



Date of meeting: 14th April 2023



MINUTES OF THE IMCI/CHILD HEALTH SUB-TWG MEETING

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IMCI-Child Health TWG MEETING Minutes: 14th April 2023

Introduction

The IMCI unit with support from Momentum Tikweze Umoyo Project (AMREF) conducted a Technical Working Group Meeting which involved all partners and stakeholders in Child Health. It was held at Lilongwe Sunbird Hotel on Friday the 14th April 2023 starting from 8 o'clock in the morning.

Purpose:

To share implementation progress and updates for the IMCI-Child Health interventions in the Country for period under review thus 2022 annual year and January to March 2023.

Specifics

- To share progress of implemented activities
- To provide the IMCI Unit implementation updates
- To share updates on partner support
- To decide and propose actions on implementation bottlenecks

Agenda for the meeting

- IMCI unit quarterly updates (Activities done, cStock, DHIS2 reports)
- Global Fund Funding Cycle 7 update and ICCM investment case engagement
- MoH-IMCI website and Partner mapping exercise
- Kasungu pneumonia coverage study
- DMOs as IMNCI and ICCM mentors
- IMCI Qualitative Study: Consolidation of successes, challenges and opportunities
- Feedback, recommendations and update from Arusha meeting
- Malaria Community case management: Update and exit strategy
- Assessment of the Functionality of Village Clinics in World Vision supported districts
- Momentum 1: An introduction
- Momentum 2: An introduction
- IMPACT Malaria
- Village Reach
- Save the Children: Digital Health Care for Children Project II

Members Present

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Methodology

The meeting was conducted using power point presentation by all that had presentations followed by a question and answer session. Discussions were conducted in plenary after each presentation made.

Issues and reactions from the presentations

The following were the emerging issues from presentations made:

1. IMCI Activity updates, DHIS2 reports and cStock

This was achieved through a presentation by the Secretariat that provided highlights of activities conducted by the IMCI unit for the period January to March 2023. Topical areas include DHIS2 data performance providing a national picture and cStock district performance among 11 implementing districts. Specifically, the presentation showed differences in the data displayed on level of performance thus some districts registering more children seen and treated through village health clinics compared to health facility; with some districts seeing and treating more childhood illnesses at the Health centres compared to village health clinics; the data further showed stock-outs of Amoxicillin.

In response some of the factors contributing to the variations in cases seen between the village health clinics and Health centers were mentioned as; some districts like Kasungu and Lilongwe have few numbers of facilities as compared to village clinics; care givers choice of where to seek care could be another reason and that distances to get to Village Clinics is shorter than to the facilities; caregivers are more aware of village clinics which are within their reach and that most districts of concern in the Central region have tobacco tenants and their clinics are within the estates where they work.

The inconsistent availability of Amoxicillin in the management of Pneumonia at the village clinic. This was the general concern for the house as this was displayed on data presented, it had many cases referred due to Amoxicillin stock outs. The house was then relieved by the presentation on Global Fund 7 whereby there is an update to support with Non Malaria commodities like Amoxicillin, ORS and Zinc for Management of childhood illness.

Other program update highlighted progress made on the Global Fund (GF) Funding cycle 7, which mentioned that inclusion of Non-Malaria commodities was part of the submissions made in the GF application. While the total budget request from IMCI was US\$ 8,045,833.48, only US\$1,532,766.68 was the amount included in the submission.

The last update was on finalization of the ICCM investment case. It was mentioned that the final document of the investment case is undergoing reviews and editorial works before being sent for signing by MoH.

Impact of Cyclone Freddy on ICCM

It was presented that the following districts' ICCM sites were affected by Cyclone Freddy

District	No of affected Health facilities	No of Village affected clinics
Nsanje	6	31
Chikwawa	6	33
Chiradzulu	9	12
Phalombe	10	21
Machinga	10	27
Totals	41	124

Actions points

- The members recommended data verification and validation on cases managed at the community level against those managed at the facility level due to an observation from the figures which are indicating higher cases treated at the community level than the cases treated at the facility level in some districts. If this information happens to be valid then there is a need to find out why the trend?
- The Unit should establish learning clubs or sessions in groups to facilitate learning and replication of best practices across districts, thus the secretariat can borrow from Nutrition Unit.
- There is need to call for a dissemination meeting for the ICCM investment case and this should be communicated to members and invitations for participation made earlier for all districts as this will be used as a viable platform for advocacy for resources for ICCM implementation.
- Request was made to all members and stakeholders to support the restoration and functionality of affected ICCM sites in the above mentioned districts

