PMI MRA KEY ACTIVITIES

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COP - MRA

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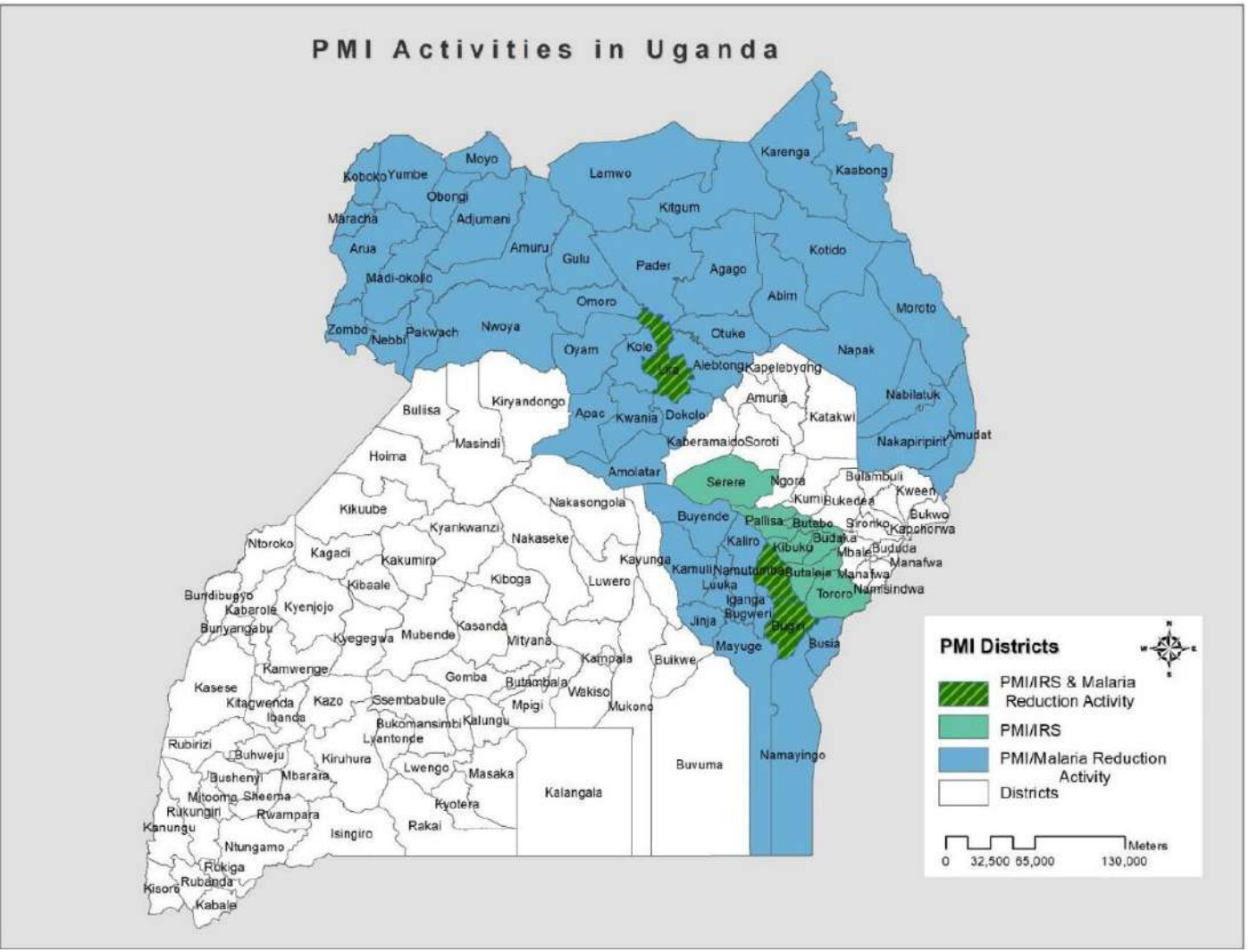
MAP OF ACTIVITY DISTRICTS



Source: PMI Uganda, Malaria Operational Plan FY 2022

Number of districts by region:

- Acholi 9
- Busoga 12
- Karamoja 9
- Lira 10
- West Nile 13
- 53 districts with 802 sub-counties
- The 5 regions have a population of 12,816,500
- The refugee population (819,700) in the 5 regions is 57% of total refugee population in Uganda (1.4 million)

