

MALARIA IN PREGNANCY WORKING GROUP

Presentation Title: Community Engagement to
Promote MiP Services

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COUNTRY OVERVIEW

Map of GHANA



- Ghana started IPTp implementation in 2004
- Implementation is guided by policy (MiP 2009, 2014 guidelines)
- IPTp doses increased from 3 to 5 in 2014
- SP is given under DOT (Direct Observed Therapy)
- Standardized registers and reporting forms are used for data collection into HMIS
- There is collaboration with different partners across all levels

COUNTRY OVERVIEW

Key MiP Indicators:

- GMIS 2016

- ❖ IPTp1: 85%

- ❖ IPTp2: 78%

- ❖ IPTp3: 60%

- ❖ ANC from skilled provider: 97%

- ❖ ANC 4+: 87%

- ❖ ITN use the night before: 50%

- HMIS 2018

- ❖ % of pregnant women who receive ITN at ANC: 82%

COMMUNITY APPROACH TO ADDRESSING MIP

1. Main approaches:

- ❖ Assigned auxiliary nurses (Community Health and Enrolled Nurses) in CHPS zones to hard-to-reach communities
- ❖ Collaboration with local NGOs in selected districts

2. Community Health and Enrolled Nurses nurses as well as community volunteers support implementation

3. Auxiliary nurses and community volunteers periodically trained and supervised by assigned midwives

4. Home visit registers are used for data collection and collated at the end of the month for entry into HMIS

EXAMPLE OF THE HOME VISIT REGISTER

GHANA HEALTH SERVICE-WEST GONJA DISTRICT COMMUNITY HEALTH OFFICER HOME VISIT REGISTER

HEALTH FACILITY LINANTREE CHS SUB-DISTRICT BUSUNU NAME OF CHO.....

Name of Community	House #/Name of Landlord	Number of households in compound	Date of visit	Total population of compound					Reasons for Home Visits								Actions taken/Remarks			
				Male		Female			New born/Twin/Orphan	BF/Complementary feeding problems	Malnourished child/SAM	Sick/referred child/referred pregnant woman	Child missed CWC session/Immunization	Mother missed ANC	Pregnant/Newly delivered woman	Under five with other health conditions		Household member with other health conditions	General health education	
				< 5 Years	> 5 years	< 5 Years	> 5 years	Pregnant women												
Dagobaline	Bala Bayar	6	2/8/18	3	7	3	10	0	✓									✓	Education on Mal. Prevent	
Dagobaline	Banda Boudang	1	3/8/18	0	1	2	1	0										✓	Education on mal	
Dagobaline	Daguna Golden	2	2/8/18	0	2	1	3	0										✓	Education on mal	
Gboadogbo	Achinti Hauina	6	6/8/18	0	5	3	4	0				✓						✓	Education on Mal	
Gboadogbo	Kadiate Mohammed	3	6/8/18	1	4	1	5	0										✓	Education on mal	
Gboadogbo	Saidu Salifu	3	6/8/18	2	5	1	6	0										✓	Education on mal	
Gboadogbo	Yunife Ibrahim	2	6/8/18	0	1	2	6	0										✓	Education on mal	
Gboadogbo	Saidu Tiidaw	2	6/8/18	0	3	1	3	0												
Gboadogbo	Issahaku Yussif	2	6/8/18	0	4	0	1	1											✓	Education on mal
Fulanigay	Mahamadou Traoré	26	2/8/18	7	11	7	20	1										✓	Education on mal	
Fulanigay	Amadu BUBI	3	7/8/18	2	2	1	4	0										✓	Education on mal	

CHALLENGES/LESSONS LEARNED

Challenges	Lessons Learned
Poor knowledge on the importance and benefits of uptake of SP by community members	Intensify community-level health education on the importance and benefits of SP
High workload of auxiliary nurses due to integration of other services to other population	Increase number of auxiliary nurses deployed to CHPS zones
Attrition at primary level due to career progression	Regular deployment and streamline career progression of auxiliary nurses
Low morale among community volunteers used by NGOs due to lack of incentives	Increase allowances given to community volunteers
Discrepancies in allowances for community volunteers by different programmes/projects leading to high attrition among community volunteers	Standardize allowances given to community volunteers among different programmes/projects

KEY TAKEAWAYS

- **Strengthen the existing primary health care level**
 - Task-sharing with auxiliary nurses
 - Regular supervision by midwives
 - Use of standard registers and reporting forms for documentation
- **Collaboration with local NGOs**
- **Use of local NGOs and community volunteers**

NEXT STEPS/SUPPORT NEEDED TO MOVE FORWARD

- Strengthen knowledge on importance and benefits of SP among community members
- Regular deployment and streamline career progression of auxiliary nurses
- Increase number of local NGOs engaged in community-based awareness and health education
- Increase and regulate funding for community level NGO activities



THANK YOU!

QUESTIONS??