND	Total	
2013-14	166.302	24.403	190.705	185	24.403	209.403	185.92	23.951	209.871	100.22
2014-15	108	29.579	137.579	107.963	29.579	137.542	107.963	27.137	135.1	98.23
2015-16	81.884	29.248	111.132	81.884	29.248	111.132	81.884	26.987	108.871	97.97
2016-17	144.265	33.035	177.3	75	33.035	108.035	75	27.653	102.653	95.02
2017-18	190.067	36.473	226.54	100.572	36.473	137.045	100.543	30.585	131.128	95.68
			843.256			703.157 (83%)			687.623 (98%)	

Recommendations

- The DOMCP should conduct annual review and planning meetings to deliberate and document progress made and outline priorities and milestones for the following year.
- It will be necessary to critically review all factors that led to under-achievement of strategy implementation across all objectives, as identified in this MPR. Removing the identified barriers will lead to better achievements under the next malaria strategy.
- There is need to clarify and utilize the mechanisms of engagement between the national level and district levels, including a way to report district level implementation of activities.
- Coordination and collaboration of different priority programs of health department and units and relevant partners should be enhanced through TWGs and during implementation and review of strategies and activities.
- Interventions beyond “event/one-off” activities should be conceptualized to ensure sustained achievement of expected outcomes
- Ensure that provincial governments include malaria in their annual program-based budget.
- Increase budgetary allocations.

Recommendations (cont)

- Advocate for more resources from all sources, including the UHC initiative and the private sector, to move towards financial sustainability.
- Develop a domestic resource mobilization strategy through a consultative process incorporating innovative financing mechanisms.
- Prepare program-based budgets and conduct expenditure reviews and analyses that can be used as advocacy and resource mobilization tools at high levels.
- Develop a sustainable financing framework for malaria control interventions.
- Provide technical assistance to DHMTs for planning, budgeting, and advocating resource allocation.
- At national, provincial and district levels, promote the expansion of existing prepayment mechanisms (e.g., the Health Card) and support the establishment of new prepayment mechanisms to reduce the financial burden on malaria services and the barriers to accessing those services.
- Systematically and routinely track financial data pertaining to allocation and spending on malaria at provincial and district levels to provide information on indicators, including the proportion of malaria budget to total health budget and the proportion of total malaria budget contributed by partners.


Recommendations (cont)

- Generate evidence for resource mobilization purposes that is appropriately packaged for targeted audiences.
- Develop guidelines for the mandate and membership of the Malaria Coordination Committees and malaria TWGs to strengthen program and partner coordination at provincial and district level
- Develop and implement guidelines for engagement between program implementation at the provincial and district levels.
- Develop and implement capacity building, advocacy, and resource mobilization strategies.
- Anchor the program implementation monitoring and information repository tool at the program management level for tracking implementation of malaria activities.
- Ensure that malaria services are well articulated within the PHC standards, protocols and norms in the context of universal health coverage.
- Support gender mainstreaming and human rights approaches to malaria programming to ensure an inclusive reach that targets vulnerable and marginalized populations.

Theme 2 - PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

- ▶ There is no written policy for Procurement and supply chain management
- ▶ National Procurement guide and SoPs are available
- ▶ There are no Quality Assurance guidelines or any Quality Control Plan
- ▶ There are no SoPs on good storage practices
- ▶ There are no guidelines and /or SoPs for specifications and quantities of the products
- ▶ There are no written specifications of antimalarial drugs including ACTs, LLINs, equipment and supplies
- ▶ Procurement is done using SPPA guidelines
- ▶ Inventory is managed manually on stock register

- **Recommendations**

- Introduce malaria procurement and supply management system at the provincial level for effective management of all commodities.
 - Adapt, develop and print procurement and supply management guidelines.
 - Introduce logistic management information system for commodity data analysis and visualization to ensure end-to-end visibility of the supply chain.
 - Establish a malaria commodity logistics and inventory control system.
 - Build capacity in commodity management at the provincial and district levels.
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Theme 3 - VECTOR CONTROL

- There is neither mechanism for vector surveillance nor record of the Vector density reports.
- Two Insect and entomology reference laboratories at Khairpure and Mirpurkhas, both are currently non-functional.
- There is no mechanism and/or guidelines for Insecticide susceptibility testing

Service delivery outputs and outcomes

- **Indoor Residual Spray (IRS) by Malaria Control Program:** In 24 health districts 16% of target houses and 13 % of target rooms were covered.