ABOUT THE PROJECT

- February 9, 2022 – February 9, 2027
- 5 regions: Acholi, Busoga, Karamoja, Lira, West Nile
- Consortium partners:
  - **JSI** (prime)
  - **PACE** (community and private sector engagement)
  - **Child Health and Development Centre, MUK** (community-based research and HSS support)
  - **Another Option** (SBC and social accountability capacity strengthening)
  - **Busara Center for Behavioral Economics** (design behavioral approaches to help programs surmount barriers to the adoption of healthy behaviors),
  - **Medical Care Development International** (core partner on PMI's flagship IMPACT Malaria and contributor to WHO malaria technical guidance; will leverage globally-recognized malaria diagnostic leadership)

CONTEXTUAL CHALLENGES

- Communities are not effectively engaged in malaria prevention and treatment interventions
- One-size-fits-all TA fails to help districts adapt malaria interventions to local context
- Districts vary in ability to plan, coordinate, resource, and own malaria interventions
- Poor data collection and analysis hinders local malaria decision-making and planning
- Districts fail to effectively engage and integrate private for-profit facilities and drug shops in Malaria prevention interventions

Strategic Challenges in UMRESP 2021-2025

Purpose:

- The Activity is designed to enhance prevention, diagnosis and treatment of malaria in Uganda
- The focus is on strengthening the capacity and ownership of malaria prevention at community and household levels while maintaining gains made at health units
- Support PFPs to improve malaria case management, referral and reporting
- Improve technical, managerial, financial and leadership capacity at various levels health care delivery systems

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Technical approach:

1) Community-Focused

2) District-Tailored

3) Systems Strengthening-oriented

4) Technology-Driven

5) Private Sector-enabling

Key recommendations of program strengthening (UMRESP 2021-2025):

1) Promote community level engagement and ownership approaches
2) Targeted interventions instead of 'one shoe fits all'
3) Leverage MAAM approach for multisectoral engagement
4) Effective decentralization of implementation to districts
5) Strong partnership and full engagement of the private sector
6) Malaria should remain high on the political agenda

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NMCD Interventional Area:

Vector Control (Routine LLINs)

PMI IR: Prevention & treatment scaled up at community level

- Support quantification and forecasting of LLINs and making timely submissions to TASO
- Support additional channels for routine distributions such as schools and community distributions
- Support districts to track LLINs distributed through various service points using existing HMIS tools and redistributions where stock outs are identified
- Disseminate or reinforce use of routine LLINs distribution guidelines
- Support sites to disseminate appropriate LLINs use messages, demonstrate at HH how to hang nets, net care & repair and promote environmental management
- The project will incorporate LLINs on its commodity tracker to improve tracking and trigger redistributions

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NMCD Interventional Area:

Malaria Case Management (Private Sector)

PMI IR: Prevention & treatment scaled up at facility level

- Conduct Mapping of PFP sites and retail drug shops
- Develop a priority list of PFP sites by district/SC
- Conduct malaria case management capacity assessments for HCWs in PFPs
- Develop and roll out an accreditation mechanisms for 'Gold Standards) among PFP sites
- Develop/refine a TA package for PFP sites
- Train high-volume PFPs on ne DHIS2 PFP e-reporting options and MTRAC reporting
- Integrate targeted PFP HCWs into existing district malaria mentorship platform

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NMCD Interventional Area:	PMI IR: Prevention & treatment scaled up at facility level
Malaria Case Management (All health units)	❖ Conduct malaria-focused HF readiness assessments (public, PNFPs, PFPs, Drug shops) ❖ Mentorships focusing on malaria case management and mortality audits ❖ Conduct refresher training in malaria case management ❖ Conduct training of Lab personnel in revised WHO malaria diagnostics ❖ Support integrated care at clinician/client interface ❖ Use of mTRAC to track stock levels of malaria commodities and make redistributions to ensure availability

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NMCD Interventional Area:	PMI IR: Prevention & treatment scaled up at community level
Malaria Case Management	❖ Create priority iCCM scale-up list (high and medium districts) ❖ Provide refresher training in new iCCM guideline updates to existing VHTs in priority districts ❖ Promote medicine redistribution among VHTs and facilities ❖ Conduct monthly facility-VHT data review

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NMCD Interventional Area:	PMI IR: Prevention & treatment scaled up at facility level
Malaria in Pregnancy (MIP)	❖ Support quantification and forecasting and tracking of LLIN & SP to ensure availability ❖ Dissemination of malaria in pregnancy guidelines ❖ Strengthen delivery of comprehensive IPTp services as part of integrated ANC clinics ❖ Set up IPT DOTS and malaria testing corners, and promote their use ❖ Improve documentation, data quality assessments and data use at health units ❖ Promote use of ANC services through SBC and HH malaria focal persons (M/HAAM Model) ❖ Assess and address IPTp commodity Gaps, where they exist.

