PMI IMPACT MALARIA

Regional support for institutionalizing iCCM

April 30, 2021

PMI Impact Malaria is the flagship global service delivery project of the U.S. President’s Malaria Initiative (PMI)
Presentation Overview

• IM Project Overview
• IM iCCM activities
• IM Regional iCCM Work Plan
• Questions and Discussion
Project Snapshot

- **Project**: U.S. President’s Malaria Initiative (PMI) Impact Malaria (IM) global service delivery project

- **Period of Performance**: February 13, 2018 – February 12, 2023

- **Prime Contractor**: Population Services International (PSI)

- **Main Subcontractors**:
  - Jhpiego Corporation (Jhpiego);
  - Medical Care Development International (MCDI); and
  - University of California, San Francisco (UCSF)

- **Purpose**:
  - To provide implementation support services and technical assistance to countries to accelerate progress in comprehensive malaria facility and community service delivery including malaria case management, prevention of malaria in pregnancy, and other malaria drug-based interventions
PMI Impact Malaria Global Project Objectives

GOAL:
Reduce mortality and morbidity due to malaria &
Move countries towards national or sub-national pre-elimination

PURPOSE:
Accelerate progress in malaria services delivered in health facility and community settings

Objective 1:
Improved access to quality malaria diagnosis
Improved access to targeted quality malaria treatment
Improved access to quality prevention and management of MiP

Objective 2:
Improved quality of and access to drug-based approaches and new approaches piloted or scaled

Objective 3:
Project technical leadership contributes to PMI-led global policy development and operational research (OR)
IM Project Focus

The below figure depicts the cyclical nature and interrelatedness of IM’s objectives. IM’s support to improving implementation on the ground generates lessons learned and results that contribute to advancing global technical learning.

**IMPROVING ON-THE-GROUND IMPLEMENTATION**
- Closing gaps in malaria diagnosis and treatment
- Unlocking the potential of drug-based prevention

**ADVANCING GLOBAL TECHNICAL LEARNING AND EVIDENCE**
- Analyzing results and generating key learning
- Developing tools and producing research findings
IM Priorities for Malaria Case Management

- Revamping national guidelines to align them with global standards
- Strengthening capacity of MOH to monitor and improve quality of facility level care
- Building capacity of CHW to expand quality community-based services through iCCM
- Launching initiatives to reinforce quality of malaria case management through the private sector
- Strengthening systems for improvement of malaria case management.
IM country support for iCCM

- Guideline and tools development
- Training
- Quality improvement
  - Supervision
  - Facility check-ins
  - Internships
- Material and supply provision
- Supporting institutionalization
iCCM

- Targeting six countries:
  - Cameroon
  - Cote d’Ivoire
  - Mali
  - Niger
  - Rwanda
  - Sierra Leone
Target Population covered by iCCM

- **Sierra Leone**: Total Target: 92,538
  - Blue: 92,538
  - Red: 55,358
- **Rwanda**: Total Target: 280,569
  - Blue: 140,683
  - Red: 170,387
- **Cote d'Ivoire**: Total Target: 225,745
  - Blue: 148,762
  - Red: 261,376
- **Cameroon**: Total Target: 653,438
  - Blue: 243,300
  - Red: 275,350
- **Niger**: Total Target: 745,939
  - Blue: 285,167
  - Red: 185,422
- **Mali**: Total Target: 1,087,380
  - Blue: 540,480
  - Red: 546,900

**Legend**:
- Blue: Target gap for children under 5 covered by IM
- Red: Children under 5 covered by iCCM by other partners in IM project areas
- Dark Red: Children under 5 covered by iCCM by IM
In IM-supported iCCM areas, majority of febrile children are tested, and majority of positive cases are treated.
In all 5 IM countries, iCCM activities are aligned with national PHC policies and integrated into national coordination system.

