

Challenges	Planned Interventions	Indicators	Baseline	Target	Planned Actions	Responsible Person	Q1 Due Date	Progress Made	Planned Actions	Responsible Person	Q2 Due Date	Progress Made	Planned Actions	Responsible Person	Q2 Due Date	Progress made
Lack of training, information in case management and surveillance.	<ul style="list-style-type: none"> a) In-service training at facility level on malaria diagnosis, treatment and surveillance (monthly in-service training plan). b) Mentoring during support visits (team building). c) Refresher training during staff meetings d) Continue weekly / monthly briefing at all levels. e) All facilities to have and use malaria treatment algorithm. f) Feedback (on workshops/trainings) on all levels. g) Review cases on regular basis from the district/ regional therapeutic meetings. 	Proportion of patients with confirmed malaria who received appropriate anti-malaria treatment according to the national guideline	89%	100%	<ul style="list-style-type: none"> a) In-service training: train a min of 2 HWs per HF (39-Fs, 72HWs quarterly) b) Mentoring & team building to 2 HF's monthly. train a min of 2 HWs per HF (39-Fs, 72HWs quarterly) c) Refresher trainings: train 39HWs quarterly <p>Note: provide details on number of health care workers in the district during the next task team meeting</p>	Surveillance Officers & Clinical Mentors		<ul style="list-style-type: none"> A) 10 CHWs trained on case Management and surveillance from 10 HF's B) Inservice training done before ACD activities to 11 HCW second week of February 2020 C) No refresher done during staff meeting as staff meetings are done once a quarter D) Weekly briefing ongoing every Monday F) No therapeutic meeting held 	<ul style="list-style-type: none"> a) Inservice trainings to 1525 HF's monthly. train a min of 2 HWs per HF (25 HF's, 51 HWs quarterly) b) Mentoring and team building to 2 HF's monthly. train a min of 2 HWs per HF (39-Fs, 30 HWs quarterly) c) Refresher trainings: train 35 HWs quarterly <p>Note: provide details on number of health care workers in the district during the next task team meeting</p>	Surveillance Officers & Clinical Mentors		<ul style="list-style-type: none"> a) 9/29 health facilities visited; 9/33 health workers received on spot training on case management & surveillance b) 9/29 health facilities visited were assisted for trouble shooting c) No refresher done due to COVID-19 regulations d) Weekly briefing ongoing every Monday e) No therapeutic meeting held 	<ul style="list-style-type: none"> a) In-service training to 1010 HF's monthly. train a min of 2 HWs per HF (104-Fs, 32 HWs quarterly) b) To train 6 CHWs on case Management 2-26 June 	Surveillance Officers & Clinical Mentors		
Lack of community engagement on malaria activities	<ul style="list-style-type: none"> a) Health care workers to give health education at facility and community level daily and document b) Mobilize community (church, political, community, leaders and schools), before IRS to enhance session and support. c) Specific tailored interventions to targeted communities. 	Proportion of population protected by IRS in the last 12 months within areas targeted (IRS operational coverage of IRS)	89%	90%	<ul style="list-style-type: none"> a) Design a tool that will allow HF's to report on health education sessions given. B) Give health education and carry out community mobilization in all 157 villages targeted for IRS session. 	EHP's		<ul style="list-style-type: none"> A) Health education done both at facility and community level however there is still poor documentation. B) Community mobilization and education ongoing during the ACD activities. However, there are more requests from the community for their houses to be sprayed during ACD activities even when there are no positive cases from their household. C) Before ACD community is informed on time before team departure. 	<ul style="list-style-type: none"> a) Design a tool that will allow HF's to report on health education sessions given b) Give health education and carry out community mobilization in all 157 villages targeted for IRS session. (Villages may increase according to malaria cases being recorded.) 	EHP's		<ul style="list-style-type: none"> a) Health education done at facility level and recorded in the health education registers. b) According to the CHW reporting tool, a total of 3758 household members over 12 years and above received health education. c) Community mobilization and health education ongoing during ACD activities. 	<ul style="list-style-type: none"> a) Give health education and carry out community mobilization in all 157 villages targeted for IRS session. (Villages may increase according to malaria cases being recorded). b) Involve church leaders, traditional leaders, councilors (Write letters to churches on malaria, radio announcement on malaria activities by councilors.) 	EHP's		
Shortage of transport for malaria activities	<ul style="list-style-type: none"> a) Combined trips and activities (with stakeholders) on ACD b) Seek support from stakeholder for IRS activities c) Request vehicles from the region 	Number of vehicles needed/allocated for IRS activities	8	12	<ul style="list-style-type: none"> a) Request transport assistance from stakeholders c) Request transport from the region 	EHO		<ul style="list-style-type: none"> A) The district has 3 ACD teams consisting of 5 members B) SFH willing to help in case there is transport shortage C) TCE does not have transport so make use of CHWs in the field d) Increase number of ACD teams 	<ul style="list-style-type: none"> a) Request transport assistance from stakeholders c) Request transport from the region d) Increase number of ACD teams 	EHO		<ul style="list-style-type: none"> a) District has two vehicles for ACD, but they need 6 cars c) Currently, the district has 2 ACD teams, consisting of 5 members. Due to the influx of cases the district is willing to increase the team depending on the availability of cars. This month 	<ul style="list-style-type: none"> a) Timely request for transport assistance from stakeholders/region. 	EHO		