NMCD Interventional Area:	PMI IR: Reducing new infections and deaths
Epidemic preparedness, response and control	❖ Conduct site mentorships focusing on malaria cases management and mortality audits ❖ Support health units to conduct malaria test and treat outreaches targeting children aged 5-15 years (? Commodity availability) ❖ Refresher trainings on malaria cases management for VHTs, community resource persons & school nurses ❖ Conduct grand rounds focusing on malaria cases management & dissemination of black water fever guidelines ❖ Conduct one-day orientation meetings on community mobilization approaches (Opinion Leaders, media etc.)

NMCD Interventional Area:	PMI IR: Reducing new infections and deaths
Epidemic preparedness, response and control	❖ Support use of film/mobile vans to disseminate messages about epidemics ❖ Radio Talk shows, DJ mentions, social media, call-in from communities ❖ Support distribution of MoH IEC materials, job aids, epidemic response guidelines, FAQ and talking points ❖ Conduct "dipstick" survey to assess the effects of SBC activities being implemented, and make course corrections ❖ Procure and distribute reusable malaria normal channel boards (Busoga and West Nile)

NMCD Interventional Area:

Surveillance, Monitoring and Evaluation (SME)

PMI IR: Improve malaria data use for decision making

- Conduct baseline assessments with existing PMI baseline data
- Review current DHIS2, MIS and other data to validate priority districts
- Provide TA to DHMTS to develop HBHI intervention menus
- Deploy TA and mentorships across IRS supported districts/SC gaps
- Creation of malaria favorite file to ease retrieval of malaria data from DHIS2, analyze it to inform planning, implementation and decision making
- Develop area specific Community Malaria Reduction and Response Plans (CMRRP)
- Orient DHMTs use of the ***Malaria Program Performance Score Card***

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NMCD Interventional Area:

Surveillance, Monitoring and Evaluation (SME)

PMI IR: Improve malaria data use for decision making

- Hold PMI MRA stakeholder data sharing/review meetings at district level
- Hold semi-annual regional PMI MRA performance review meetings
- Consult with NMCD and review potential digital health interventions and develop PMI MRA digital health package and toolkit
- Hold stakeholder meeting to validate malaria digital health package
- Hold individual collaboration meetings at national and sub-national levels (SBC, UHSS, NMCD etc.)
- Conduct the Therapeutic Efficacy Study (TES)
- Provide weekly malaria briefs to district leadership

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NMCD Interventional Area:

Social Behavioral Change (SBC)

PMI IR: Prevention & treatment scaled up at community level

- Conduct a consultation meeting with MoH SBC TWG to review campaigns, materials and training and recent behavior research
- Conduct stratification to identify high burden malaria SCs
- Conduct stakeholder analysis & community dialogues for information generation
- Identify and establish malaria smart villages, including establishing and orienting village steering committee
- Coach districts to engage MAAM task forces in community data meetings
- Work with districts to identify, establish and train parish MAAM task forces
- Deploy the M/HAAM model in malaria hot spots

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NMCD Interventional Area:

Malaria Programing improved

PMI IR: Leadership in development supported

- Identify and orient district & facility malaria resource persons to serve as malaria experts
- Orient new PDM teams on the Malaria Smart Home Initiative
- Mentor districts and health units on national targets aligned to UMRESP, malaria data analysis and use for decision making
- Support districts to use digital platforms; Malaria commodity stock, performance using the malaria program score card
- Training and mentorships on DHIS2 use among DHMTs
- Provide TA in creation of malaria favorite files
- Establish and distribute SOPs for extracting weekly malaria data
- Participate in and contribute to the success & technical dialogue at NMCD TWGs and RBM meetings

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Approach:

PMI UGANDA MALARIA REDUCTION ACTIVITY HOUSE HOLD ACTION AGAINST MALARIA (MAAM) MODEL (DRAFT 23-MAY-2022)

START

- Conduct Geo-Mapping to identify the Malaria Hot Spots (Most Affected Villages) (RPCs)
- Conduct a Stakeholder Mapping and Stakeholder Analysis (Districts, PDCs, PFPs, Drug Shops, CSOs) (CHDC & PACE)
- Conduct Community Dialogue Meetings to assess what are the most perceived problems & possible solutions *(CHDC)*
- Conduct Initial Assessment/desk-based review to get statics on malaria community indicators/HAAM indicators (Another Option and PACE)
- Develop a Community Malaria Response Plan (Including: Stakeholders, Resource, set local area targets etc.) (RPCs)

