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#### Volume 1, Issue 2

# Malaria Update

#### **Quarterly Bulletin**

#### February-April, 2016

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# Celebration of WORLD MALARIA DAY

EDCD and Save the Children-Global Fund organized a bicycle rally to mark World Malaria Day 2016 on 25th April under the theme "End malaria for good" with a country slogan "Lets end malaria forever". The rally was inaugurated by Dr. Baburam Marasini, Director of EDCD which started from EDCD, Teku and ended at Save the Children, Country Office, Sinamangal.

The rally was successful to grab the public attention and to provide information regarding malaria disease by disseminating pamphlets & posters along the route.



The participants were felicitated with an appreciation certificate after the successful completion of a 14 kms route through Teku-Balkhu-Satdobato-Koteshwor-Sinamangal.

A day before World Malaria Day, EDCD organized a stakeholder coordination meeting to seek their participation and make them equally responsible in a national program to eliminate malaria by 2025. Similarly, EDCD/Save the Children-Global Fund organized a press conference to share new plans & policies and overall future direction on malaria elimination in Nepal. Media persons and various officers informed the participants about the malaria program activities and sought feedback from them. The program helped gain insight on the ongoing programs, their effectiveness, challenges and the areas for improvement in the future.



Stakeholder Coordination Meeting



Participants during Press Conference

### **Training on Malaria Program**

EDCD organized three day training on Malaria with technical and financial support from the Save the Children- Global Fund grant from February 15 to 17 and from March18 to 20, 2016 at Hetauda and Nepalgunj respectively. There were in total 135 participants including government staffs (VCO/VCI, Statistical Officer and Lab Technician/Assistant) from 25 malaria program districts. The objective of the training was to orient malaria focal staffs and other key staffs on HMIS for correct, complete and timely recording and reporting of malaria activities and indicators. The agenda also included sharing of knowledge on Case Based Surveillance, Foci Investigation, Malaria Disease Information System (MDIS), MDIS-SMS and GPS device operation.



Group picture on inauguration session at Nepalgunj Training

### **Orientation on Malaria Program**

An orientation program was organized on February 21st to present the malaria program's progress update, to streamline roles & responsibilities of the staff with goals and objectives, to strengthen coordination among the government entities and to raise awareness to all the staffs on PF indicator, and opportunities. Similarly, another challenges orientation program was conducted on April 7 and 8 to inform all staff involved in malaria on challenges & algorithm of the malaria program and to work out on planning for the next period. The orientation was also fruitful to meet all staffs together and motivate them to work in good coordination. Furthermore, the orientation provided an opportunity to gain insight on the ongoing activities, their effectiveness, challenges and the areas for improvement in the future.

#### Malaria TWG Meeting



On 29th February at EDCD meeting hall, malaria Technical Working Group (TWG) meeting hold a session to endorse

the LLIN distribution guideline, update the malaria treatment protocol, finalize the treatment algorithm and discuss the impact of reporting on malaria indicators. The TWG also discussed the LLIN distribution updates and guideline for finalization and endorsement. Similarly, it was decided to update the malaria treatment protocol on the basis of the revised WHO treatment guideline. The meeting was also successful to finalize the malaria treatment algorithm and to also recognize the need of some correction or rephrases the words on malaria related HMIS forms/tools that are creating confusion to users.

#### SR Orientation on LLIN Distribution

Rural Development Forum (RDF), the qualified Subrecipient for LLIN distribution, started to work in the field and conduct household surveys in targeted high & moderate risk VDCs for LLIN distribution. At first, an orientation program was provided to the staff of RDF at Lamahi, Dang and Narayangad, Chitwan on March 20 and 22 respectively. The program was organized to brief on the various forms, log books, updated guideline and process of LLIN distribution for both ANC and mass distribution. The participants were also trained in inventory management, financial management and recording and reporting mechanism.



## **Malarial Update**

## Ward-Level Micro-stratification & School Health Program

EDCD based malaria team has completed ward-level micro-stratification in 21 districts (llam, Panchthar, Dhankuta, Saptari, Siraha, Sarlahi, Dhanusa, Mahottari, Kavre, Lalitpur, Dhading, Lamjung, Gorkha, Kaski, Parvat, Palpa, Rupandehi, Doti, Achham, Dailekh and Kanchanpur). The activity is ongoing in 15 districts Sunsari, Morang, Rautahat, (Jhapa, Bara, Parsa, Makwanpur, Sindhuli, Pyuthan, Arghakhanchi, Kapilvastu, Nawalparasi, Banke, Bardiya and Kailali) and is yet to start in 8 districts (Sindhupalchwok, Bhojpur, Udaypur, Chitwan, Dang, Surkhet, Baitadi and Dadeldhura) which will be surveyed by June 2016. The micro-stratification study will provide ward level malaria information which will be instrumental in planning, monitoring and evaluating effective interventions especially in malaria elimination program.