2. MoH-IMCI Unit Website and Partner Mapping

The secretariat presented the introduction of the development of the MoH-Website. This website, is embedded within the existing MoH website <https://www.health.gov.mw/>. It is aimed to serve as a platform for disseminating all relevant IMCI documents and Child Health articles and reports. This platform is open and accessible to all stakeholders and partners.

A second presentation on this innovation was about Partner Mapping. Partner Mapping is one of the activities contained in the Child Health Strategy II 2021-2026. In collaboration and support from the Child Health Task Force Secretariat in Washington DC, the IMCI unit developed the dash board based on data obtained from a survey from responses by stakeholders. The secretariat shared preliminary dash board that demonstrated results of the survey and responses from respondents from late 2022 sharing. The dash board was a clear demonstration of number of partners supporting IMCI and Child Health interventions and the type of interventions supported by the mapped partners.

Action Points

- The house congratulated the MOH-IMCI Unit, for the progress made and job well done on the development of MOH-Website <https://www.health.gov.mw/>. It is welcome and will serve as a platform for all the partners and stakeholders to access information and outputs on the efforts put to improve child health.
- As the members welcomed the Partner Mapping and its great progress which will also serve as a tool to guide Ministry of Health on resource mapping, a few comments were raised to improve the Partner Mapping dash board whose link is below https://public.tableau.com/views/CHTF_Malawi_PartnerDashboard_4_10_23/CHTF_MalawiPartnerDashboard?:language=en-US&:display_count=n&:origin=viz

Comments on partner mapping dash board

The Members were pleased and appreciated the works and the progress made on this exercise. Comments made:

- a. Type of Partner Organization:** It was recommended that there is no need to classify the partners as bilateral or Multilateral (its understood as that the bilateral means between country and country while multilateral means among many countries) Members recommend that we stand and stick to use only two options thus ***International*** or ***Local Organization*** on this category as Type of Partner Organization.

- b. **Level of Partner Organization:** Level in which partner works: i.e. Prime Implementer, sub- partners, Funders. It was recommended to consider to change to become *Funders*, *implementing partners* and *sub-partners* remove Prime implementers
- c. On the MoH-IMCI website, it was recommended that Partners should feel encouraged to start share reports through the secretariat for uploading

3. DMOs as IMNCI and ICCM Mentors/Supervisors

The presentation highlighted the observed need to actively engage District Medical Officers (DMOs) among the team leads at District level. The IMCI Unit conducted a Training of all DMOs to become IMNCI and ICCM Mentors in their respective districts. This capacity building training took place between 14th to 17th March 2023 in Lilongwe. Members supported this approach and initiative. It was also shared that the DMOs agreed to strengthen IMCI and child health implementation through the formation of TWGs or incorporation of IMCI into existing District level TWGs.

Action Points

- It was therefore recommended that a follow up with Districts on progress for District level TWG be reported in the next meeting.
- Implementation and engagement of most IMCI and ICCM services will not leave out leadership of the DMOs
- It was also recommended that Districts should be encouraged to embrace Integration and harmonization among/within existing TWGs at district level

4. Kasungu Pneumonia Coverage study

Progress on the pneumonia coverage study highlighted that enrolment of cases which started in December by HSAs is taking place according to Protocol. Health Facility In-charges are also performing case validation according to protocol. Cases enrolled between December 2022 to March 2023 is 111 for Chest Indrawing pneumonia among Children aged 2 up to 59 months while 28 sick young infants have been enrolled for fast breathing pneumonia.

It was reported that there is no death recorded among those enrolled (139) from December 2022 to March 2023 cases. It was pleasing to note that Dispersible Amoxicillin is consistently available to support the study and routine service provision.

An issue was raised on how the MoH will ensure continued availability of commodities including Dispersible Amoxicillin; it was mentioned that while this remains the responsibility of the MoH, an opportunity through the Global Fund application will be used to compliment and sustain the commodity availability in the supply chain routine system.