Mass		ANC	
DoMCP	PLYC	NRSP	PLYC
157,554	1,146,887	30,394	241,754

- **Long Lasting Insecticide treated Nets (LLIN):**

- 1,576,589 (1,304,441 mass and 272,148 ANC)

- **Larval Source Management:** There is national policy which is adapted as part of Sindh strategy.
- Generic guidelines by WHO are used, which requires adaptation at local level.
- Malaria Control Program Sindh has sprayed 657,402,800 square meters of area using 30,930 liters of Temphos 50% EC in 618,600,000 sqM and 97,007 liters of Fenethion 2% G + Temephos 1%G combination in 38,802,800 sqM.

Recommendations:

- ▶ Prioritize investment in epidemiological and entomological surveillance in line with the requirements of the Global Technical Strategy and WHO malaria surveillance monitoring and evaluation reference manual (WHO, 2018).
- ▶ Use stratification for targeting interventions. At a minimum, this should be done by district, although it is best to do this by facility.
- ▶ Incorporate relevant entomological indicators (vector species diversity, ecology, and bionomics) to enable updating of the malaria transmission map.
- ▶ Include entomological impact indicators in the performance framework of the next strategy.
- ▶ Strengthen the capture and reporting of outpatient and inpatient morbidity and mortality information to monitor the impact of interventions.
- ▶ Ensure the routine conduct of susceptibility testing for insecticides and fast-track the registration of new vector control products for managing insecticide resistance.

Theme 4 - Diagnosis and Case Management

- National Malaria Case Management guide
- 38 % of total (2,473) HF have diagnostic facility.
 - 14% (345) microscopy and
 - 24% (583) RDT
 - 196 private providers in GFATM districts practice RDT
- 100% confirmed PF cases treated with ACT (13 GFATM districts)
- Uncomplicated malaria getting correct treatment at health facility - 104,568
- Public health facilities with adequate antimalarial drugs and diagnostic supplies - 866
- Diagnosed *P. Falciparum* cases treated with ACTs – 27,119

► Recommendations

- Enhance capacity in case management at both the provincial and district levels, including pre- and in-service training.
- Incorporate evidence-based behavior change components in the curriculum and improve tracking of trained health workers.
- Introduce mechanisms for monitoring of the quality of care for improvement of malaria case management at provincial and district levels both in the public and private sectors.
- Strengthen private sector engagement involved in malaria case management to sustain the achievements and engage private sector medical universities, colleges, midwifery schools and paramedical institutes and their teaching hospital.
- Ensure use of the approved guidelines for malaria case management and parasitological diagnosis for safe, evidence based, and harmonized practice in the public and private sector and at the community level.
- Plan community case management for malaria through LHWs in priority areas, and integrate it with other community-level interventions.

Themes 5- Advocacy, BCC, IEC and Social Mobilization

- National training guide is available
- No training
- No plan

Partners service outputs:

- Advocacy events with community based activists including lady health workers - 5,573
- Community awareness session at community and facility level by LHWs - 30,171
- Community awareness sessions at community and facility level by CBOs/NGOs - 85,073

Recommendations

- Scale up malaria advocacy at the provincial and district levels for increased use of malaria interventions.
- Strengthen community-specific social behavior change communication planning and implementation.
- Build the capacity of healthcare providers in social behavior change communication at all levels.
- Leverage the community strategy to deliver community-based malaria control activities.
- Update provider knowledge on new guidelines at all levels, while rolling out interpersonal communication to address behavioral barriers to attaining targets.
- Develop standard messages for adaptation and contextualization by the counties and other stakeholders.
- Enhance private and non-health sector engagement to undertake advocacy, communication and social mobilization for malaria with clear mandate and guidelines.
- Support community engagement for social accountability for malaria.
- Adapt, Develop and print IEC materials in local languages

