Strengthening the Response to Malaria through Govt.-Civil Society Partnerships

Intensified Malaria Control Project-II (2010-2015) [GFATM Round 9 supported]

Intensified Malaria Control Project-III (2015-2017) [GFATM NFM supported]

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Project Director
Caritas India

India CCM Induction and Orientation Workshop
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Introduction

• The Intensified Malaria Control Project—II (IMCP—II) started in October 2010 drawing from the experiences gained, lessons learned, achievements during implementation of the Intensified Malaria Control Project (IMCP) [2005-2010] supported by the GFATM Round 4 grant as well as National Vector Borne Disease Control Programme (NVBDCP) with domestic resources in alignment with the Country Strategic Plan for Malaria Control (2007-2012 & 2012-2017).

• IMCP—II aimed at sustaining the gains by consolidating the efforts towards catalyzing further decline in malaria related mortality and morbidity and contributing to achievement of national goals and MDGs. A major focus has been in those areas of the country, where the intensity of transmission is the highest and the health care delivery system constraints are yet to be optimal.
Introduction

**Genesis:** In 2008-09, NGOs/FBOs/CBOs/private sector organization came together to achieve common goals & objectives and complement the ongoing efforts of the NVBDCP & States in the fight against MALARIA in a harmonized manner in northeastern & eastern states (at village level in hard to reach areas).
Introduction

Evolution: Since 2010, Caritas India as Principal Recipient-2 is leading a consortium of FBOs/NGOs/private sector organization under GFATM Round supported IMCP-II for common response to malaria in 07 northeastern states (Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur, Tripura).

From October 2015, Caritas India as repeat Principal Recipient-2 is leading civil society complementarity in further strengthening the response to malaria towards elimination in 07 northeastern states as well as in Odisha.
Coverage: IMCP-II (2010-15)

NE States: 7
Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur, Tripura

Districts: 48
Villages: 5,663
Population: 4 million
TRP Funding Recommendation Summary

Allocation Funding Recommendation

Overall the prioritization of the allocation funding request is considered appropriate as noted in the previous TRP review.

Above Allocation Funding Recommendation (Quality Demand)

The proposed above allocation funding request essentially extends all the components and interventions to two additional states that are high priority for Global Fund support. The whole package of interventions is needed in these additional states.
Coverage: IMCP-III (2015-17)

States: 8

7 Northeastern states & Odisha

Districts: 52
Villages: 7,718
Population: 6 million
Caritas India consortium partners-IMCP-II

- 10 Sub Recipients; 03 Sub Sub Recipients

- Caritas India partner network
  - Seva Kendra and IDEA (Arunachal Pradesh)
  - Jirsong Asong (Assam)
  - DSSS Imphal (Manipur)
  - Bakdil (Meghalaya)
  - DAN (Nagaland)
  - JUST (Tripura)

- Christian Medical Association of India (Meghalaya, Mizoram)
- Voluntary Health Association of India (Arunachal Pradesh, Assam, Manipur, Tripura)
  - Voluntary Health Association of Assam
  - Voluntary Health Association of Tripura
  - Voluntary Health Association of Arunachal Pradesh
- Futures Group International India Pvt. Ltd.
11 Sub Recipients; 01 Sub Sub Recipient

- Caritas India partner network-SR
  - Seva Kendra and IDEA in Arunachal Pradesh
  - Jirsong Asong in Assam
  - Diocesan Social Service Society Imphal in Manipur
  - Bakdil in Meghalaya
  - Development Association of Nagaland in Nagaland
  - Jana Unnayan Samiti Tripura in Tripura

- Voluntary Health Association of India-SR in (Arunachal Pradesh, Assam)
  - Voluntary Health Association of Tripura-SSR in Tripura

- 02 New SRs (Meghalaya & Mizoram) – EOI process concluded. Selection process ongoing
- 02 New SRs (Odisha) – EOI process concluded. Selection process ongoing
Structure: IMCP-III

- Central PMU (New Delhi) [only a central PMU of SR-VHAI]
- Regional PMU (1 in NE states)
- District PMU (per 1-3 districts)
- Field Supervisors (per 16-20 villages)
- Community Health Volunteers (per village)
# Complementary Roles of NVBDCP and Civil Society/others