Action Points

- The IMCI Unit was encouraged to document lessons learned from the implementation research in the District and share progress in forums including the planned forthcoming stakeholders meeting for the study in June or July 2023.
- All partners were encouraged to support the implementation research gaps or needs required in Kasungu to ensure strong institutional and human resource capacity to facilitate smooth implementation of this MoH led study which is critical to inform cost effective and innovative ways towards enhancing child survival health programming through strengthened primary health care service delivery.

5. Malaria community case management an Implementation Research

True project got funding from USAID-PMI to conduct an implementation research after the NMCP TWG recommended the need to conduct Malaria Community Case Management using the existing ICCM implementation arrangements and structures to assess effectiveness and feasibility of introducing treatment of Children over 5 up to 18 years also classified in an adult category.

It was presented that the study on Malaria Community Case Management is coming to a close and this was the time to provide an update and discuss the exit strategy for the study; this led to tasking members to guide next steps after learning about success stories observed in the 3 implementation sites of *Ntchisi, Salima and Neno* Districts. The main question raised was whether or not activities implemented during the course of the study should continue to sustain the momentum raised and the demand created among the communities as regards access of Malaria Diagnosis treatment and management right within the communities? Should the implementation continue whilst awaiting policy direction following dissemination of the study results?

Below are comments/feedback as contributions on how the respective representatives feel.

Summarized comments/responses from the DHMT Members from Neno, Salima and Ntchisi

- The implementation should continue until the study results are out, however the NMCP and IMCI should first address reporting tools to ensure LA as a product is captured and reported as an accountability mechanism while waiting for policy direction and possible finalization.
- The Districts promised to ensure promotion of adherence to practice according to protocol while waiting for transition and support the continuity of the implementation with the district resources if available.

The comment/response from the National Malaria Control Program

- Commitment on availability of resources from partners is required to enable NMCP facilitate continuity in the implementation districts while awaiting results. The NMCP requested PMI to highlight prospects of funding opportunities considering that True project will no longer be financing the continuation.
- The NMCP would respect the consensus if recommendation to continue comes from all the IMCI-TWG members
- The NMCP with the IMCI Unit will facilitate the adaptation of the reporting tools once financing is committed for the continuation of the exercise while waiting for policy direction.

The response/feedback from PMI and True Project and Partners in that order

- The PMI could not immediately confirm funding to support continuation of the activities as the initial funding was specifically for the pilot. However, PMI with USAID guidance will work with the NMCP and MoH and continue this conversation even during the USAID visiting mission scheduled to be in country within the next four weeks.
- The PMI will be supportive if all programs and stakeholders concerned agree on next steps that would ensure continuation of the implementation, further the PMI will equally be willing to continue with support once the MoH approves the continuation direction.
- The Research Department seconded and supported the idea to continue the implementation in the intervention districts while waiting for the policy discussions.

- True project and technical team will be available to work with both the NMCP and IMCI teams to ensure smooth transition especially with tasks which do not attract financing to support with the resources but technical expertise.

Action Points

- The TWG membership reached a consensus agreement for the continuity of implementation of the intervention in the districts while waiting for results, dissemination and policy direction from the Ministry of health

6. Assessment of Functionality of Village Clinics

World Vision Malawi presented results of the assessment of functionality of Village clinics in their catchment locations in 12 Districts of *Nkhatabay, Salima, Dedza, Kasungu, Ntcheu, Kasungu, Lilongwe, Dowa, Ntchisi, Machinga, Chiradzulu and Mulanje*. Results showed that there are still gaps that require support to strengthen ICCM implementation. While resource availability was mentioned as a challenge, system supports and supplies were not available and provided through the District Health system.

Action Points

- It was recommended that WVM should consider supporting the implementation of ICCM in a comprehensive manner other than piece meal arrangements. Further, it was recommended that this can happen while working with districts they support before other partners working in the same districts are reached out to leverage resources.
- Results of the Assessment should be disseminated and shared with respective districts to improve programming

7. Qualitative Facility IMCI study and feedback from Arusha meeting

Save the Children presented results of a qualitative study on successes, achievements, and challenges in the implementation of Facility IMCI. The findings touched on lack of compliance and adherence by trained health workers, medicines unavailability and inadequate supervision among other bottle necks to implementation.