• National Strategic Plan for PHC that defines the roles and mechanism of hiring and incentives of CHWs.
• Policies defined by different entities of MOH that oversee PHC
• Countries have diversified funding sources
• Mechanism of coordination of iCCM actors built into the central, regional, and district levels
• CHWs directly overseen by chief of the community health center, chosen by the community.
• Key challenges:
  • Lack of consistent funding for non-malaria commodities
  • Government incentive recommendations not uniformly implemented
  • QA and logistics systems largely externally financed
PMI Impact Malaria Regional iCCM Work Plan
## IM Regional iCCM Work Plan

### OBJECTIVE 1: IMPROVE THE QUALITY OF AND ACCESS TO MALARIA CASE MANAGEMENT AND PREVENTION OF MIP

Activity 1.1: Support the development, organization, and dissemination of tools to support implementation and institutionalization of iCCM in collaboration with the Child Health Task Force

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<tr>
<th>Activity 1.1.1</th>
<th>Description</th>
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<tbody>
<tr>
<td>Develop a toolkit for iCCM institutionalization (in coordination with the CHTF)</td>
<td>Conduct a landscaping and critical analysis of existing tools and identify gaps. Design and develop a draft toolkit (This will include developing new tools where gaps exist and a list of indicators to monitor progress on institutionalization). Coordinate stakeholder feedback on draft toolkit and revise/finalize.</td>
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<th>Activity 1.1.2</th>
<th>Description</th>
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<tr>
<td>Assist the CHTF to review, reorganize, and update iCCM tools on the CHTF website</td>
<td>Catalogue all iCCM tools posted on the CHTF website. Work with partners to update available tools and identify and post new tools. Redesign current website to increase the accessibility and visibility of iCCM tools.</td>
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## IM Regional iCCM Work Plan

### Activity 1.2: Assess best practices, lessons learned, and key challenges from selected countries who have developed sustainable, national-scale iCCM programs

<table>
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<tr>
<th>I.2.1</th>
<th>Design and conduct an assessment in three countries</th>
<th>Develop a draft assessment methodology, gather feedback on draft from key stakeholders, and finalize methodology</th>
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<td>Conduct assessment and produce report</td>
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<td>Disseminate results and produce publication</td>
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<tr>
<td>I.2.2</td>
<td>Conduct a landscaping of CHW compensation and incentive schemes in selected countries</td>
<td>Design and conduct landscaping and produce report</td>
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# IM Regional iCCM Work Plan

Activity 1.3 Support the CHTF iCCM workstream to organize webinars

| 1.3.1 | Organize two webinars | Under the auspices of the CHTF, facilitate and support content and logistics for two webinars on iCCM under the guidance of the iCCM workstream |
Questions for discussion

• Do these activities align with CHTF priorities?
• Is there any duplication, overlap, or complementarity with other current activities?
• Can we refine or focus the activities?
• How can we collaborate to move forward these activities?
• Who is interested in supporting or collaborating on these activities?
• What do we mean by institutionalization?
For more information, please visit www.impactmalaria.org

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**Goal:** To advance institutionalized and high-quality iCCM programs to reach those without access to quality care and decrease child mortality through bringing together global and country-level stakeholders to share knowledge and foster collaboration

**Recognize iCCM as one of the Global health strategies:**
- Generates and intends to influence an approach to strengthen operational health governance mechanisms
- Emphasizes on fostering integration and quality within existing Health care implementation frameworks
- Promotes – Country MoH led ownership arrangements and institutionalization

- Original terms of reference for subgroup were for 2018-2020
- New terms of reference drafted and shared with subgroup membership in February, 2021
- Valuable feedback on the objectives, linkages and priorities to highlight was received from 9 members and incorporated into the final version which is now posted online

You can find the final TORs on the Institutionalizing iCCM subgroup webpage or at this link: http://bit.ly/iCCMSubgroupTORs
Engage with the **co-chairs:**

- Annē: alinn@usaid.gov
- Alfonso: arosales06@gmail.com
- Humphreys: hnsona@gmail.com

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website: www.childhealthtaskforce.org/subgroups/iccm

*The recording from this meeting will be available on this page later today*

Become a member of the Child Health Task Force: www.childhealthtaskforce.org/subscribe

Check out the Task Force Child Health & COVID-19 web page for additional resources!

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.