<table>
<thead>
<tr>
<th>NVBDCP</th>
<th>Civil society/Others</th>
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| 1) **Policy, planning and capacity building:**
  
  national strategy, guidelines, technical training, performance review, and coordination;  
  
  2) **Diagnosis and treatment:**
  
  diagnosis and treatment through the facility, HW, ASHA; accreditation of laboratory; case management in primary/secondary/tertiary institutions; coordination for case notification, rational treatment  
  | 1) **Policy, planning advocacy, and capacity building:**
  
  Participation in development of strategy, guidelines, additional HR, local/community training, coordination;  
  
  2) **Diagnosis and treatment:**
  
  diagnosis and treatment through volunteer/facility/community & mobile clinic/accredited laboratory; referral; case management in tertiary institutions; coordination for case notification, rational treatment  
  |
## Complementary Roles of NVBDCP and Civil Society/others

<table>
<thead>
<tr>
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<th>Civil society/Others</th>
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<tbody>
<tr>
<td>3) Prevention: LLIN/ITN—Procurement &amp; SCM, BCC</td>
<td>3) Prevention:</td>
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<tr>
<td>Biological control, environmental management and modification for</td>
<td>LLIN/ITN--Transportation, supply to community, BCC</td>
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<td>source reduction</td>
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<td>4) BCC: Research, strategy, operational guidelines, materials,</td>
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<tr>
<td>implementation, M&amp;E</td>
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<tr>
<td>5) Diagnostics and drugs supply: Procurement &amp; SCM</td>
<td>5) Diagnostics and drugs supply: Transportation to</td>
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<tr>
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<td>facilities/community</td>
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<tr>
<td>6) M&amp;E/MIS, supervision &amp; monitoring, operational research, studies,</td>
<td>6) M&amp;E/MIS: integration of programme data, supervision</td>
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<tr>
<td>evaluation</td>
<td>&amp; monitoring; participation in operational research,</td>
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<td></td>
<td>studies, evaluation</td>
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Partners: Government, Technical & Partner agencies, Village Community, Others

- NVBDCP, State VBDCPs
- WHO, National Institute of Malaria Research, Roll Back Malaria Partnership, other multilateral/bilateral agencies, NGOs/FBOs/CBOs; corporate sector
- Tribal councils, PRIs, Stakeholder committees
- ASHAs, AWWs
- Village COMMUNITY
Goal: IMCP-III

To reduce malaria related mortality by at least 50% and morbidity by at least 50% in project areas (08 states) by 2017 as compared to 2012.
1. To achieve near universal coverage (80%) by 2017 by effective preventive intervention (LLIN) for population living in high risk project areas (API>1).

2. To achieve near universal coverage (80%) of fever cases by correct, affordable and appropriate parasitological diagnosis; and prompt, effective treatment according to the national drug policy in project areas by 2017.

3. To achieve 100% coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative malaria control interventions by 2017.
4. To strengthen surveillance and M&E, program planning and management, and coordination and partnership development to improve service delivery in project areas by 2017.

5. To strengthen health systems, community systems through capacity building (training) to improve service delivery in project areas by 2017.
Impact: IMCP-III

- Confirmed malaria cases (microscopy or RDT) per 1000 persons per year declining by at least 50% [to 1.82 in 2017 from 3.89 in 2012 (baseline)] in 8 states.

- Number of confirmed malaria deaths declining by at least 50% [to 96 in 2017 from 192 in 2012 (baseline)] in 8 states.

- Total Positivity Rate (Microscopy + RDT) [to 1.75 in 2017 from 3.15 in 2012 (baseline)] in 8 states.
Outcome: IMCP-III

- Proportion of population that slept under an insecticide-treated net the previous night (disaggregated by sex).

- Proportion of children under five years old who slept under an insecticide-treated net the previous night.

- Proportion of pregnant women who slept under an insecticide-treated net the previous night.