Complimenting this presentation was the feedback shared after attendance by one of the delegates at the Arusha meeting which highlighted challenges faced by African countries on the implementation of IMCI, mainly there are issues to do with inadequate resources and poor coordination within the programs. There were observed similarities on challenges from different Countries at the Arusha meeting with Malawi on Facility IMCI. The Arusha meeting had recommendations for Countries to review, consider and possibly follow according to context.

Action Points

- It was agreed that the MoH should disseminate the study and WHO recommendations and engage districts to review and implement the recommendations where necessary with partner support.
- It was recommended that the MoH and Save the Children set dates for the dissemination of results that combines the facility study, ICCM investment case and assessment of Functionality of Village Clinics

Save the Children committed to support MoH participants to the planned dissemination meetings while IMCI will extend invitations to other partners.

8. Momentum 1: Tiyezi

This was an introduction of a new 5 years (2022-2027) USAID funded project led by Palladium and Save the Children and implementing partners such as FPAM, EAM, PACHI, and Pakachere. This has been established with a focus on Improved access and quality of health service delivery on MNCH, FP/RH, nutrition, and malaria prevention in pregnancy in Chikwawa, Machinga, Mulanje, Dowa and Lilongwe. It's also supporting the Government to Government model approach to Zomba and Mangochi. Members welcomed the new project and its inception into existing support systems of the MoH.

A concern was raised on how some of the integration activities with new project are implemented for instant, i.e. overburdening of service providers when it comes to integrated supervision on ICCM, Family planning, newborn care where a whole team visits 1 HSAs and this approach exhausts efforts and is a distraction to services at lower levels. It was recommended that a process evaluation be conducted to evaluate feasibility and quality of care adherence.

Action Points

- It was recommended that a process evaluation be conducted to assess quality of care maintenance and retention through the integrated tools.
- Implementing Partners were encouraged to engage with other existing implementing partners in the districts they support through the District Health Management teams to strengthen coordination and implementation
- Districts expressed concern on the Integrated Supportive Supervision (ISS) approach partners are using as being time consuming and tedious as one health service provider is engaged in a discussion that covers all the interventions in maternal, new born, child health, nutrition and family planning services which takes a long time for the full session. Members suggested the TWG led by IMCI to identify alternative efficient ways of conducting ISS for example, have a multidisciplinary team of supervisors deployed at a health center where supervisors focusing on specific intervention interact with sampled service providers for that particular theme and the teams then consolidate the observations to establish a comprehensive status for that particular facility.

9. Momentum: Tikweze Umoyo Project

This is a new project 5 year (2022-2027) project funded by USAID whose prime implementer is Amref Health Africa Malawi (MNCH) and implementing partners include D-Tree for Digital Health, Family Health Services (FHS) for SBC, Water Aid for WASH, Youth Wave for Youth inclusion and FPAM for SRH/FP. The districts to be supported are Chitipa, Karonga, Nkhosakota, Kasungu and Salima and the selection was based on lessons learnt from the previous ONSE Activity along with consultation with Several stakeholders. Momentum Tikweze Umoyo Activity will focus its efforts in five districts above, three of which will have wash activities, aimed at enhancing and ensuring quality of health service delivery.

The presenter highlighted areas that Momentum Tikweze Umoyo Project will support on Child Health and these are; Capacity Building of health care workers (HSAs, Clinicians, Nurses, Community volunteers (IMCI, ICCM, CMAM); Capacitating health facilities to provide quality health services (Procurements of growth monitoring and nutritional assessment equipment); Strengthened coordination and collaboration (Support district and national level efforts on child health e.g. quarterly meeting); and Increased access to quality health services (Strengthened referrals of critical care cases, improved and better supported Village clinics, Supporting Integrated family health outreach clinics)

The project Management set up comprises of the management team at Central Level with Chief of party while each Technical area has its operations team and the District level has Project focal person for each Technical area.

Action Points

- Encouraged to engage with other and already existing implementing partners in the districts the project is supporting to facilitate leveraging of resources and harmonization of efforts while recognizing the MoH leadership role.

Partner Briefs

10. IMPACT Malaria

It is a PMI – USAID funded project with an aim of supporting MoH-National Malaria Control Programs (NMCPs) in their efforts to fight malaria and save lives for those most at risk, especially children and pregnant women. For ICCM, Impact Malaria supports intervention strengthening strategies in Mchinji, Nkhatabay and Kasungu districts.

