

Capacity development

Malaria Consortium sees capacity development as a tailored, collaborative process that strengthens the ability of individuals and organisations to contribute to the improved performance of health systems.

We are present in 12 countries across Africa and southeast Asia, working in close partnership with local communities, national governments and academic institutions. We also regularly collaborate with the private sector, as well as local and international organisations.

We provide technical assistance at all levels of the health system, as evidenced by our credible record of accomplishments in leading complex malaria interventions that emphasise our preference for locally

led development.

Our own country-based staffing structures rely on national experts supported by a pool of global specialists. Combining local expertise and global best practices in the design of tailored interventions enables Malaria Consortium to offer high-quality technical assistance that is responsive to the local context.

Our implementation experience and research, underpinned by our technical expertise, allow us to offer innovative solutions to current challenges. We share our results and research findings widely to create an environment that fosters continuous learning, exchange and quality improvement.

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote universal health coverage.

Our approach and scope

Malaria Consortium takes the **partnership approach** to capacity development. We work in close collaboration with our counterparts in countries, relying on participatory processes. These ensure that performance solutions, selected together with our partners, respond to existing needs and that they are appropriate for local realities.

We approach the capacity development process from a **holistic perspective**. This means we design interventions that seek to address both institutional and individual performance factors to improve health systems performance. This is necessary not only to accelerate progress across the continuum towards malaria elimination, but also to improve health outcomes overall.

We recognise the **existing local capacity** in the countries where we work. Our programmes therefore aim beyond participation and advocate for national leadership, ensuring that our capacity strengthening processes are co-created with our country partners. We choose to accompany and support our partners, so that they can serve as local resources for capacity development

Our expertise

Health systems resilience and institutional support

We believe that health systems strengthening is best served by a long-term partnership with country governments, with the government as the lead partner and Malaria Consortium as an enabling partner.

We encourage exploration of the relationship between individual health system components and the relationship between the health system and outside factors. In addition to strengthening components individually, this means analysing how they interact with each other and external influences, and understanding how they change over time.

Promoting leadership and long-term partnerships

In Nigeria, we promoted national leadership through the Support to National Malaria Program (SuNMaP) project, creating partnerships at all levels of government (national, state and local government area). Through collaborative efforts, we were able to identify which systems and health workforce capacity strengthening interventions would be most effective in improving malaria control efforts on a large-scale. SuNMaP demonstrated that it is possible to create long-term partnerships and to use one disease control programme as an entry point to strengthen the health system, without losing momentum towards achieving the direct objectives of that health programme.

For governments to be recognised as the lead partners, their involvement and stewardship are essential (such as through the allocation and release of local funds) to ensure that interventions are sustainable. The follow-on to SuNMaP, Support to National Malaria Program 2 (SuNMaP2), integrated malaria prevention, treatment and other interventions both at the community and service delivery levels — as well as in other settings — through public and private sector partnerships. We worked in collaboration with government and private sector structures at the national and subnational levels to coordinate and harmonise the planning, budgeting and management of programme interventions, ultimately improving malaria service delivery across 165 local government areas.

Further reading: bit.ly/3udX1Z4, bit.ly/3udbEM4 and bit.ly/3trBq01

Community engagement and ownership

We recognise community ownership of health as one of the cornerstones of malaria prevention and control, promoting community involvement and dialogue on health issues.

We engage and support communities to demand quality health services and to take part in local governance structures. We also support community health workers to be able to assess, classify and treat childhood illnesses such as malaria, pneumonia, diarrhoea and malnutrition through community-based health delivery programmes such as integrated community case management (iCCM).

Our projects apply participatory research and learning methodologies to understand the needs of our partners, and prioritise joint-problem solving to address these needs effectively.

Pioneering community engagement initiatives

Malaria Consortium developed the community dialogue approach (CDA) — a bottom-up, embedded approach that encourages engagement with all stakeholders within the community. It brings together local leaders and community members, providing a platform to discuss health priorities and promote positive health-seeking behaviours. We have researched, introduced and evaluated the CDA in multiple contexts to raise awareness and promote health-seeking behaviour among communities.

