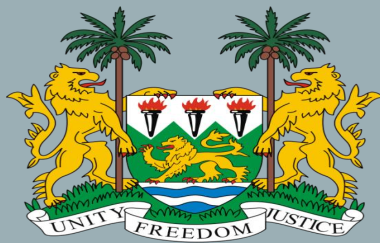
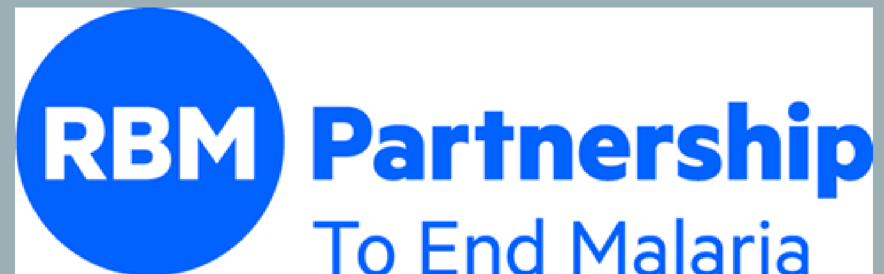


MALARIA IN PREGNANCY WORKING GROUP

Presentation Title: Promoting MiP Interventions through Community Engagement

Presenter: Wani K. Lahai & Annie I. Briggs

SIERRA LEONE



COUNTRY OVERVIEW

Health Indicators

ACCESS to health services = 75 %
Life Expectancy – Male (years) = 47.5 years
Life Expectancy – Female (years)= 49.4 years
MMR = 1165/100,000 LB
IMR = 92/1000 LB
U5MR = 156/1000 LB
HIV prevalence = 1.53 %
DHS 2013

