

## **PRESIDENT'S MALARIA INITIATIVE FOR BENIN**

Request for proposal from University Research Corporation (URC)  
to implement Benin Malaria Operational Plan (MOP) activities in FY 08.

### **Activity description**

Purpose:

This document presents the activities planned to be implemented by University Research Corporation (URC) under the President's Malaria Initiative (PMI) as recommended in the Malaria Operational Plan (MOP) for FY 08.

### **Background Information**

Upon the approval and posting (on the USAID website) of the Benin Malaria Operational Plan (MOP) for FY 08, USAID/Benin received the green light from USAID/Washington to move forward with implementation of the program in Benin. On December 3, 2007, a meeting was held in the USAID/Cotonou conference room involving the Director of the USAID-funded bilateral activity in Zou-Collines implemented by University Research Corporation (URC), the Senior Acquisition & Assistance Specialist, the Family Health Team Leader and the Deputy Program Officer. An electronic version (web link) to the Benin MOP was sent to the URC Country Director prior to the meeting. During the meeting, the PISAF Director was officially notified of the activities planned in the FY 08 MOP to be implemented by University Research Corporation. In addition, hard copies of Table 2 of the MOP and a draft micro-planning document were provided at the meeting. These documents outline the scope of the activities to be implemented by URC and estimated budgets as planned in the MOP.

### **Scope of Work**

By activity area, planned activities to be implemented by URC in FY 08 (including proposed budgets) are as follows:

1. Indoors Residual Spraying:
  - *Train National Malaria Control Program staff in entomology and vector control:* (See number 4 below on National Malaria Control Program (NMCP) capacity building)
2. Malaria in pregnancy (IPTp):
  - *Train and supervise health workers in IPTp:* In year 1, PMI will work with the MOH to achieve national coverage with an integrated package of antenatal interventions. PMI areas of assistance include procurement of SP tablets, roll out

of training and supervision of health workers in public health facilities, information and behavior change communication to increase early and frequent ANC visits, and acceptance by and proper administration of IPTp to pregnant women. URC contributions will focus on the training of health workers in public health facilities nationwide on correct delivery of SP, including the need for DOT and for women to return for a second ANC visit and SP treatment, and strengthening of the supervisory system as part of a comprehensive quality assurance approach (see number 3 below) . This training can be conducted as part of a more comprehensive ANC refresher training or as a half day to one-day in-service training. (\$230,000)

### 3. Treatment

- *Supervise and support health workers on case management:* One long-standing issue in malaria control is the quality of case management. Previous studies have found inadequate quality of care and supervision. With the World Bank Booster Program funding health worker training, the NMCP and PMI have agreed that follow-up supervision of trained health workers and appropriate on the job supports (job aides) will be important to ensure that the new malaria guidelines are being correctly implemented. URC is tasked with working in collaboration with the NMCP to strengthen and implement a supervisory strategy, as part of a comprehensive quality assurance approach, to ensure high quality malaria case management with ACTs. The system will incorporate training of supervisors (including those responsible for supervising community health workers who distribute ACTs); developing practical tools; supporting travel; conducting on-the-job observation and training; monitoring and promoting use of diagnostic results to ensure appropriate treatment; providing feedback; collecting, analyzing and using data to improve planning and training; motivating supervisors and supervisees; and according authority to implement changes identified during supervision. The focus on supervision for this activity will be at the health facility level. *The NMCP will be provided directly with a limited amount of USAID funds to support select supervision expenses. (\$500,000)*
- *Private sector case management:* While a comprehensive scale-up strategy is still being formulated by the NMCP, PMI will begin work with the private sector in 2008 to ensure consistent practices with national policies. URC's role will be to develop informational materials and guidelines as necessary for the private sector (including those to involve traditional healers in recognition and referral); train select leaders within the professional associations (physicians, pharmacists, etc.) in the national protocol for malaria case management; and disseminate national protocols for malaria case management to private providers drug outlets, and pharmacies. (\$200,000)

*Management of severe malaria:* URC activities will support training and supervision of health workers in public facilities on appropriate management and referral practices for severe malaria. Although training for health workers on malaria

case management will have already occurred by 2008, past studies and experience suggest that treatment of severe illness tends to be a weakness of case management programs. (\$175,000)

- *Contribute to Integrated Management of Childhood Illness (IMCI) training:* Operation research in Benin found that IMCI training plus health workers supports (strengthened supervision, job aides, etc) significantly improved the quality of case management in children under five. According to RBM and Benin's MOH, IMCI is the vehicle through which under-fives with suspected malaria should be treated but only about half of the approximately 2,000 health workers targeted for IMCI have been trained so far in Benin. PMI support, through URC, will contribute to national scale-up of IMCI through the provision of IMCI training for 200 health workers. . (\$170,000)