IMPLEMENTATION

- Conduct Sensitization/Orientation meetings on HAAM stakeholders (District, SC, PDCs, H/Units-Public & PFPs, Schools, SH GPs etc.)
- Perform Household Visits to deploy HAAM interventions (Frequency: Weekly, Monthly, Quarterly) (Who will do this-VHTs, IPC etc.) (---------)
- Provide on-going community dialogue meetings for HHs selected for HAAM interventions, Stakeholders *(CHDC & Another Option, PACE) collaborating with SBCA)*
- Perform monthly community performance meetings to review progress of activities in Community Response Plan/HAAM Progress *(PACE and Another Option)*
- Conduct "Dip Stick Survey' (RA) for Community Behaviors among others to malaria prevention and make course corrections and or HAAM Assessments *(PACE and Another Option)*

OUTCOME

Mass Action Against Malaria (MAAM)

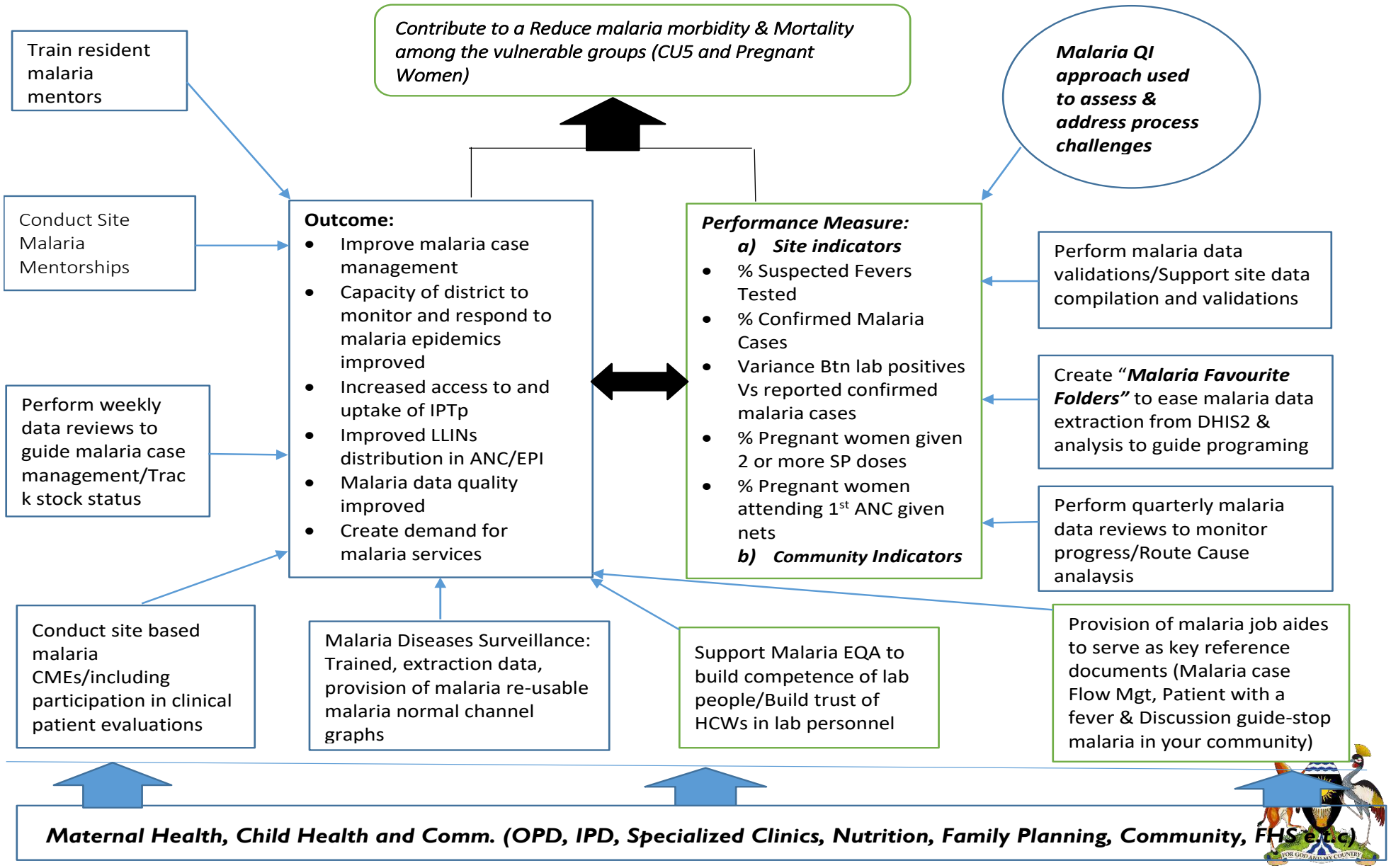
Malaria Smart Homes

OUTCOME ASSESSMENT

Approach:

Maintaining Gains at Health Facilities

The Model to improve malaria services and quality of malaria data



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Thank you for Listening

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