**SUSTAINABILITY AND SCALE-UP MATRIX**

| **Shade matrix MIP Key Element** | **Indicator** | **Stage 1** Awareness of Need[Thinking] | **Stage 2** Initial Start-Up[Planning] | **Stage 3** Partially Implemented[Action] | **Stage 4** Fully Implemented[Maintenance] |
| --- | --- | --- | --- | --- | --- |
|
| **Integration** | 1. Central-level MIP **materials** are harmonized between RH, Malaria Control and HIV programs
 | National level stakeholders in RH, Malaria Control and HIV are **aware of the need to** harmonize national level RH, malaria and HIV materials | National level stakeholders in RH, Malaria Control and HIV have **discussed** planning to harmonize national level RH, malaria and HIV materials  | National level stakeholders in RH, Malaria Control and HIV **have started process** to harmonize national level RH, malaria and HIV materials | National level RH, malaria and HIV materials **have been harmonized**. |
| 1. Central-level MIP **programming** **is coordinated** between RH, Malaria Control and HIV programs
 | National level stakeholders in RH, Malaria Control and HIV are aware of the need to coordinate program implementation | National level stakeholders in RH, Malaria Control and HIV have formed a MIP TWG to share program strategies | National level stakeholders in the MIP TWG meet on a regular basis to coordinate MIP program implementation | National level stakeholders in MIP TWG leverage resources across program areas and **jointly implement** activities  |
| 1. MIP services are integrated with ANC, PMTCT and Malaria Control services at the **facility level**
 | National level stakeholders and relevant health providers are aware of need to integrate MIP with ANC, PMTCT and/or Malaria Control services  | MIP guidelines are integrated across ANC, PMTCT and Malaria Control service delivery guidelines  | Relevant health providers have started integrating MIP services with ANC and PMTCT  | Relevant health providers are fully integrating MIP services with ANC and PMTCT  |
| **Policy** | 1. **National policy on MIP exists and is in practice**
 | Relevant stakeholders in MCH/RH and HIV and malaria are aware of need for a MIP policy | MIP Policy that includes WHO’s three-pronged approach and c-IPTp\* has been drafted with involvement and acceptance of relevant stakeholders  | MIP Policy has been disseminated to major stakeholder organizations | All service units (public, NGO and private) are providing the components of care and services based on national MIP policy including c-IPTp\*  |
| 1. **National MIP guidelines and/or performance standards are developed**
 | Relevant stakeholders are aware of need for guidelines and standards for MIP implementation including c-IPTp\* | MIP guidelines and standards have been drafted that include WHO’s three-pronged approach as appropriate with involvement and acceptance of relevant stakeholders as well as c-IPTp\* | MIP guidelines and standards have been disseminated to major stakeholder organizations and health providers | All service units (public, NGO and private) are providing care and services in accordance with national MIP guidelines and standards including c-IPTp\* |
| 1. **National strategy and action/work plans for malaria and RH include MIP programming and c-IPTp\***
 | Relevant stakeholders are aware that strategies and **action/work plans** for malaria and RH need to include MIP and c-IPTp\* | MIP programming has been integrated into strategies and action/work plans that includes WHO’s three-pronged approach as appropriate with involvement and acceptance of relevant stakeholders | MIP strategies and action/work plan components have been disseminated to major stakeholder organizations | All service units (public, NGO and private) are implementing MIP activities in accordance and on schedule with strategies and action/work plans |
| **Commodities** | 1. **The health system at all levels is procuring recommended WHO quality assured commodities for prevention and case management of MIP**
 | MIP commodities and supplies appear in broad essential medicines lists but are not congruent with current WHO guidance | An updated essential drug list includes only those MIP commodities approved by WHO | ANC & PHC Clinics stock WHO recommended MIP commodities, but some unapproved medicines remain on shelves | Only WHO approved MIP medicines and supplies are stocked in ANC and PHC clinics |
| 1. **Systems are in place to guarantee regular provision of MIP commodities to antenatal care clinics as part of routine service delivery**
 | Current procurement and supply system does not guarantee MIP commodities, but stakeholders are discussing problems in the system | Improved supply chain management systems are being designed including training on procurement for relevant staff at all levels | Approved MIP medicines and supplies are being provided to ANC & PHC clinics but stock-outs occur | Approved MIP medicines and supplies are available on a regular basis at ANC and PHC clinics and are available for distribution through community channels |
| **Quality Assurance** | 1. **Supervisory and performance assessment tools, including performance standards, are developed for MIP programming**
 | Relevant stakeholders are aware of the need for MIP supervisory and performance assessment tools, based on MIP policies and guidelines, in in-service training for relevant health providers  | Supervisory and performance assessment tools which include MIP and c-IPTp\* have been developed and harmonized in line with national MIP policies and guidelines | Supervisory and performance assessment tools have been disseminated to all supervisors, in-charges and health providers | Supervisory and performance assessment tools are consistently used in routine performance assessments |
| 1. **Regular supervisory visits and quality assessments are being conducted**
 | Relevant stakeholders are aware of the need to conduct regular MIP supervisory visits and quality assessments for relevant health providers, using tools based on MIP policies and guidelines  | Supervision guidelines and performance assessment tools have been developed in line with the national MIP policies and guidelines | Supervisors and trainers have been trained in supervisory and performance assessment tools and are supervising health providers on a limited basis | Supervisors are routinely providing supervision to health providers based on national supervisory and performance assessment tools |
