

**TABLE 2. STAGES OF MIP PROGRAM IMPLEMENTATION MATRIX**

MIP READINESS COMPONENT	STAGE 1	STAGE 2	STAGE 3	STAGE 4
<p><b>Integration</b> See Section 1</p>	<ul style="list-style-type: none"> <li>• No meetings or communication between NMCP and RH programs at national level</li> <li>• Poor or coincidental integration at district level</li> <li>• No integration of MIP with other public health programs</li> </ul>	<ul style="list-style-type: none"> <li>• Some meetings or communication between NMCP and RH program at national level</li> <li>• Attempts at integration at district level</li> <li>• Attempts to integrate MIP with other public health programs</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of information and regular meetings occur between the NMCP and RH program at national level</li> <li>• Stated focus of integration at district level</li> <li>• Some MIP, RH, child health, and/or HIV/AIDS services have been bundled together in health services</li> </ul>	<ul style="list-style-type: none"> <li>• Joint strategies, planning and sharing of information between NMCP and RH programs at national level</li> <li>• District level promotes integration of RH, child health, HIV/AIDS and MIP in administration and supportive supervision</li> <li>• MIP, RH, child health, and/or HIV/AIDS are provided together in health services</li> </ul>
<p><b>Policy</b> See Section 2-1</p>	<ul style="list-style-type: none"> <li>• No or minimal MIP policies, strategies or SDGs (service delivery guidelines) available in-country</li> </ul>	<ul style="list-style-type: none"> <li>• Some MIP policies, strategies or SDGs developed</li> <li>• Dissemination not done or not yet completed</li> </ul>	<ul style="list-style-type: none"> <li>• MIP policies, strategies or SDGs developed</li> <li>• Dissemination partial</li> <li>• Utilization unknown or incomplete</li> </ul>	<ul style="list-style-type: none"> <li>• MIP policies, strategy and SDGs developed and being used at all levels of the health system</li> </ul>
<p><b>Commodities</b> See Section 2-2</p>	<ul style="list-style-type: none"> <li>• Malaria drug and ITN procurement and distribution systems for ANC clinics poorly functional (e.g., stock-outs)</li> <li>• WHO-recommended medicines for malaria and/or MIP have not been approved</li> </ul>	<ul style="list-style-type: none"> <li>• Malaria drug and ITN procurement and distribution systems for ANC clinics functional</li> <li>• WHO-recommended medicines for malaria and/or MIP have been approved but not widely available</li> <li>• ITNs available sporadically</li> </ul>	<ul style="list-style-type: none"> <li>• Malaria drug and ITN procurement and distribution systems for ANC clinics functional</li> <li>• WHO-recommended medicines for malaria and/or MIP have been approved and are widely available</li> <li>• ITNs available in many places</li> </ul>	<ul style="list-style-type: none"> <li>• Malaria drug and ITN procurement and distribution systems for ANC clinics efficient</li> <li>• WHO-recommended medicines for malaria and/or MIP are always available</li> <li>• ITNs always available</li> </ul>