In Bangladesh, we applied the CDA in the context of antimicrobial resistance (AMR), where key stakeholders were engaged at the policy, health system and community level throughout the development process. By linking the CDA intervention into the existing health system and community structures — and ensuring that it was appropriate to the cultural context — this intervention showed great potential in terms of both scalability and sustainability. Building on this work, we are now supporting the implementation and evaluation of an innovative community engagement intervention in Bangladesh and Nepal to address the contextual drivers of AMR through a One Health approach to close the research gap and inform policy making.

Further reading: bit.ly/3DcZEyt, bit.ly/3L0AZzz, bit.ly/3uexE9x and bit.ly/37Cb96y

Our capacity development portfolio

- Diversity of technical capacity strengthening, e.g. performance solutions related to surveillance, outbreak response, referral, reporting, monitoring and evaluation, iCCM and malaria in pregnancy
- Tools and processes for the effective implementation of mass distribution and chemoprevention interventions
- Bespoke solutions that improve managerial and financial capacity of partner organisations
- Development of tools and guidelines to aid accurate diagnosis and clinical decision-making by health workers
- Technical assistance and instruments that guide policy development
- Participatory, competency-based training programmes, including on-the-job training for the community health workforce
- Coaching, mentorship and supportive supervision
- Leadership skills development
- Performance management and continuous quality improvement interventions



A community dialogue facilitator uses flip charts with a group in Bangladesh

Malaria surveillance

We gather disease intelligence to empower decision makers to lead and manage their programmes more effectively. In doing so, they are able to provide timely, useful health related data through surveillance and/or monitoring and evaluation systems.

We provide tailored technical assistance to national health systems to gather evidence and support them in combining health-related data from country programmes with high quality information from monitoring and evaluation systems. Our interventions strengthen the capacity of data managers at all levels of the system. We also aim to develop leadership around data demand and data use, which are key to improve system performance.

Our partners are increasingly recognising that data from effective surveillance and monitoring and evaluation systems are useful for targeting resources and evaluating programmes.

Strengthening surveillance for decision-making

Our surveillance portfolio centres on improving: routine data quality; enhanced functionality and integration of reporting and feedback systems; and promoting data-to-action activities. In this way, our efforts contribute to more resilient health systems.

In Mozambique, we are supporting the regional malaria elimination agenda. We are fostering collaboration among a diverse set of stakeholders to ensure that the country's integrated malaria information storage system reaches its full potential through the improved quality and use of malaria surveillance data. We are also laying the foundation for a comprehensive nationwide malaria surveillance system.

Further reading: bit.ly/36gv8Y7, bit.ly/3N8px6T and bit.ly/3wjfAO6

Development of individual skills and competencies

We focus on practical skills development solutions based on current evidence and best practice for the health workforce at all levels of service delivery.

We prioritise experiential and participative learning methods and on-the-job training, combined with supportive supervision, coaching and mentorship. This facilitates the strengthening of individuals' technical, strategic problem-solving and critical thinking skills, and ensures better retention and skills development.

Where possible and appropriate, we employ digital health solutions to enhance learning and provide decision-making support, as well as to expand the reach of our content, training and overall support to additional audiences. This has been especially relevant in the context of the recent COVID-19 pandemic, when we increasingly employed technology to deliver blended learning and to facilitate participatory learning remotely.

All of our training programmes are competency-based and evaluated to ensure that knowledge, skills and effectiveness have improved. We design, develop and pre-test training materials, such as trainer guides, participant workbooks, support supervision manuals, job aids, competency assessments and evaluation tools.

Supporting training and supervision

The Boma Health Initiative in South Sudan demonstrated that with appropriate training, supervision and resources, community members can provide an integrated package of essential health services to hard-to-reach populations. This facilitated the promotion of healthy behaviours, and helped to prevent and treat diseases.

In Cambodia, at the provincial, national and health facility levels, we collaborated on strengthening the capacity of government officers, village health workers, mobile malaria workers and health volunteers. This enabled them to deliver effective malaria prevention and control services to hard-to-reach and high-risk groups, such as those living or working in forested areas. We also designed training curricula on diagnosis and treatment.

Further reading: bit.ly/3lu4Ajp and bit.ly/3qqwDdd

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Cover image: Pregnant caregiver with mosquito net, Mozambique

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