The PMI-Impact Malaria project has supported the IMCI unit to conduct refresher trainings for iCCM providers in 5 Districts of Nkhatabay 109, Kasungu 300, Mchinji 191, Chiradzulu 86 and Salima 96 during the 2022 to 2023 period. Plans are underway in the next second quarter of 2023 to support 326 refresher training of ICCM HSAs in Lilongwe.

Action Point.

- More support is needed to ensure that other districts have their ICCM HSAs undergo refresher training to strengthen implementation.

11. Village Reach

Runs a digital solutions program that have supported the MoH Health centre by phone/*Chipatala cha pa foni* from 2021 to date.

The project was transitioned to Government in 2020 provides health information and referral services on all health disease areas including; Malaria, Pneumonia and Diarrhea. It is currently supporting added features like; Health emergency response, Health care worker remote learning platform, Social listening and COVID-19 vaccine WhatsApp chatbox

Key support areas have been the following; Drones for Health and Randomized Control Trial (May 2021 - Mar 2024) in Mangochi, Machinga, Balaka, Chikwawa and Nsanje; Polio Lab Sample Transportation System (PLST) (Aug 2022 – Feb 2024) at Nationwide; COVID 19 Vaccine uptake support (May 2021 – June 2023) thus National EPI, Mangochi, Kasungu and OLMIS in Kasungu; Implementation research Let's talk about vaccines! /*BatePapo!* research for Under -2 immunization (Feb 2022 – Feb 2024) in Mzimba, and Lilongwe; Supply Chain Integrators catalytic funding (Oct 2021 – Sept 2025) thus Advocacy for Supply chain professionalization Nationwide and Advocacy for innovative and e-supply chains mechanisms Nationally. Similarly it supports Strengthening Immunization supply chains through GAVI SFA – Vaccine equity, CHW last mile support and Vaccine cold chain strengthening and Strengthening vaccine delivery program –HSAs Job aids (Jan 2023 – Dec 2023) in Mangochi as well as Emergency supplies and commodities response for COVID 19 PPE procurement and distribution –Nationwide (April 2021 – August 2022) and finally it has provided support towards Cyclone Freddy response - Mangochi, Phalombe, Mulanje, Chikwawa, Nsanje, (March 2023 – ongoing).

Acton Point

- Requested to consider scaling up cStock in some or all of the remaining 18 districts to strengthen product accountability, reporting and transparency

12. Save the Children Digital Health Care for Children II

Digital Health Care for Children II (DHC4C II) project is being implemented in hard to reach areas (defined as areas at least 5 kilometers from the nearest health facility) in Blantyre and Thyolo districts of Malawi.

The first phase of the project supported 375 Health Surveillance Assistants (HSAs), 75 Senior Health Surveillance Assistants (SHSAs) and 54 clinical mentors. In the 2nd phase, the project has aligned its implementation with the Ministry of Health integrated Community Health Information Systems – iCHIS which also covers other iCCM interrelated modules. With this alignment, the project will support 240 Health Surveillance Assistants (HSAs) who provide integrated Community Case Management (iCCM) services, 40 Senior Health Surveillance Assistants (SHSAs) and 30 mentors. So far, the project has trained 120 health workers on iCHIS for guidance during service delivery in targeted 240 village clinics.

Save the Children will work with IMCI and DHD to conduct trainings for the remaining 120 health workers will be trained in the year 2023.

Conclusion

The meeting was successfully conducted and all meeting objectives achieved. A call to remind partners to continue supporting the child health agenda through the IMCI Unit was emphasized during closure by the IMCI unit Manager. Finally, it was mentioned that the next meeting will be conducted three months later from this 14th April meeting.

Acknowledgements

The IMCI unit-MoH appreciates Momentum Tikweze Project for support towards hosting the meeting at Lilongwe Hotel and also towards the participation of delegates who attended as ex-officials from Ntchisi, Salima and Neno.

Further, the IMCI appreciates all member's participation whose presence made the meeting fruitful. Special thanks also go to True Project Director and team for sharing progress and exit strategy options for the implementation research work on Malaria community case management. We value members contributions.