Themes 6- Malaria in Pregnancy

Guidelines are part of case management

No strategy and/or work plan

337 pregnant ladies treated in 13 GFATM districts in 2018

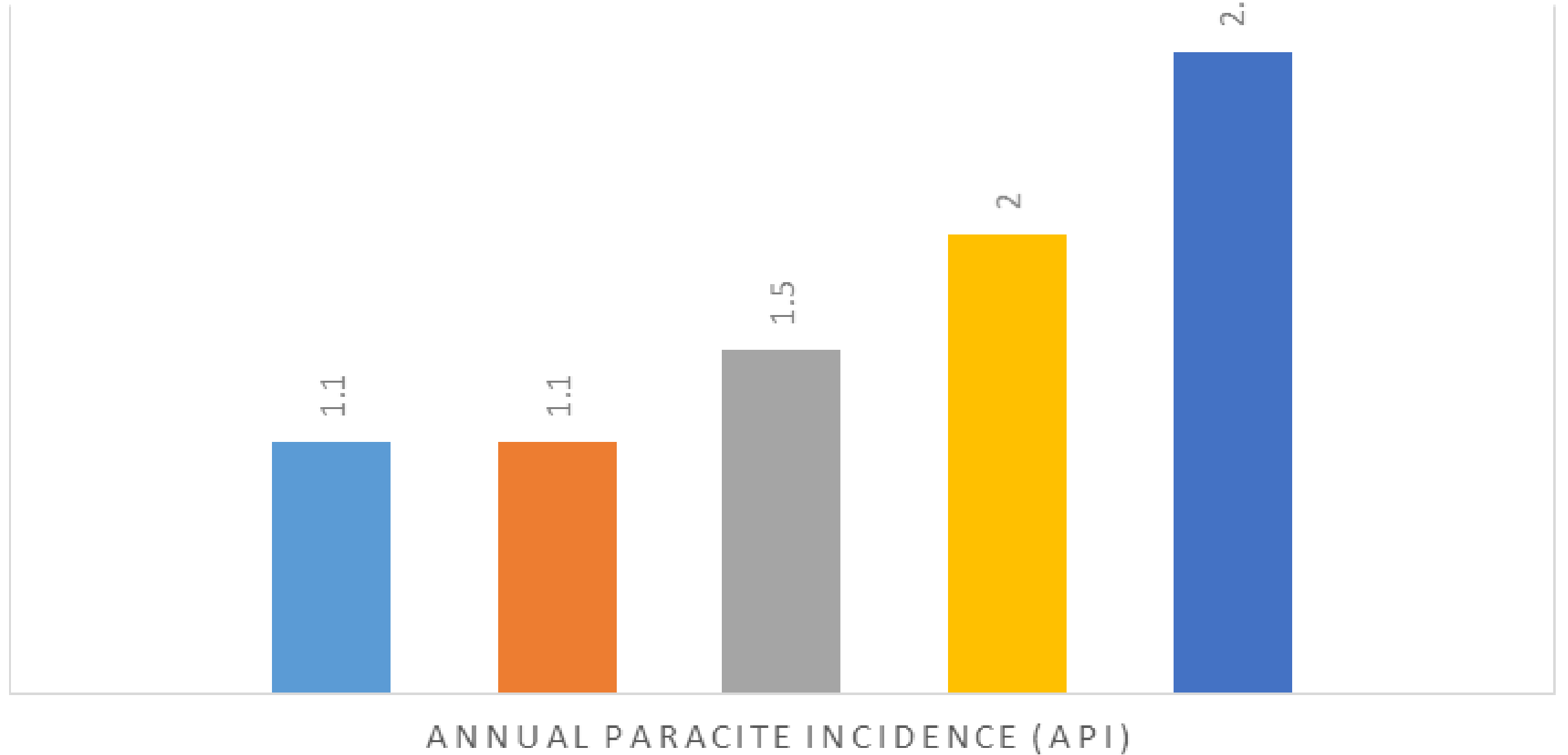
▪ **Recommendations**

- Ensure availability of updated policies and guidelines for implementation of MIP at all levels including pre-service.
- Increase uptake of ISTp at the ANC by promoting its use through LHW structures.
- Scale up MIP activities currently done in four counties to all the targeted areas.
- Revise data capture systems to include capture of IPTp3+ doses.
- Align medicine and LLIN provision with the PCPNC guidelines.
- Strengthen the partnership between the DOMCO, MNCH Program, LHW program, PPHI, IHS, HANDS, MERF, Indus, SOGP and teaching institutions for ease of scaling up and sustaining MIP interventions

