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President's Malaria Initiative

EFFECTIVE MALARIA PREVENTION PROGRAMS IMPLEMENTED IN SUPPORT OF THE NATIONAL MALARIA CONTROL STRATEGY



KEY MESSAGES

APPROACHES THAT WORKED

Using data to advocate for prioritization of preventive measures enables improved support at all levels

Distribution of LLINs through ANC, EPI, schools, and targeted outreach enabled maintenance of universal LLIN coverage in communities

IPTp3+ uptake greatly and rapidly improved in MAPD areas after cascade of guideline development and dissemination, linked with action-oriented capacity building at the district, HF and community level

KEY MESSAGES

APPROACHES THAT WORKED

Engagement of political leadership in malaria strategic planning and deployment improves uptake and effectiveness

Risk- and cost-based transformative SBC initiatives influence community prevention behavior, especially when data-driven and conducted by positive deviance

KEY APPROACHES AT CENTRAL LEVEL

Support for coordination structures

- Coordinated MiP TWG, which feeds into maternal and child health and case management cluster TWG meetings
- TA to IVM TWG and support to Entomological Surveillance
- TA to DHMT meetings for MiP and LLIN planning, reviews and support

Advocacy for improved stock security

- SP national quantifications and gap analysis
- SP as an essential medicine and on credit line
- Coordination meetings for LLIN national provision and allocation
- District-led LLIN quantification and last mile delivery

Advocating for improved health management information system (HMIS) tools (to include IPT3+ and EPI LLIN)

KEY APPROACHES AT CENTRAL LEVEL

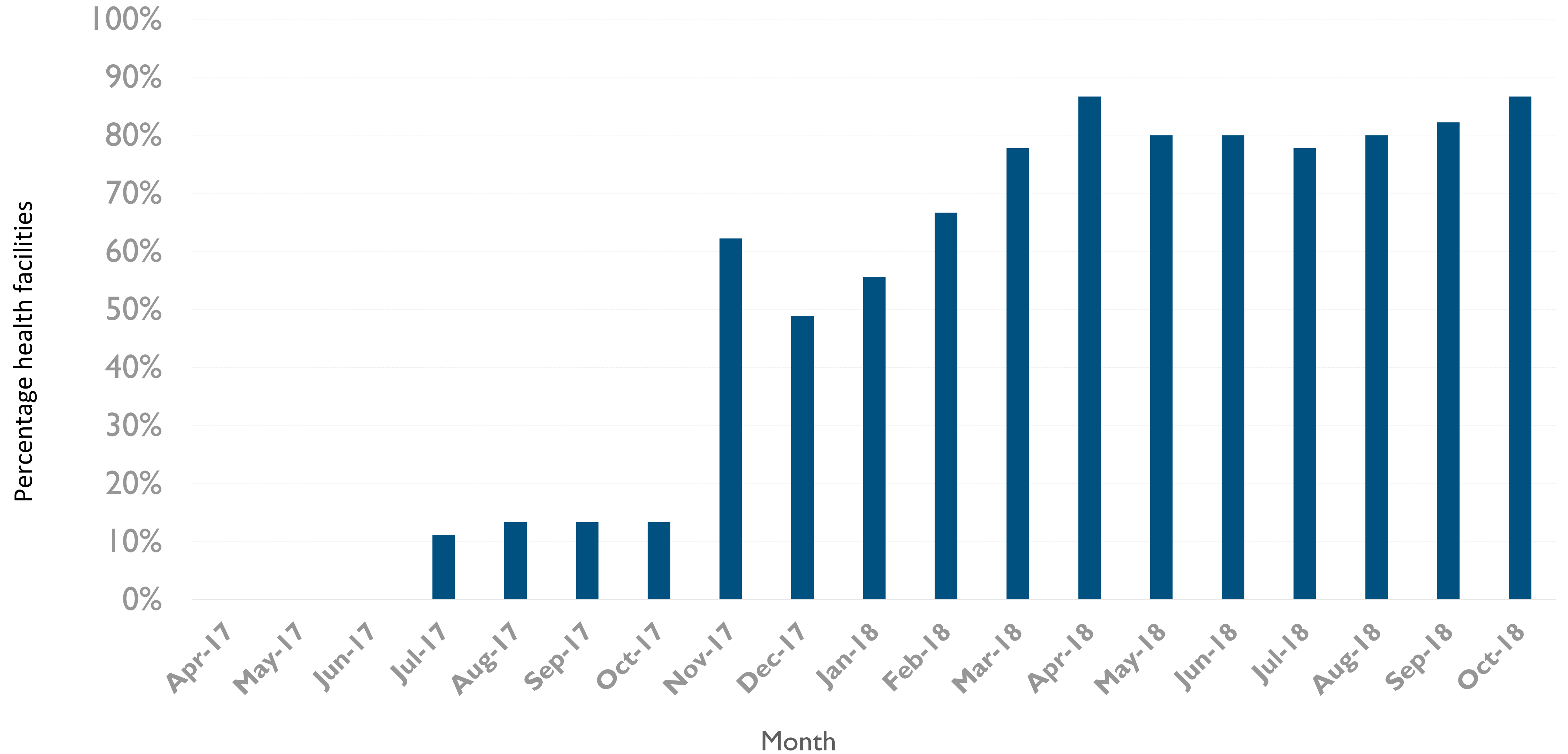
Development of guidelines, job aids and TOTs

- MiP guidelines, counselling chart, revision of training manuals, development of standard operating procedures and job aids
- School LLIN guidelines and tools
- SBC campaign development
- Gender and youth integration in guidelines/tools