Late reporting and incomplete reports from facilities	<ul style="list-style-type: none"> a) Continue using any mode of communication to report. b) DSO to monitor if RCN forms and weekly statistics are entered on DHIS2. c) DSO to assist in entering RCN forms and weekly statistics on DHIS2. d) Shared responsibility and delegation at facility & district levels. e) Involve Regional System Administrator in malaria DHIS2 trouble shooting. 	<ul style="list-style-type: none"> a) Percentage of cases notified within 24 hours via Rapid Notification System b) Proportion of expected health facility reports received c) Proportion of expected health facility reports received on time 	89%	90%	<ul style="list-style-type: none"> a) Design a tool to measure timeliness and completeness a) Surveillance officer to visit health facilities for trouble shooting. 	HS Officers/TT		<ul style="list-style-type: none"> A) Facilities are using whatApp and reporting has improved. However, 3.35 facilities still report very late. CHW always pass by the facility to see whether there are cases from their catchment area that need to be traced. Feedback on traced cases are shared with district ACD teams. B) 6 HF's assisted with troubleshooting. 	<ul style="list-style-type: none"> a) Ensure existing mode of communication to be used for the 3 remaining facilities with reporting challenges b) Design a tool to measure timeliness and completeness c) Surveillance officer to visit health facilities for trouble shooting for 15/29 HF's. 	HS Officers, TT		<ul style="list-style-type: none"> a) Ensure existing mode of communication to be used for the 3 remaining facilities with reporting challenges b) Design a tool to measure timeliness and completeness c) District Surveillance officer to visit health facilities for trouble shooting at 10/10 HF's. d) Capacitate health workers on the use of the android devices. 	<ul style="list-style-type: none"> a) Ensure existing mode of communication to be used for the 3 remaining facilities with reporting challenges b) Design a tool to measure timeliness and completeness c) District Surveillance officer to visit health facilities for trouble shooting at 10/10 HF's. d) Capacitate health workers on the use of the android devices. 	HS Officers/TT		
Lack of stakeholder engagement.	<ul style="list-style-type: none"> a) Involve other stakeholders in malaria activities b) Incorporate malaria into constituency committee c) Reward best performing community (zero refusals), facilities and health care workers (e.g. certificates of appreciation); Develop criteria 	<ul style="list-style-type: none"> a) Number of meetings held with stakeholders b) Number of new stakeholders involved in malaria activities c) Number of new malaria activities incorporated into constituency committee 	5	8	<ul style="list-style-type: none"> a) Involve new stakeholders in malaria meeting (e.g malaria task team meeting) b) Plan to carry out 1 meeting per quarter where all stakeholders are involved c) Develop criteria for the best performance "new stakeholders for male" 	DTT		<ul style="list-style-type: none"> A) The district involved 3 stakeholders B) Regional meeting involved malaria on the agenda, but no meetings held so far this year C) Certificates were designed but not shared with the team 	<ul style="list-style-type: none"> a) Involve new stakeholders in malaria meeting (e.g malaria task team meeting) b) Plan into carry out 1 meeting per quarter with all stakeholders c) Develop criteria for the best performance, planned to share designed certificate with the team 	DTT		<ul style="list-style-type: none"> A) The district involved two stakeholders during the task team meeting B) Malaria task team conducted but not all stakeholders were involved due to COVID regulations. c) Criteria not developed but district will meet in Q2 to develop criteria for the awards 	<ul style="list-style-type: none"> a) Involve political leaders, church leaders & traditional leaders on malaria activities b) Share information on malaria with stakeholders c) Develop criteria for the best performance 	DTT		
Lack of cross border ACD activities	<ul style="list-style-type: none"> a) Continue sharing rapid case notification forms with health officials from neighboring country counterpart b) Continue with monthly data sharing 	Proportion of malaria positive cases shared with neighboring country counterpart	20%	100	<ul style="list-style-type: none"> a) Design a tracking tool to capture number of rapid case notification forms shared 	HS Officers, TT		<ul style="list-style-type: none"> A) A tool was designed and shared with the teams for their input B) Due to the national lockdown, no reported cases recorded in the district. 	<ul style="list-style-type: none"> A) Continue sharing rapid case notification forms and share data with counterpart (imported cases only) B) Follow up on the shared rapid case notification forms with counterpart. 	HS Officers, TT						