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Maternal and Child Health Integrated Program (MCHIP): Capacity to Address Malaria in Pregnancy and Community Case Management

MCHIP Background

The Maternal and Child Health Integrated Program (MCHIP), the largest maternal, newborn, and child health procurement in USAID history, is a five-year, \$600 million Leader with Associates (LWA) Cooperative Agreement aiming to accelerate the reduction of maternal, newborn, and child mortality in 30 priority countries. It plans to do this through the introduction, development, and scale-up of high-impact maternal, newborn, and child health interventions—including malaria prevention and treatment. Jhpiego is the prime contractor, working with partners Save the Children (SC); John Snow, Inc. (JSI); Johns Hopkins University/Institute for International Programs (JHU/IIP); Macro International, Inc.; Program for Appropriate Technology in Health (PATH); Broad Branch Associates; and Population Services International (PSI).

MCHIP and Malaria

One of MCHIP's goals is to support a reduction in the global burden of malaria morbidity and mortality. MCHIP will be a key contributor to the President's Malaria Initiative (PMI) goal to reduce malaria deaths by half in 15 target countries by reaching 85 percent coverage of the most vulnerable groups—children under five years of age and pregnant women—with proven and effective malaria prevention and treatment measures such as: insecticide-treated mosquito nets (ITNs), indoor residual spraying, lifesaving antimalarial drugs, and treatment to prevent malaria in pregnant women. MCHIP will apply successful approaches to integrate malaria prevention and treatment comprehensively in all its malaria programming efforts including: capacity development, quality assurance, and community outreach. MCHIP brings proven leadership and technical experience to help countries address and scale up prevention and treatment of malaria based on our collective work through Access to Maternal, Neonatal, and Women's Health Services (ACCESS), Basic Support for Institutionalizing Child Survival (BASICS), and Child Survival and Technical Support Plus (CSTS+) Programs. (ACCESS and BASICS ended in September 2009; CSTS+ ended in 2008.) MCHIP will work in close collaboration with the PMI team at the country and headquarter levels, as well as with Ministries of Health to “scale up for impact” proven malaria interventions.

How Will MCHIP Do This?

MCHIP will build national and local (community, nongovernmental organization [NGO], and facility) capacities and strengthen health systems to accelerate scale-up for prevention and treatment programs addressing malaria in pregnancy (MIP) and community case management (CCM) in children under five. MCHIP will provide countries holistic support that addresses malaria across the health continuum of care—from household to community to facility and, finally, at policy level. Specifically, MCHIP will: 1) provide systematic assessments of MIP and CCM programs, 2) strengthen MIP and CCM services, and 3) promote MIP and CCM policy of malaria in children under five.

How Can MCHIP Directly Support Malaria Scale-Up?

A. Malaria in Pregnancy

As countries expand their MIP programs and work toward scale-up, there are critical lessons learned that should be considered, adopted, and applied based on the contextual needs of each country. MCHIP is drawing on its reputation and leadership—at global, regional, and national levels—in malaria programming, including MIP implementation, and is well-positioned to support countries to rapidly scale up programming efforts. **The table below illustrates the types of support MCHIP can offer to increase uptake of intermittent preventive treatment in pregnancy (IPTp), ITN use, correct and prompt case management, early attendance at antenatal care (ANC), and malaria/HIV integration.** Although countries have made great strides in the last three to five years in advancing MIP programming, most countries are far from achieving their MIP goals. To move MIP programming to the next level and position countries to achieve sustainable scale-up, countries must apply the lessons learned and best practices to their context. The activities described below are based on successful implementation in more than 20 countries and draw on best practices and lessons learned to effectively implement and scale up MIP programs. At the same time, many of the activities (e.g., capacity development, pre-service education, quality assurance, community mobilization) described are the same activities needed to successfully expand other facets of malaria control programs.

| MALARIA IN PREGNANCY | |
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| Key Activities/Core Support | Outputs/Outcomes |
| 1. Participate in the global Roll Back Malaria (RBM)-MIP Working Group and sub-regional MIP East and Southern Africa Coalition and RBM East/West Networks. <ul style="list-style-type: none"> • Technical guidance | <ul style="list-style-type: none"> • Technical leadership at global and sub-regional levels. • Dissemination of best practices and lessons learned through national and regional workshops, and other fora. |
| 2. Provide technical leadership to Ministries of Health. <ul style="list-style-type: none"> • Advocacy, technical guidance, collaboration | <ul style="list-style-type: none"> • Development of an integrated work plan using reproductive health (RH) as the platform for care. • Strengthened relationship between RH (managing program implementation) and malaria control (providing program oversight). • MIP bottlenecks identified and addressed. • Improved routine monitoring and evaluation through integration with routine programming. • Documentation of best practices and lessons learned. • Dissemination of key MIP materials (Malaria Resource Package and MIP Implementation Guide). |
| 3. Strengthen human capacity development for in-service training and pre-service education. <ul style="list-style-type: none"> • Materials adaptation, training, supervision | <ul style="list-style-type: none"> • Training systems in place (including support supervision). • Updated medical and nursing school curricula include malaria (MIP and treatment). • Tutors and preceptors trained with knowledge and skills to teach students. • Integrated training materials adapted to national policy. • Dissemination of national MIP policy. |
| 4. Improve quality of services using quality assurance management tool targeting providers, managers, and supervisors. <ul style="list-style-type: none"> • Setting standards, implementing standards, monitoring standards, recognizing achievement | <ul style="list-style-type: none"> • Quality assurance tool developed based on national MIP standards (e.g., IPTp uptake, ITN use, early ANC attendance) for target audience to self-assess and/or externally assess improvements in care. |