- Percentage of persons reporting fever within last two weeks, who have obtained a test result (RDT/ microscopy) within 24 hours of reporting to health care system/provider

- Proportion of people who know about the cause of, symptoms of, treatment for and preventive measures of malaria
Objective 1: Strategy, Module, Intervention, Output/Coverage

Strategy: Vector control

Module: Vector control

Interventions:

- Long-lasting insecticidal nets (LLIN) – Mass campaign

Expected output/coverage:

- Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns by PR2
Activities

7.24 lacs LLINs to be distributed by Caritas India consortium in NE states;
11.34 lacs LLINs to be distributed by Caritas India consortium in Odisha

Support in household survey
(for LLINs in 03 sizes: 1 for 1 person; 1 for 1.8 persons; 1 for 2.5 persons);

Receipt of LLINs from District VBDCP, Storage, transportation, distribution, pre- & post-distribution BCC, recording/reporting, continued monitoring
Objective 2 & 3: Strategy, Module, Intervention, Output/Coverage

Objective 2 & 3:

Strategy: Early diagnosis & complete treatment

Module: Case management

Interventions:

• Diagnosis & Treatment
• BCC and community mobilization
• Private sector case management
Objective 2 & 3: Strategy, Module, Intervention, Output/Coverage

Expected output/coverage:

- Proportion of reported fever cases suspected of malaria that received a parasitological test at community level (PR2 CHV level)
  
  > Numerator: No. of reported fever cases suspected of malaria that received a parasitological test at community level (PR2 CHV level).
  > Denominator: No. of reported fever cases suspected of malaria at community level (PR2 CHV level).

- Proportion of confirmed malaria (Pf) cases that received ACT as per national policy at community level (PR2 CHV level)
  
  > Numerator: No. of confirmed Pf cases treated with ACT at community level (PR2 CHV level)
  > Denominator: No of confirmed Pf cases at community level (PR2 CHV level).
Activities

• Use of RDT/slide for diagnosis and Use of antimalarials including ACT-AL for treatment (per national guidelines)

• Pharmaceutical & health product management (PHPM) - Receipt of RDT/slide, antimalarials from District VBDCP

• Support to NVBDCP in QA of RDTs through NIMR/WHO

• Health camp in selected hard to reach areas prior to/during transmission season

• BCC and community mobilization

Mapping & training of private healthcare service providers followed by case reporting; Updating &
Objective 4 & 5: Strategy, Module, Intervention, Output/Coverage

Objective 4 & 5:

Strategy: Surveillance and M&E

Module: Health Information Systems and M&E

Interventions:

- Routine reporting
- Analysis, review and transparency
- Other
Activities

• Surveillance and M&E
  • Management of MIS – web based/paper based
  • Submission of monthly data from village to identified Reporting Units (PHC/CHC/Hospital) for integration under national HMIS

• Review and planning: Joint reviews, workshops with NVBDCP, State/District VBDCPs/PHC & CHC, partners, others

• Impact evaluation
Objective 4 & 5: Strategy, Module, Intervention, Output/Coverage

Strategy: Institutional strengthening & capacity building

Module: Health and community workforce

Interventions:

• Health and community workers capacity building

Expected output/coverage:

• Number of ASHAs/CHVs trained/re-trained (for PR1 & PR2)
Activities

• Training/re-training of ASHA / Community Health Volunteers; Updating & dissemination of curriculum/modules

• Training of trainers
Objective 4 & 5: Strategy, Module, Intervention, Output/Coverage

Strategy: Technical guidance & programme management support; Inter sectoral collaboration

Module: Program management; Coordination and partnership building

Interventions:

• Policy, planning, coordination and management

• Grant management
Activities

• Stakeholder consultations

• Cross border meetings

• Reports, newsletters

• Technical inputs; programme management (including SR management); management of TA to NVBDCP
IMCP-II Performance Framework

Indicators (Output/Coverage)

- Number of LLIN distributed in LLIN eligible areas (API ≥ 2) (Top 10)
- Number of fever cases tested with RDT by community health volunteer (CHVs) (Top 10)
- Number of fever cases tested with RDT at non-government health facilities (dispensaries, clinics, etc.) (Top 10)
- Number of Pf cases treated with ACT according to national policy by community health volunteers (CHVs) (Top 10)
- Number of Pf cases treated with ACT according to national policy at non-government health facilities (dispensaries, clinics, etc.) (Top 10)
- Percentage of CHVs with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month
- Percentage of non-government health facilities (dispensaries, clinics, etc.) with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month
IMCP-II Performance Framework

Indicators (Output/Coverage)

- Number of infotainment activity conducted in PR2 areas
- Number of miking activity conducted in PR2 areas
- Number of people reached through community message dissemination session by PR2 (Top 10)
- Number of supervisory visits by District Project Officer of PR2 to community level (village level) and report submitted to Regional Project Manager of PR2
- Number of ASHAs/volunteers trained/re-trained (by PR2) (Top 10)
- Number of private health care service providers trained in diagnosis and treatment of malaria by PR2 (Top 10)
- Number of District Project Officer (DPO), Field Supervisor (FS) and District Data Entry Operator (DEO) trained/retrained by PR2 (Top 10)
Achievements: LLIN distribution

160,608 LLINs distributed in eligible villages with support from State/District VBDCPs, ASHAs, Tribal Councils

Community participation in listing households, distribution of coupons, self-mobilization, etc.