GEOGRAPHICAL LOCATION

Population: 7,794,832

- **Country Income Classification** -LOW

36.7% of the population

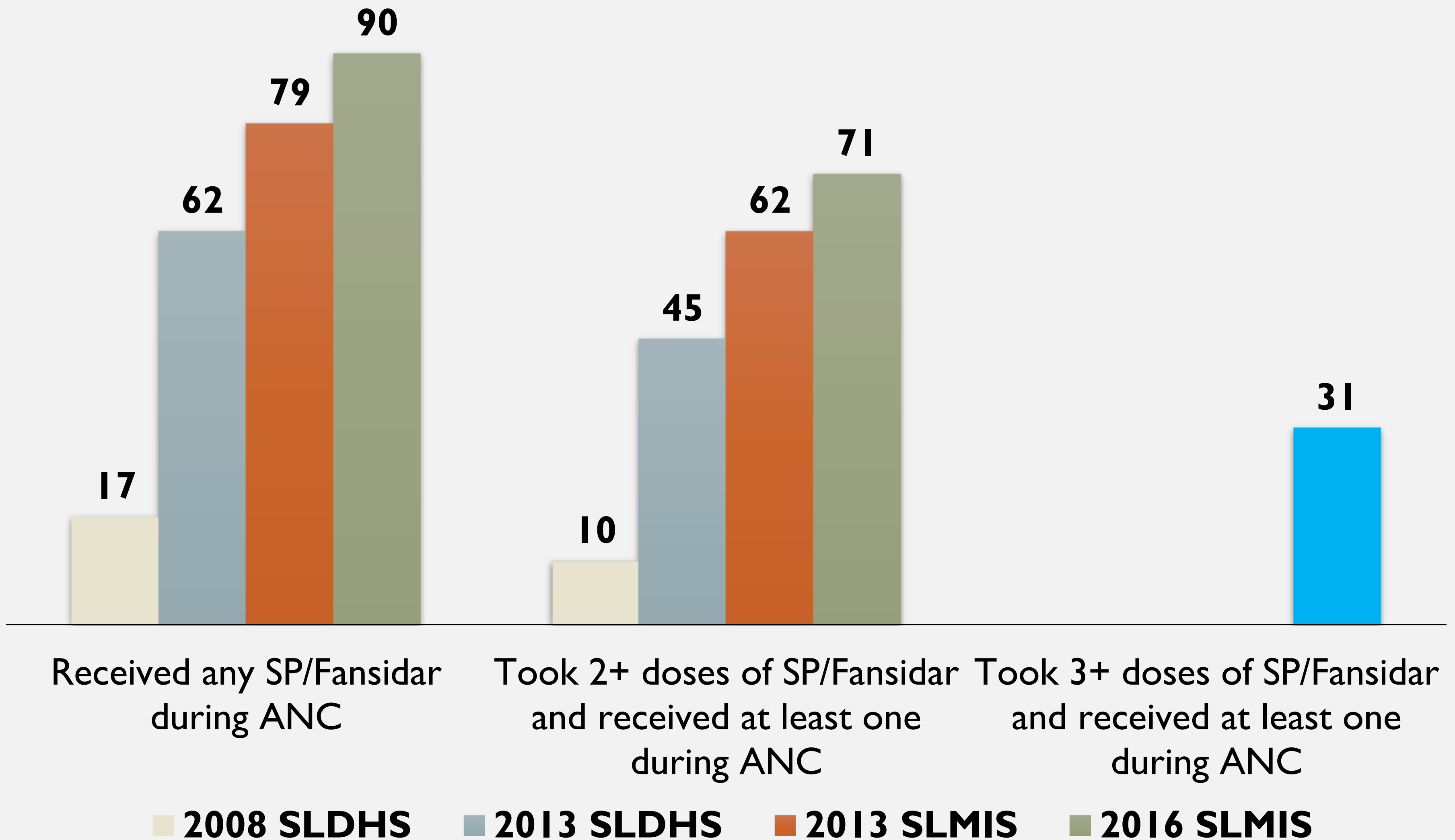
- **URBAN**

Population Below $1 a Day (70%)

KEY MIP INDICATORS

Indicator	HMIS 2018	Source: MICS 2017	Source: MIS 2016	Source: DHS 2013	Source MIS 2013
IPTp 1 during pregnancy	67%	95.5%	90%	NA	NA
IPTp 2+ during pregnancy	58%	68.7%	71%	NA	61.7%
IPTp 3+during pregnancy	33%	26.8%	31%	NA	NA
IPTp 4+ during pregnancy	NA	5.5.%	NA	NA	NA
ANC 1: At least once by skilled health personnel	NA	97.4%	NA	96%	NA
ANC :At least 4 times by any provider	NA	77.5%	NA	76%	NA
ANC: At least 8 times by any provider	NA	25.1%	NA	NA	NA
% of pregnant women who slept under an ITN the night before the survey	NA	60%	44%	52.6%	47%
% of pregnant women who slept under an ITN in households with at least one ITN.	NA	NA	75%	NA	76%
% of pregnant women who received an	93%	NA	NA	NA	NA

