

Mothers receive the right number of IPTp doses to prevent malaria in pregnancy

USAID's Malaria Action Program for Districts in Uganda has been improving the uptake of intermittent preventive treatment for malaria by pregnant women visiting antenatal centers. This has been achieved through the dissemination of updated guidelines, and cascaded training and on-the-job mentorship of health workers across its 47 program districts.



A pregnant woman receives preventive malaria treatment

RISKS OF MALARIA IN PREGNANCY

Malaria infection during pregnancy poses substantial risks for the mother, the fetus and the newborn. In 2016, over 280,000 mothers in Uganda suffered from malaria in pregnancy despite the fact that it can easily be prevented by a mother taking the recommended doses for intermittent preventive treatment of malaria in pregnancy (IPTp). Three or more IPTp doses improve pregnancy outcomes including birth weight, maternal anemia as well as reducing infant and maternal mortality.

LIMITED IMPLEMENTATION

In 2015, the Ministry of Health revised the Sexual and Reproductive Health Rights guidelines in line with World Health Organization's recommendation that three or more doses of sulphadoxine-pyrimethamine were provided to pregnant mothers (IPTp3) starting from 13 weeks of gestation, and provided an addendum to the 2012 National Malaria Control Policy to this effect. Unfortunately, following the addendum, health workers failed to implement the change due to limited dissemination of the guidelines and lack of training.

DISSEMINATION, TRAINING, MENTORING

In April 2017, USAID's Malaria Action Program for Districts project began disseminating these guidelines, and organised training and mentoring of health workers on both the policy and addendum.

The project conducted on-the-job mentorships of health workers in 47 districts in Uganda using a cascade approach. The project began at the national and district levels with training of trainers who then conducted on-the-job mentorships at health facilities. These mentorships equipped service providers with knowledge on the revised policy, including administering of IPTp as directly observed treatment, the number of doses recommended to provide continuous preventive effect, dosage frequency, recommended folic acid dosage, management of malaria in pregnancy for both uncomplicated and severe malaria, and other services that should be made available to pregnant mothers attending antenatal clinics.

The cascaded on-the-job training approach enabled the project to reach over 5,000 health workers in 47 districts over a period of three months.

At the health facilities, trainees were drawn from antenatal clinics and other departments. This will ensure continuation of service provision in case of health worker transfers within the facility as well as transfers to other health facilities. Both public and private not-for-profit facilities were included in the training.

To ensure the quality of the trainings and mentorships, the project team and a member of the district health management team visited two facilities per district to appraise the implementation of the addendum. The team also used the visits as an opportunity to continue engaging health workers on issues around quality management, supplies, recording and reporting, as well as communicating with pregnant mothers and their spouses on malaria prevention and the importance of attending antenatal clinics.

MORE PREGANT WOMEN BEING TREATED

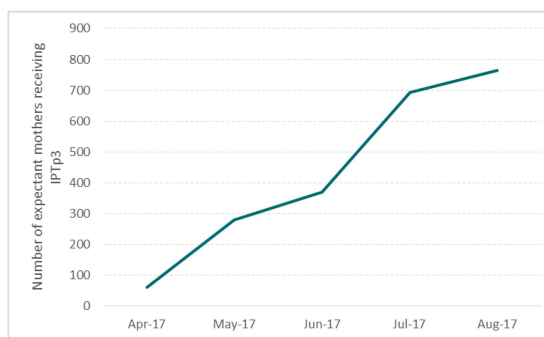
Prior to the training and on-the-job mentorship program, there was no record of expectant mothers receiving three or more doses of IPTp. However, since the training/mentorships, health workers are providing three or more doses (IPTp3) to women attending antenatal clinics.

IPTp3 uptake is documented in all project districts. However some of the most notable successes are evident in the data from seven districts (Bukomansimbi, Kalangala, Kalungu, Kirukura, Lwengo, Lyantonde, Masaka, Rakai and Ssembabule) located in Masaka region showing an increasing number of women receiving IPTp3, from 61 in April 2017 to 765 in August 2017.

The training and mentorships in Masaka region have already proved highly effective over the four month period post training. The graph demonstrates a significant and positive change, an increase in uptake of three or more doses of IPTp among women attending antenatal clinics.

IDENTIFYING GAPS

The trainings also enabled districts to realize gaps they had in essential commodities for optimal provision of antenatal services. Dr Ntoroko, District Health Officer for the Masaka District commented that until this training, he had not known that there was more that could be offered to protect pregnant women from malaria other than long lasting insecticidal mosquito nets.



Number of pregnant women receiving at least three doses of IPTp in seven districts of Masaka region, April to August 2017

LESSONS AND NEXT STEPS

Using the cascade approach to training allowed USAID's Malaria Action Program for Districts project to reach a high number of health workers in a relatively short time (5,781 in three months), ensuring the success of the intervention.

The project will continue training, drawing on the lessons learned from the impressive successes demonstrated in the Masaka region so that these will also be replicated in other regions.

Having successfully improved IPTp uptake through training and mentorship of health workers, the project will now focus on improving quality of care given to pregnant women.

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.

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