| 1. **Self-Assessments are being conducted**
 | Relevant stakeholders are aware of the need for on-going self-assessment by relevant health providers using MIP supervisory and performance assessment tools based on MIP policies and guidelines  | Supervisory and performance assessment tools are available in the health facilities for health care workers to use for self-assessment |  Relevant health providers are trained in and are performing self-assessment using performance standards on a limited basis | Relevant health providers are trained in and using self-assessment tools routinely |
| **Capacity Building** | 1. **In-service training (IST) on MIP is organized and provided**
 | Relevant stakeholders are aware of the need to adapt MIP policies and guidelines into IST for relevant health providers | MIP IST curricula has been developed in line with national policies and guidelines with involvement and acceptance of relevant stakeholders  | MIP in-service training is in initial phases of roll-out with national plans for scale-up | IST training in MIP, in line with national policy and guidelines, is currently ongoing for relevant staff in all service units (public, NGO and private), including through integration with FANC, malaria control and/or PMTCT.  |
| 1. **Pre-service education (PSE) on MIP is organized and provided**
 | Relevant stakeholders are aware of the need to adapt MIP policies and guidelines into PSE for relevant service providers | MIP PSE curricula has been developed in line with national policies and guidelines with involvement and acceptance of relevant stakeholders | Training of trainer teams from among the relevant stakeholders have been undertaken, and instructors, tutors and preceptors have been trained | Students in all training institutions (public, NGO and private) have received MIP PSE in line with national policy and guidelines |
| **Community-Based MIP Programs** | 1. **Interventions are in place to promote community awareness, education communication about MIP and its control options**
 | No community awareness activities have been planned, but partners have been consulted about designing these | MIP communication plan and guidelines have been developed and materials are being designed and channels selected | MIP communication activities are being aired and disseminated through mass media and community based interpersonal communications | MIP awareness and communication activities are sustained through the media, health centers, community volunteers and other channels |
| 1. **Resources are provided so that the community itself can take action to control MIP including c-IPTP\***
 | Policies are being debated to enable community involvement in MIP prevention and case management | Community MIP prevention (including c-IPTp\*) and case management guidelines are adopted; training and supply processes are being set up to ensure communities have the skills and resources for action in MIP prevention and case management | Community members have been trained on MIP prevention (including c-IPTp\*) and case management and provided initial resources and supplies to undertake MIP prevention and case management activities | Wide coverage of MIP prevention and case management resources are sustained in the communities to guarantee universal access to MIP prevention and case management |
| 1. **Data are collected and disseminated that show the community has increased uptake of MIP program interventions**
 | Partners are discussing ways to monitor the results of community awareness and action in MIP programming | Specific data collection tools have been designed and pretested for documenting uptake of MIP interventions resulting from community action including a process by which such data are incorporated into facility, district and national HIS | Malaria data is included in community HMIS forms and have been distributed to communities and community members have been trained on the use of the forms  | Communities are submitting and reconciling data in CHMIS (which include malaria data) forms regularly to nearest health facility where information is summarized and submitted to HIS as well as being used to make decisions to improve community MIP interventions |
| **M&E** | 1. **Data are collected and used for decision making at all points of care (e.g. district, regional)**
 | Partners are discussing ways to monitor the results of MIP care and action in MIP programming. | Specific data collection tools have been designed and pretested for documenting uptake of MIP interventions resulting from facility level care including a process by which such data are incorporated into district and national HIS | Malaria data collection forms have been distributed to health facilities and health providers have been trained on the use of the forms | Health facilities are submitting malaria forms regularly to district level where information is summarized and submitted to HIS as well as being used to make decisions to improve MIP interventions and care. |
| 1. **National HMIS systems are collecting data on trends in malaria in pregnancy outcomes**
 | National governments are aware of the need to prioritize MIP into national level surveys. | National governments and partners are committed to the inclusion of WHO promoted MIP indicators into national level surveys. | National level surveys include WHO promoted MIP indicators. | National level surveys are being applied to discern trends in MIP outcomes and data is used for policy dialogue and planning. |
| **Financing** | 1. **National governments are providing funding to MIP programs**
 | National governments are aware of the need to prioritize MIP in their annual program funding | National governments commit funding that is not yet adequate to support projected costs  | National governments contribute significant funding that supports majority of projected costs for MIP priorities in their national malaria strategies | National governments annually budget and release funds to MIP programs that are adequate for all projected costs |