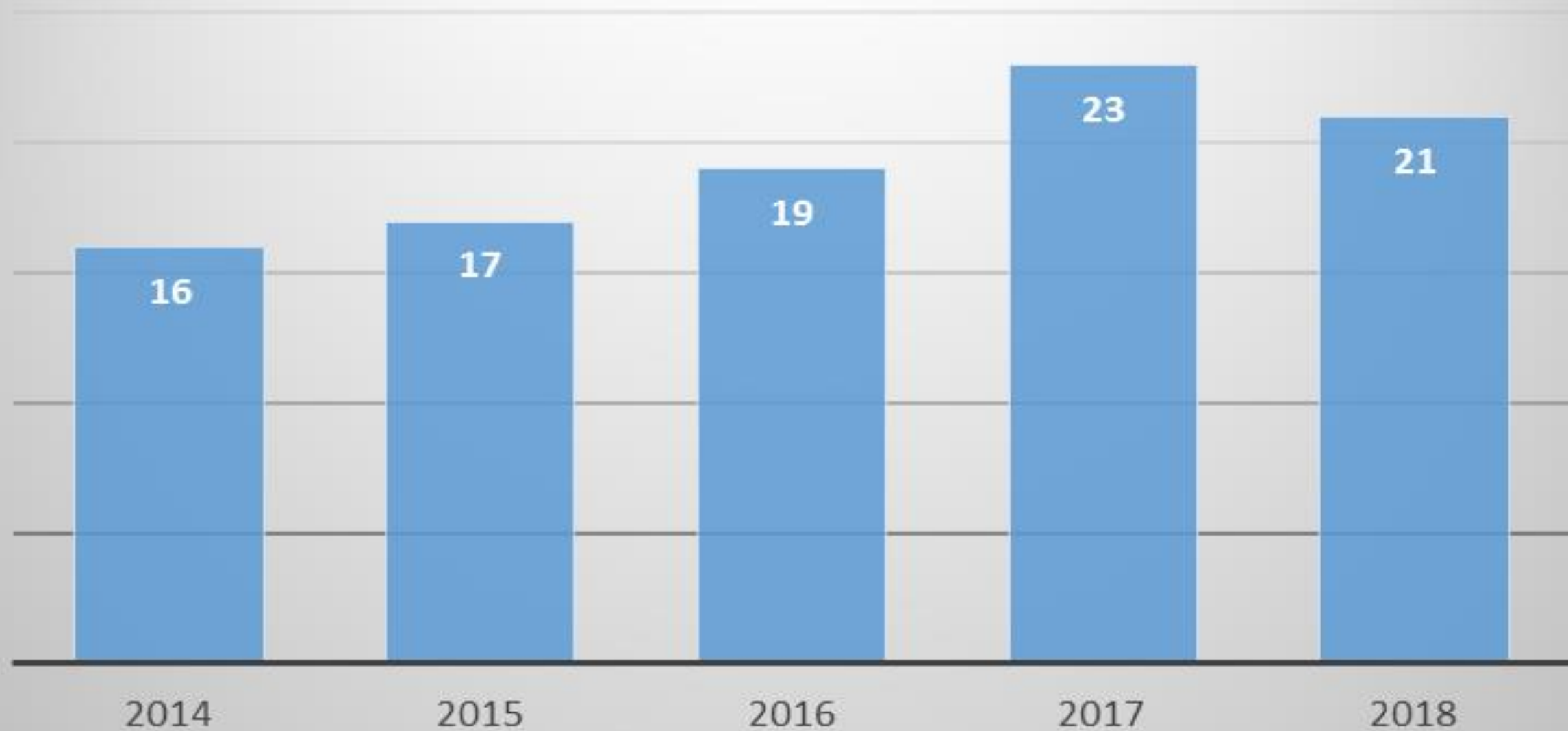
Themes 7 - Surveillance, Monitoring and Evaluation

- There are multiple MIS system in practice in province like:
 - Program MIS of DOMCP
 - Malaria MIS used by GFATM
 - DHIS (provincial)
 - LHW program
 - MNCH program
 - Nutrition Programs
- There are no Policy, guidelines or coordination mechanisms are documented at provincial level.
- Last coordination meeting -DHO/DMU coordination -March 19, 2019

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



Falciparum ratio



Recommendations

- Integrate malaria Epidemic preparedness and response (EPR) with surveillance at the provincial and district levels.
- Develop TWG terms of reference, surveillance manuals, and guidelines to include EPR functions.
- Strengthen the capacity of the sentinel health facilities to improve functionality and to routinely provide timely, accurate, and reliable information, including threshold monitoring.
- Include EPR activities in all national, provincial and district annual work plans.
- Regularly conduct epidemiological and entomological stratification to guide the targeting of intervention deployment.
- Strengthen malaria surveillance, including the development of guidelines and revision of available DHIS tools to guide implementation in the context of changing epidemiology.

Recommendations (cont)

- Advocate for increased investments in surveillance at both the provincial and district levels to achieve better quality information for decision making for impact.
- Enhance data ownership and use of information for decision making at the provincial and district levels.
- Establish a network of health facilities to enhance the availability of inpatient morbidity and mortality data.
- Strengthen collaboration between the program and the research community to allow sharing of research findings for public health use.
- Develop capacity at national and subnational levels for data demand and use to inform programmatic decisions