IPTP TREND ANALYSIS



IPTP STRATEGY IPLEMENTATION

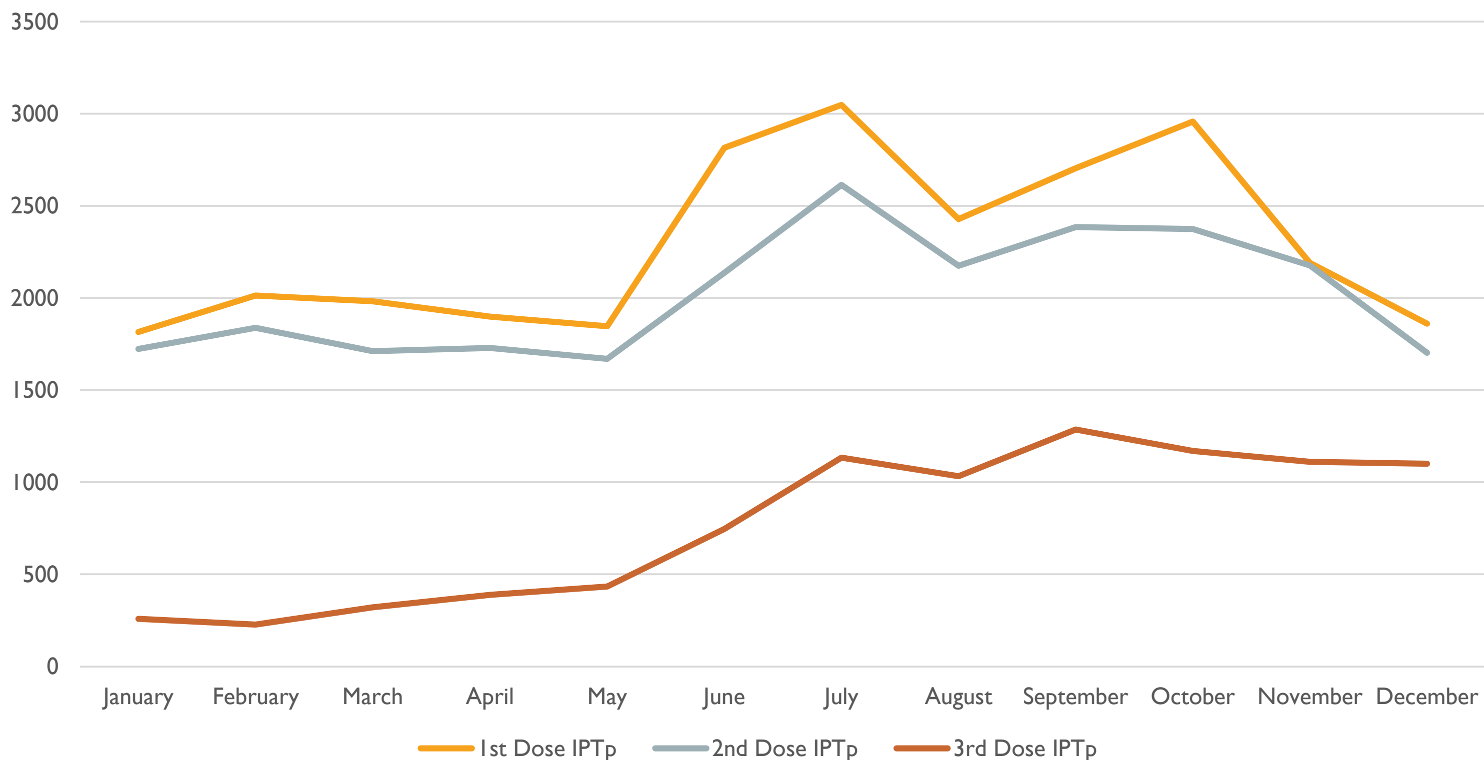
- Community IPTp commenced in 2013 by 1888 Traditional Birth Attendants (TBAs) nationwide

- ITNs and IPTp are provided as part of the basic minimum ANC package using the recommended drug (SP) at health facilities.

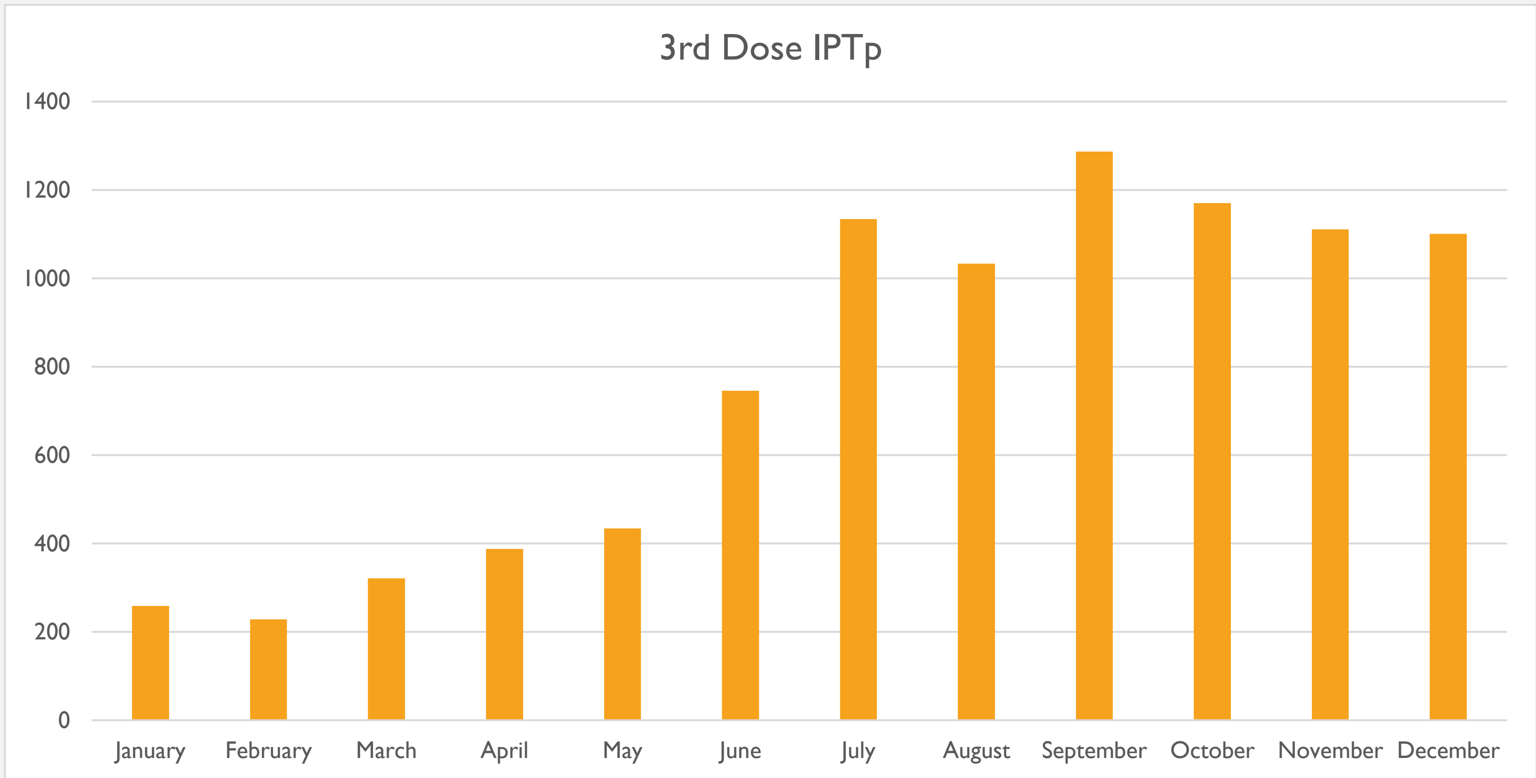
- The National Strategies and Guidelines for MiP updated and distributed to RBM partners & health staff.

