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:

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>67%</td>
<td></td>
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</table>

Pregnant women who received IPTp2:

The overall mortality rate from malaria:

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>1%</td>
<td></td>
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</table>
ARM3: Technical Working Groups for Continual Improvement

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 artemesunate) 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.

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