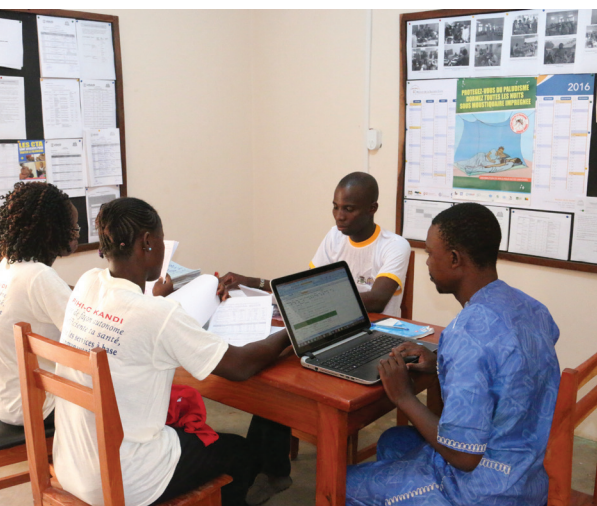


## Accelerating the Reduction of Malaria Morbidity and Mortality (ARM3) | BENIN

# Technical Working Groups for Continual Improvement



### ARM3 AT A GLANCE

**DONOR:** USAID/PMI

**PERIOD:** 2011–2018

**PRIMARY OBJECTIVE:** To assist the Government of Benin (GOB) to rapidly and significantly reduce both the number of malaria cases and malaria-related mortality, as part of its efforts to bring malaria deaths to zero and eliminate malaria as a public health threat by 2030.

**MAIN APPROACH:** ARM3 technical experts worked closely with Benin's National Malaria Control Program (NMCP) to intensify malaria interventions and surveillance at all levels, with continuous capacity building including training, coaching and mentoring of NMCP and health-facility staff.

**SUSTAINABILITY:** The ARM3 methodology was designed for sustainability. In 2014, ARM3 transitioned from an implementing role to an advisory role. The NMCP is now fully in charge of malaria interventions.

**NATIONAL IMPLEMENTERS:** National Malaria Control Program (NMCP) of Benin with technical assistance from Medical Care Development International and other partners.

**POPULATION REACHED:** Over 11 million—the entire population of Benin—in all 34 health zones.



## CHALLENGE

For the Republic of Benin to attain its goal of nearly eliminating malaria by 2030, the National Malaria Control Program (NMCP) needs well trained staff, effective management, adequate data, a thorough understanding of best practices, tight nationwide coordination, and expert leaders.

## RESPONSE

ARM3 has worked closely with the NMCP to achieve all the conditions required for success.

Together with the NMCP, ARM3 has developed standard operating procedures, manuals, and curricula tailored to the Beninese environment.

The project has provided several methods of technical assistance and capacity strengthening designed for sustainability that are new to Benin. For example, each ARM3 expert works directly with a counterpart at the NMCP to offer intense, personalized coaching and mentoring.



As part of its transition from implementer to provider of technical assistance, ARM3 has helped the NMCP to develop Technical Working Groups (TWGs) for four key areas.

## OVERALL PROGRAM RESULTS

**Pregnant women who received IPTp2:**



**The overall mortality rate from malaria:**



# ARM3: Technical Working Groups for Continual Improvement



## CONTEXT

**Malaria is endemic throughout Benin.**

**Among pregnant women and children under five, it is the leading cause of illness and death.**

**The disease also stunts the economy. The World Bank estimates that Beninese households spend 25 percent of their income on preventing and treating malaria.**

[www.mcdinternational.org](http://www.mcdinternational.org)



### For more information:

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## TECHNICAL WORKING GROUPS

**Composed largely of Beninese experts, the TWGs convene NMCP leaders, as well as representatives of many of the national and international partners who work to fight malaria.**

The following four Technical Working Groups provide direction for NMCP strategy, decision-making, and problem-solving.

The **Social and Behavior Change Communication TWG** develops, tests and validates messages to be featured in broadcasts and educational materials for health facilities and the community. Due to new recommendations by WHO (for IPTp, case management, and the introduction of injectable artesunate) the experts reviewed and updated the messages accordingly.

The **Supply Chain TWG** has played a key role in merging parallel donor supply chains into a “common basket” for malaria commodities. This enables the NMCP to better manage supplies and reduce stock-outs. When supply disruptions occur, the TWG investigates the reason and source, determines a solution, and finds ways to prevent the problem in the future.

The **Case Management TWG** discusses and validates new directives and operating procedures, such as the move to require three treatments of sulfadoxine-pyrimethamine (SP) for pregnant women instead of two. It has been instrumental in introducing injectable artesunate as a first-line treatment for severe malaria.

The **Monitoring and Evaluation TWG** has played a key role in improving data collection for both the Logistics Management Information System (LMIS) and the Routine Malaria Information System (RMIS), so that better data is available on time for management decisions. Thanks in part to the TWG's guidance, reporting from health facilities to the RMIS has dramatically improved in timeliness, completeness, and quality. Private sector providers also now input data to the RMIS, giving a fuller picture of malaria outbreaks as well as nationwide progress. The TWG also evaluated results of the RMIS evaluation on the simplification of forms and procedures, and conducted training-of-trainers for a cascade of capacity-building trainings to nearly 1,000 health workers.

## IMPACT OF TECHNICAL ASSISTANCE AND TRAINING