| MALARIA IN PREGNANCY | |
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| Key Activities/Core Support | Outputs/Outcomes |
| 5. Increase community awareness and participation. <ul style="list-style-type: none"> Behavior change communication (BCC), training/mentoring, advocacy, outreach | <ul style="list-style-type: none"> Community health workers (CHWs) trained and oriented to MIP prevention and care. Community engagement and ownership in MIP programming established. Improved linkages between facility care and community support. BCC messages and tools developed, pre-tested, and disseminated to communities focusing on the prevention and treatment of MIP and improved care-seeking behavior in the community around early ANC attendance, IPTp uptake, ITN use, and correct treatment-seeking behavior. Support supervision at the community level. |

B. Malaria in Children: Community Case Management

MCHIP will advance the global work on the prevention, early identification, and treatment of fever in children under five in malarious areas. In the context of integrated CCM, MCHIP will strengthen the overall preventive messages and interventions at the community level, focusing on wide-scale distribution and proper use of ITNs, encourage early and frequent ANC attendance, and improve household recognition of danger signs and prompt care-seeking. MCHIP will work collaboratively with all CCM partners to ensure coordinated implementation. **The table below illustrates the kinds of support MCHIP can offer to improve treatment outcomes for children under five.** MCHIP will also leverage CCM of malaria to integrate diarrhea and pneumonia, recognizing that children are at risk for all three diseases. Malaria and pneumonia cases are often indistinguishable, as both commonly have fever and rapid breathing. Moreover, negative rapid diagnostic tests (RDTs) may “uncover” pneumonia, i.e., a tachypneic, febrile child with cough and/or cold but febrile child without malaria is classified with pneumonia. In the absence of RDTs, children with fever *and* rapid breathing need treatment for both malaria and pneumonia.

| COMMUNITY CASE MANAGEMENT | |
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| Key Activities/Core Support | Outputs/Outcomes |
| 1. Participate in global groups including: CCM Task Force, CCM Operations Research (OR) Group, and RBM East/West Networks; and propose CCM Advisory Board. <ul style="list-style-type: none"> Technical guidance | <ul style="list-style-type: none"> Technical leadership at global and sub-regional levels. Prioritization and coordination of global CCM operational research and evaluation activities. Dissemination of best practices and lessons learned through national and regional workshops, and other fora. Global guidelines, training materials, and tools revised. |
| 2. Provide technical leadership to Ministries of Health. <ul style="list-style-type: none"> Technical guidance, assessment, collaboration | <ul style="list-style-type: none"> CCM stakeholders’ team established. Policy environment and CCM issues reviewed. Program planning support (e.g., target districts, public/private partnerships established) including scale-up plans in place. Monitoring and evaluation indicators established. Logistics and procurement plan developed. OR questions prioritized with OR plan in place. |

| COMMUNITY CASE MANAGEMENT | |
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| 3. Strengthen human capacity development. <ul style="list-style-type: none"> Materials development and/or adaptation, training, supervision | <ul style="list-style-type: none"> Competency-based CCM materials adopted. Training systems (including support supervision) in place to support implementation. |
| 4. Improve quality of services using quality assurance management tool targeting providers, managers, and supervisors. <ul style="list-style-type: none"> Setting standards, implementing standards, monitoring standards, recognizing achievement | <ul style="list-style-type: none"> Quality assurance tool developed based on national CCM and supervision standards (e.g., case management, drug availability, actual and planned supervision rates) for target audience to self-assess and/or externally assess improvements in care. |
| 5. Increase community awareness and participation. <ul style="list-style-type: none"> BCC, training/mentoring, advocacy, outreach | <ul style="list-style-type: none"> CCM workers selected, trained, certified, and formally introduced/deployed to communities. BCC messages and tools developed and pre-tested on the prevention of malaria with correct use of ITNs and improved care-seeking behavior in the community around childhood fever, pneumonia, and diarrhea. CHWs, with support from local NGOs, trained to pre-test and then disseminate refined BCC messages to community. CHWs supervised and supported in BCC. |

C. Intermittent Preventive Treatment for Infants and Children

WHO has set in motion the process of approving intermittent preventive treatment for infants (IPTi) as an additional tool for malaria control. In 2009, Ghana adopted this strategy based on an efficacy, safety, and feasibility pilot conducted under the auspices of the IPTi Consortium (19 countries). The IPTi Consortium found that IPTi is effective and safe, and that delivery can be a feasible part of routine child immunization, and recommends this platform. MCHIP’s established partnerships with global, regional, and national level stakeholders including WHO, UNICEF, CH, and RBM networks and Ministries of Health, as well as its combined experience in child health, immunization, and malaria, positions the program to provide leadership and technical assistance to accelerate the implementation of IPTi. MCHIP can draw upon over 25 years of experience from previous projects in providing intensive technical assistance to strengthen routine immunization services and linkages with communities and health systems in numerous countries. In addition, MCHIP is well-placed to apply its extensive experience in IPTp policy development, capacity development, and performance quality improvement approaches to ensure IPTi implementation is successfully integrated with routine child health services, just as IPTp is integrated with routine ANC.

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