MIP READINESS COMPONENT	STAGE 1	STAGE 2	STAGE 3	STAGE 4
<b>Quality Assurance</b> See Section 2-3	<ul style="list-style-type: none"> <li>● MIP quality assurance standards have not been developed</li> <li>● Supportive supervision not in place to maintain quality in MIP services</li> <li>● Quality of MIP services poor</li> </ul>	<ul style="list-style-type: none"> <li>● MIP quality assurance standards have been developed but are not widely used</li> <li>● Supportive supervision for MIP services in place to limited extent</li> <li>● Quality of MIP services low</li> </ul>	<ul style="list-style-type: none"> <li>● MIP quality assurance standards have been developed and are used in some areas</li> <li>● Supportive supervision for MIP services increasingly utilized</li> <li>● Quality of MIP services moderate</li> </ul>	<ul style="list-style-type: none"> <li>● MIP quality assurance standards have been developed and are used systematically</li> <li>● Supportive supervision for MIP services utilized systematically</li> <li>● Quality of MIP services high</li> </ul>
<b>Training</b> See Section 2-4	<ul style="list-style-type: none"> <li>● No competency-based training on MIP has been planned</li> <li>● Pre-service nursing, midwifery and medical curricula outdated with regards to MIP</li> </ul>	<ul style="list-style-type: none"> <li>● Competency-based in-service training on MIP planned or has occurred on limited basis</li> <li>● Pre-service nursing, midwifery and medical curricula have been revised with regard to MIP but not consistently taught to students</li> </ul>	<ul style="list-style-type: none"> <li>● Competency-based in-service training on MIP conducted for many health service providers</li> <li>● Updated pre-service nursing, midwifery and medical MIP curricula are being taught at most academic institutions</li> </ul>	<ul style="list-style-type: none"> <li>● Competency-based in-service training on MIP conducted for all appropriate cadres of health service providers</li> <li>● Updated pre-service nursing, midwifery and medical MIP curricula are being taught at all academic institutions</li> </ul>
<b>Community-Based MIP Programs</b> See Section 2-5	<ul style="list-style-type: none"> <li>● Community action / awareness on MIP low</li> <li>● No resources available for community</li> <li>● Low community acceptance of MIP prevention and treatment measures (ITNs, IPTp and case management)</li> </ul>	<ul style="list-style-type: none"> <li>● Community action / awareness on MIP raised through research, advocacy and/or programs</li> <li>● Few resources developed for communities</li> <li>● Some community acceptance of MIP prevention and treatment measures</li> </ul>	<ul style="list-style-type: none"> <li>● Community action / awareness on MIP strong through research, advocacy and/or programs</li> <li>● Appropriate resources widely available</li> <li>● Moderate community acceptance of MIP prevention and treatment measures</li> </ul>	<ul style="list-style-type: none"> <li>● Community action groups are strong partners in national MIP prevention efforts</li> <li>● Appropriate resources widely available</li> <li>● Widespread community acceptance of MIP prevention and treatment measures</li> </ul>

MIP READINESS COMPONENT	STAGE 1	STAGE 2	STAGE 3	STAGE 4
<b>M&amp;E</b> See Section 2-6	<ul style="list-style-type: none"> <li>● Routine data for MIP service delivery not available</li> <li>● No MIP indicators developed</li> <li>● No baseline<sup>1</sup> information or research results exist for country</li> </ul>	<ul style="list-style-type: none"> <li>● Routine data for MIP service delivery available</li> <li>● MIP indicators designed but not integrated into nation system</li> <li>● Some baseline information or research results exist for country</li> </ul>	<ul style="list-style-type: none"> <li>● Routine data for MIP service delivery available, collected and reported on</li> <li>● MIP indicators agreed upon and data collection started</li> <li>● Baseline information or research results exist for country</li> </ul>	<ul style="list-style-type: none"> <li>● Routine data for MIP service delivery available, collected, reported on and used for decision-making</li> <li>● MIP indicators being collected regularly</li> <li>● Some endline studies designed to capture achievements and/or impact studies being conducted</li> </ul>
<b>Financing</b> See Section 4	<ul style="list-style-type: none"> <li>● National government has not committed funds to MIP programs</li> <li>● No donor funding exists for MIP</li> <li>● No proposals submitted to donors for MIP funding</li> </ul>	<ul style="list-style-type: none"> <li>● National government has not committed adequate funds to MIP programs to cover projected costs</li> <li>● Limited donor funding exists for MIP</li> </ul>	<ul style="list-style-type: none"> <li>● National government has committed funds to MIP programs that significantly contribute to projected costs</li> <li>● Strong donor funding exists for MIP</li> </ul>	<ul style="list-style-type: none"> <li>● National government has committed and disbursed funds to MIP programs which that significantly contribute to projected costs</li> <li>● Ample donor funding exists for MIP and is being used effectively</li> </ul>

<sup>1</sup> Relevant baseline information includes community utilization of MIP, epidemiology of malaria transmission and pharmacovigilance.