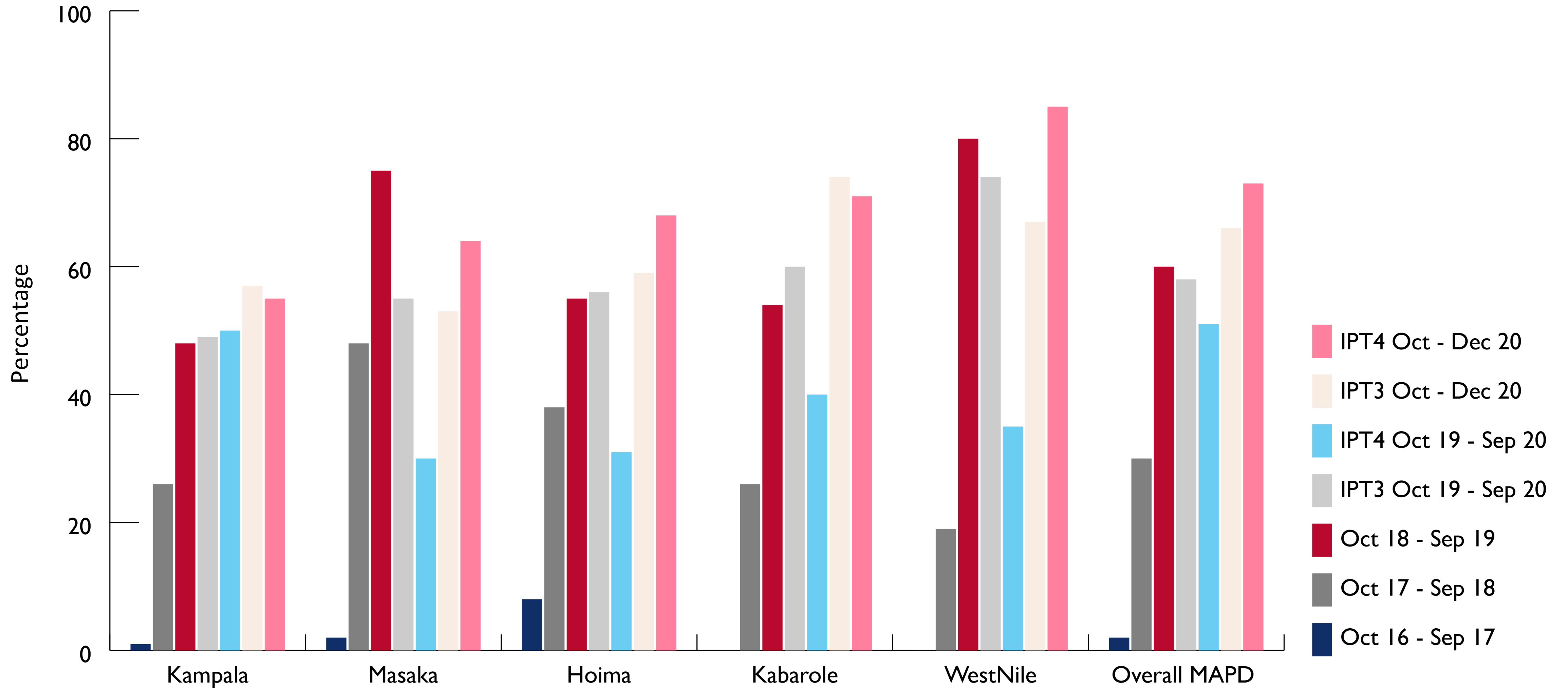
MoH secondments

- MiP specialist: for TA and fostering collaboration between departments
- Senior Entomologist: for building capacity of entomological surveillance

PROPORTION OF HEALTH FACILITIES REPORTING IPTP3 DATA IN RAKAI DISTRICT



PROPORTION OF WOMEN WHO RECEIVED THREE OR MORE DOSES OF IPTP3



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KEY APPROACHES SUBNATIONAL LEVEL

District

- Training of district mentors
- District level TA for quantifications, storage, last-mile delivery (LLINs) tracking and redistribution
- Engagement with leaders to ensure timely reporting (MiP)
- Tracking, redistribution and cross-ordering (SP/LLINs)
- Increased access — ANC/LLIN outreaches, school LLINs

KEY APPROACHES SUBNATIONAL LEVEL



Health facility

- Capacity building for service delivery and client engagement
 - Reproduced reproductive health addendum and circular; distributed to 5,781 HWs at 1,395 HFs
 - Mentored 19,529 HWs on new WHO IPTp3+ guidelines
 - Quality improvement initiatives
 - 2,000 MiP counselling charts, ANC cards and mothers' passports
 - 1,300 DOT equipment, 1,600 cups, 20,000 water treatment tablets
- Improved stock security and distribution
 - SP on essential medicine list
 - SP cross ordering and redistribution
 - Distribution of 3,839,220 LLINs to 1395 HFs
 - District-led LLIN delivery
- Gender and youth initiatives and integration

KEY APPROACHES SUBNATIONAL LEVEL



Community

- Outreaches (LLIN, ANC, Upsurges, floods)
- HF-household data-driven community-led transformative SBC
- Employment of effective gender- and age-sensitive SBC on MiP and LLIN appropriate use and care

RECOMMENDATIONS

- Continue to strengthen coordination between NMCD and RHD, and MiP and ANC actors
- District-led program implementation incl. stock management
- Capacity strengthening using HF-centered approaches
- Continued advocacy for improved SP, and LLIN stock security and supply chain
- Focused support for data management and use at all levels
- Roll out of gender and youth services and community SBC