Simultaneously, VCIs from the districts conducted school based health programs in 64 schools which includes; 8 schools in Kailali, 5 schools in each of the Sarlahi, Makwanpur, Dhanusa, Saptari, Surkhet. Mahottari & Sindhuli districts; 4 schools in each of the Kanchanpur, Banke & Ilam districts; 3 schools in each of the Bardiya, Rautahat & Parsa districts. The objective of the program is to orient and raise awareness on children about malaria disease and their roles & responsibilities to prevent the transmission of malaria in the community. The orientation will be conducted in 125 schools of high & moderate risk VDCs of all 25 program districts. Till the month of April 2016, more than 4,500 children have been oriented on malaria disease through school based health program.



Orientation on malaria at Shree Higher Secondary School at Sirthauli VDC, Sindhuli district

### **PU II Submission**

The Periodic Update for 2<sup>nd</sup> period (PU II) submitted to Global fund within the set deadline on the 30<sup>th</sup> of April 2016, for the period of 15 November – 15 March, 2016. Moreover, narrative on program activities, performance framework & budget also submitted for the costed extension period till March 2018.

#### **IEC Materials on Malaria**

Flip chart developed to orient FCHVs and Mothers Groups in the community which is printed 3,000 copies for dissemination. Similarly, leaflet containing malaria related message developed and 12,500 copies printed to distribute during school based health program. In addition, 1,300 flex containing Malaria Treatment Algorithm information distributed in the district health facilities. The most awaited Nepal Malaria Strategic Plan (NMSP) 2014-2025 published and translated as well to publish in Nepali version which is under the process of print setting. On the other hand, one minute animated PSA produced to provide message on malaria prevention and control which will be broadcasted through national TV channels.

#### **Case Based Surveillance**

Case based investigation has been conducting as per the cases notified in MDIS system via mobile text. In this period, the cases were notified in the system from some of the districts such as Kanchanpur, Kailali, Rupandehi, Kapilvastu, Surkhet, Chitwan, Bara, Bardiya and Rautahat where the team including VCI & Lab personnel from the districts and Surveillance Medical Coordinators (SMCs) promptly took the action for further investigation.

#### **Quarterly Bulletin**

#### Case Study: 'New Life of Dil Bahadur'

In my career, I have performed many laboratory tests for the diagnosis of the diseases. This is a usual part of my job. However, recently a patient's condition compelled me to think how they suffer more due to lack of proper diagnosis of the disease.

Dil Bahadur, 20 years, a migrant worker from Dailekh district used to work as a cook in Indian state of Gujrat for last 7 years. He was enjoying his job and living well. Two years ago, he suddenly fell sick with symptoms of fever, convulsions & headache. He visited many hospitals in Gujrat for his diagnosis and treatment. He spent his hard



Dil Bahadur (left) during sharing his experience

earned money for his treatment but his condition did not improve. Eventually, he had to guit his job and had to return home to live with his family at Dailekh.

There was no improvement in his health condition, even after repeated medical checkups and treatments. He was rather suspected to be suffering from HIV by his family members and neighbors. He felt stigmatized by his neighbors and was compelled to migrate with his family to other place. Consequently, he moved to Birendranagar Municipality, ward no. 20, and lived in a rented room with his wife and children.

However, being the bread winner of the family and family members to take care of, he had no choice but to work in India again to support them. Despite his poor health condition, Dil Bahadur went to India again for employment in May 2015. Later that year in December 2015, he returned back to Nepal with severe ill health condition. His family took him to private and public hospitals where he was treated for nothing else than 'gastritis' and sent home with medicines. His health condition working as a migrant worker suggested for HIV infection and was also investigated for HIV infection. Though the HIV test results were negative, his poor health condition persisted.

As a neighbor I came to know about his condition from his wife. He was suffering from 'unknown' condition! I am very aware about Malaria infection, as it is among the very common diseases our migrant workers suffer from. I suspected of Malaria, TB and Kala-azar looking at the symptoms and history he presented. I motivated him to come to DPHO for the tests which he could get it done for free. Finally, in February 29, 2016 he was diagnosed with PV Malaria and treated as per the National malaria treatment protocol. After years of suffering, he is now cured from malaria. I heard that he went to India to work again, in a good health condition to support his family. (Translated version)

By Deepika Dhakal, Lab Assistant, DPHO, Surkhet

#### Glimpse of World Malaria Day (Now & Then)



"End Malaria for Good": Bicycle rally on World Malaria Day 2016.



Commemorative Cover: Postage stamp on malaria released on the occasion of World Malaria Day 2010.



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