Announcing venue, time and key messages
Glimpses of LLIN distribution
Glimpses of LLIN distribution
Glimpses of LLIN distribution
Glimpses of LLIN Use

Post distribution monitoring
Glimpses of LLIN Use

Post distribution monitoring
Diagnosis & treatment

More than 226,223 rapid tests & blood smears done when fever cases approached the community volunteers.
10,964 *Plasmodium falciparum* (*Pf*) cases treated with Artemisinin based combination therapy (ACT); in addition to treatment of *Plasmodium vivax* (*Pv*)

7,805 *Plasmodium falciparum* (*Pf*) cases referred due to stock out
Behaviour Change Communication (BCC): community outreach

Community meetings are conducted with Village Councils, VHNSC, ASHAs, local leaders, church, women groups, etc. So far, more than 20,185 community meetings conducted with more than lakh participants.
Approx. 26,606 infotainment (information through entertainment) activities conducted

Street-play, folksongs, skits, etc. are performed with key malaria messages keeping in mind local context and need.
More than 28,053 public announcements conducted.

CHVs organize such programme to reach out to villagers at local markets, bus stands, community areas, churches, etc.
Over 1,000 School Activities conducted

Through drawing competitions, quiz programmes, etc., the students and teachers are learning about malaria, the signs and symptoms, and how to prevent it. As change agents, they are disseminating messages to their families and
Glimpses from observance of World Malaria Day (25th April), Anti Malaria Month (June)
Building Capacities at Community Level

- 25,370 ASHAs and Community Health Volunteers trained/re-trained
Building Capacities at Community Level

• More than 5,000 private healthcare service providers (formal and informal) mapped and 2,300 trained
## Budget, GF Disbursement, Expenditure

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<tr>
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<th>Phase I</th>
<th>Phase II</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Budget</strong></td>
<td>5768600</td>
<td>8929670</td>
<td>1,469,8270</td>
</tr>
<tr>
<td><strong>Fund received from Global Fund</strong></td>
<td>3737612</td>
<td>4741666</td>
<td>8479278</td>
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<tr>
<td><strong>Expenditure</strong></td>
<td>2953081</td>
<td>5256073</td>
<td>8209154</td>
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**NFM Budget (approved for 2015-17):** 8.98 million
Way Forward

• Support to NVBDCP in malaria elimination initiatives

• Adequate and timely procurement and supply of LLINs, RDTs, antimalarials

• Deployment of RDTs, antimalarials in peripheral areas (village level)
Way Forward

• Improve grant rating (at B2) with scaling up LLIN distribution; Scaling diagnosis & treatment and related activities

• Optimal PHPM; Grant & Finance management

• Further strengthening of M&E/MIS in hard to reach areas. Options for timely reporting and data integration at Reporting Units; Treatment tracking of positive cases; referred cases

• Reporting from private providers
Way Forward

• Empowering communities with information towards ownership of their own health issues
  • Increased focus on village/community/school coverage through BCC and community mobilization activities with special emphasis on community engagement, linkage with ASHA, VHSNC, village heads, stakeholder committees

• Fostering working model of government-NGO partnership at local level by positioning civil society stakeholders in response to malaria in partnership with NVBDCP, State VBDCPs
Way Forward

• Cross-border meetings (inter-state; international) in collaboration with WHO and NVBDCP/MoH/MEA/MHA

• Research; Impact evaluation (in collaboration and coordination with National Institute of Malaria Research, WHO, others)

• Rolling out of IMCP-III towards achievement of outcomes, impact
  • Final geo re-arrangements; identifying and positioning CHV, FS
Way Forward

• Performance and capacity assessment of SR, SSR – Programme, PHPM, M&E, HR, Governance and Finance

• Sharing of Grant Agreement and other documents

• Documentation (print, AV) of the journey, success stories, etc.
THANK YOU FOR KIND ATTENTION