#### 4. Capacity building within the National Malaria Control Program

- *Capacity building of the NMCP:* The NMCP program faces critical staffing shortages at the central and peripheral levels, impeding its ability to manage existing and new malaria program activities effectively. In addition to the 22 vacant positions, many existing staff members need additional training to develop skills in epidemiology, entomology, evaluation, management, and information technology. To manage the malaria programs rapidly expanding portfolio, they must acquire adequate managerial and technical capacity to provide effective leadership and coordination. Through URC, PMI will contribute to this capacity building by arranging for in-country training for current and new NMCP staff members: 20 physicians/staff at the health zone and department level in epidemiology and a to-be-determined number of NMCP staff in epidemiology, malariology, program management, communication, and data management. . (\$160,000)
- *Train NMCP staff in entomology and vector control:* To provide critical technical expertise to support planned LLIN and IRS interventions, PMI will provide short-term certificate training in entomology for one to two NMCP staff members at IRSP in Ouidah. In addition, two NMCP laboratory technicians will receive vector control training (short course) in the West African sub-region. (\$50,000)
- *Equipment for the NMCP:* Through URC, PMI will fund basic office infrastructure for the NMCP, such as computers, internet access, photocopiers and essential office renovation (for the central level and 12 departments). (\$150,000)

#### 5. Monitoring and evaluation

- *Technical assistance on measuring process indicators:* PMI will provide technical and operational assistance to NMCP staff to assist with the design and implementation of strategies to measure key program indicators, both at the central and departmental level. A CDC PMI Resident Advisor will provide technical assistance and on-the-job training to the NMCP. Additional support to

the NMCP to collect, analyze, and report data on process indicators quarterly (including number of ITNs distributed, number of health workers trained, and the frequency of supervision) as well as “confounders” data such as rainfall is tasked to URC This activity should include a full-time on-site statistician, based at the NMCP, for data collection, analysis and reporting. (\$50,000)

Details of activities to be implemented by University Research Corporation are provided in the Benin Malaria Operational Plan (MOP) for FY 08. The total budget for the activities is \$1,685,000.

The activities will be implemented nationwide. For activities that are common to PMI and PISAF (IPTp, IMCI training), URC should plan to scale-up activities already planned for Zou-Collines. The proposal should provide detailed information on strategies and cost to implement such activities.

### **Expected results**

The following are the major results expected under PMI for FY 08:

#### Prevention:

- Approximately 675,000 LLINs will have been purchased for distribution through health facilities, community groups, and the commercial sector to children under five and pregnant women;
- At least 85% of houses (approximately 59,500 houses with a population of 297,500) in geographic areas targeted for IRS during Year 1 will have been sprayed;
- Intermittent preventive treatment with SP in pregnant women (IPTp) will have been implemented in all 12 departments of the country.

#### Treatment:

- All lab technicians at the commune and health zone level will have been trained in malaria diagnostics;
- The National Laboratory for Quality Control will have been strengthened to implement an improved quality control system for malaria diagnostics, (including microscopy and use of RDTs), and improved inspection and testing of drugs (including ACTs);
- All departments will be using ACTs and approximately 1 million pediatric ACT treatments will have been purchased for distribution via government health facilities (nationwide) and through community-based workers (2 departments);
- Approximately 180,000 artesunate suppositories and 50,000 quinine drug kits for treatment of severe malaria will have been distributed to health facilities;

Expected contributions to these results for the activities to be implemented by URC include:

- Health workers correctly manage pregnant women with IPTp during focused ANC at public health facilities;
- Public health facility staff correctly manage cases of malaria;
- Health workers in the public facilities correctly manage cases of severe malaria;
- Additional health workers trained in IMCI correctly manage childhood illnesses following IMCI protocols;
- NMCP acquires additional managerial and technical capacity to improve their ability to provide leadership and coordination for the malaria program in Benin;
- NMCP has the computers and office equipment at its disposal to manage the malaria program; and
- NMCP had the staff necessary to measure key program indicators.

### **Timeline for activities**

Information on the timeline for activities is provided in Annex 1 of the MOP document. Additional details are also provided in the PMI micro-planning tool provided in attachment. Two weeks after the amendment of the PISAF cooperative agreement, URC is requested to submit an annual work plan including activities planned every month and detailed budget.

### **Monitoring and evaluation**

University Research Corporation should submit a monitoring and evaluation plan, based on information provided in table 1, page 61 of the MOP.

### **Reporting requirement**

URC is requested to submit to USAID, with copy to the National Malaria Control Program, a quarterly report in French and English (three copies of each), with an electronic version attached on CD rom. The report should be submitted no later than 30 days after the quarter and outlined as follows:

- a) Executive summary
- b) Activity objectives and expected results
- c) Activities planned for the quarter
- d) Achievements during the quarter including success stories, if any
- e) Difficulties encountered and planned solution, including recommendations for USAID and the National Malaria Control Program
- f) Activity objectives for next quarter.

Also, at the end of the year, URC is requested to submit a final report using the above outline. The final report should be submitted in French and English (three copies of each) to USAID with copy to the National Malaria Control Program, no later than 30 days after the end of the year.

