

Improved management and prevention of malaria in pregnancy

Effective management of malaria in pregnancy (MiP) relies on the continued availability of key anti-malaria commodities at health facilities. To improve the management and prevention of malaria in pregnancy, USAID's Malaria Action Program for Districts project worked at district and national levels to support under-stocked health facilities and advocated for the national oversight of MiP commodities.



A pregnant woman taking her intermittent preventive treatment tablets during her antenatal care visit.

BACKGROUND

In Uganda, USAID's Malaria Action Program for Districts (MAPD) project works with both national and districts levels to improve malaria prevention, diagnosis and management. An important part of malaria control is effective prevention and management of malaria in pregnancy (MiP). Long-lasting insecticidal nets (LLINs), sulphadoxine-pyrimethamine (SP), folic acid, malaria rapid diagnostic tests (mRDT) and directly-observed therapy (DOT) equipment such as safe water and cups are essential malaria commodities at health facilities to support pregnant women during antenatal care check-ups.

DISTRICT AND NATIONAL ENGAGEMENT

Through district level support supervision, the availability of MiP commodities at health centres was assessed. Corrective measures to address stock outs were taken and under-stocked facilities were supplied with commodities from those that were over-stocked. Masaka was one such district with a notable stock-out of SP tablets, while in Lyantonde district, SP tablet were overstocked. MAPD coordinated the communication between the district health officers (DHOs) of these two districts and supported the transportation and distribution of 16,000 SP tablets to out-of-stock facilities.

MAPD advocated, through the MiP thematic working group (TWG) platform, for the monthly tracking of MiP commodities by the pharmacy division of Uganda's Ministry of Health, to ensure national oversight of commodities in all health facilities providing antenatal care services. MAPD quantified the commodities required over the next three years based on the revised MiP guidelines. The forecast was shared with other stakeholders in the quarterly commodity security group (CSG) meetings to advocate for support to the Ministry of Health to ensure their continuous availability.

MOVING FORWARD

MAPD plans to facilitate quarterly regional DHO meetings to encourage cross-district collaboration. This platform will be used to discuss health program areas that need additional attention and leverage each other's resources.

Health facilities have two budgetary sources for medicines, the credit line charged to the primary health care grant and the non-credit line for free commodities where health facilities do not incur a charge. Some of the items on the free account include contraceptives and anti-malarial drugs, but not SP. Through the quarterly MiP TWG and CSG meetings, the project plans to continue to promote continuous LLIN availability and introduction of SP and folic acid into the essential medicine kit as non-credit line medicines.



Essential medicine kits were developed to improve accessibility and availability of important health commodities to build stronger health systems

This success story is published as part of a series from the USAID's Malaria Action Program for Districts project. For more information, see www.malariaconsortium.org/resources/publications/977/ or contact: Dr Sam Gudo, s.gudo@malariaconsortium.org

USAID's Malaria Action Program for Districts aims to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project will support the Government of Uganda for a period of five years, focusing in particular on children under five years of age and pregnant women.

This project, made possible by the generous support from the American and British people, is implemented by Malaria Consortium in partnership with Jhpiego, Banyan Global, and Communication for Development Foundation Uganda (CDFU), Deloitte Uganda and Infectious Diseases Institute (IDI).

Malaria Consortium Uganda, Plot 25 Upper Naguru East Road, PO Box 8045, Kampala, Uganda / Malaria Consortium, Development House 56-64 Leonard Street, London EC2A 4LT, United Kingdom / info@malariaconsortium.org / www.malariaconsortium.org
