





Annual Review Meeting Year 2

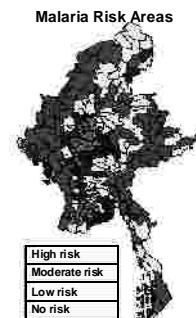
Malaria (INGOs/NGOs/CBOs)

Progress, Achievements, Challenges and Recommendations
14 October 2009


Malaria Risk Areas, Project Sites and Implementing Partners

Malaria Risk Areas



High risk
Moderate risk
Low risk
No risk

Malaria Project Sites



Implementing Partners
CDA
CESVI
IOM
MERLIN
MCC
MHAA
World Concem
World Vision


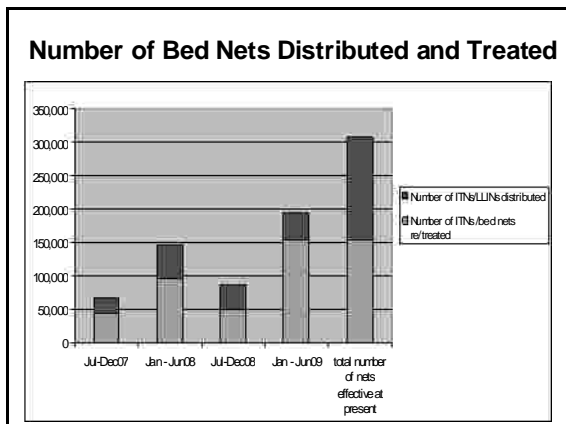
One partner
Two partners

KEY Interventions

- F Community Empowerment and Prevention Activities
- F Early Diagnosis and Appropriate Treatment
- F Building Malaria Response Capacity


F Community Empowerment and Prevention Activities

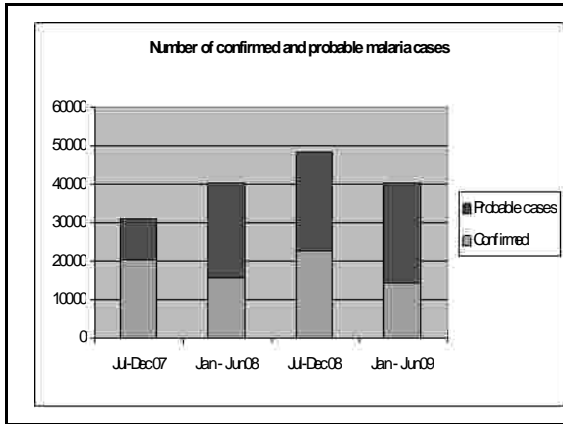
- ? Annual Mass Treatment of Mosquito Nets
- ? Targeted Distribution of Long Lasting Impregnated Nets (LLIN)
- ? BCC and promotion of appropriate use of Insecticidal Treated Nets (ITN)

F Early Diagnosis and Appropriate Treatment

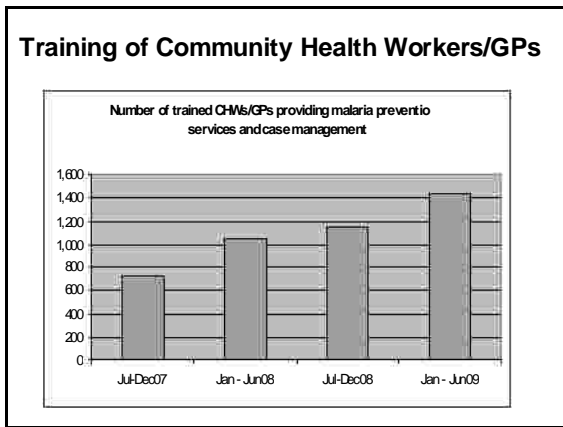
- ? Quality malaria microscopy services
- ? Promoting and supporting use of Rapid Tests and appropriate treatment by Community Health Workers and Basic Health Staff
- ? Operating mobile and fixed clinics in selected remote areas
- ? Referral of cases





F Building Malaria Response Capacity

- ? Empowerment of community health workers
- ? Development of managerial and technical capacity
- ? Capacity building of Basic Health Staff



Achievements

- KPC/KAP survey/Bed Net survey
- Operational research on effectiveness of RDT, efficacy of Bed Nets
- Quality control of RDT and microscopy
- Harmonized M & E countrywide
- Harmonized implementation according to National Malaria Control Strategy
- Early diagnosis and appropriate treatment in remote locations with limited access to health facilities
- Reliable network of health volunteers established
- Community empowerment and participation

Challenges

- Overwhelming health demands beyond malaria
- Language barriers
- Migrant population difficult to reach and target
- Most vulnerable are hardest to reach
- Sustainability
- Emergence of multi-drug resistance malaria and fake drugs
- Lack of feedback from National level data analysis
- MOU renewal and travel permission are delayed



Recommendations

- Use 3DF successes to advocate for resource mobilization for primary health care
- Consider 3DF as complementary funding to GF
- Drug resistant malaria studies
- Promote drug quality control to remove fake drugs from the private sector
- Regular IPs meeting to analyse data, exchange information and lessons learnt
- Lobbying with national/central level to facilitate the implementation (visa, TA, collaboration)
- Scaling up geographical coverage

Thank you