- NMCP commenced IPTp3 in 2016 at health facilities and in communities in 2018 after 1814 TBAs were trained and IPTp 3 has been captured into the HMIS.

COMMUNITY ADMINISTRATION OF IPTP BY TBAS (HMIS 2018)



C-IPTP ADMINISTERED BEFORE AND AFTER TRAINING IN 2018 BY TBAS



COMMUNITY APPROACH TO ADDRESSING MIP

- Communities are engaged to promote MiP services through outreach mobilization, advocacy, sensitization, community goal setting and community IPTp.
- Community Health Workers, Community Health Clubs and Traditional Birth Attendants support community efforts to provide ANC services.
- Community Health Workers (CHWs) are trained in phases and modules using a training manual by DHMT/PHU staff and supervised by National (quarterly), DHMT/PHU (Monthly), & Peer supervisors weekly.
- MiP activities are monitored through HMIS and surveys. Data is collected in communities and PHUs (paper based), inputted into the DHIS 2 at district level and retrieved through the HMIS at national (headquarters).

CHALLENGES

- Limited implementation of MiP policy guidelines by the private sector.
- Limited support to conduct supportive supervision from district to PHUs and from PHUs to communities.
- Late commencement of 1st ANC visit by clients.
- Low motivation of CHWs and TBAs.
- No support to conduct operational research on MiP interventions.
- Irregular stockout of malaria SP/Quinine tablets and HMIS tools

LESSONS LEARNED

- Community ownership when achieved, yields best social change results.
- The use of CHWs/Club members as mobilisers promoted access and utilization of malaria MiP interventions.
- Community engagement yields ownership and increase in the utilization of malaria services and products.
- Delivery of C-IPTp by TBAs facilitated access to IPTp 1,2 & 3 in hard to reach communities.
- Integration of MiP interventions into the basic ANC package improved quality of service.
- Monthly meetings held at PHUs with CHWs/TBAs/CHCs help identified issues and improved on performance.

KEY TAKEAWAYS

- Community IPTp implementation by TBAs.
- Community goal setting approach to promote MiP interventions.
- Formation of community health clubs/women's, support group to conduct outreach sensitization and mobilization

NEXT STEPS/SUPPORT NEEDED TO MOVE FORWARD

- Intensifying community engagement to sustain ownership.
  - Motivate community Health Workers/TBAs to promote community interventions/MiP interventions.
  - Conduct operational research for informed decision making.
  - Strengthen partnership with the other health sectors, NGOs and the private sector to improve quality of care.
  - Intensify supportive supervision from district to PHU and PHU into communities.
  - Support to conduct monthly community meetings at PHU level.

THANK YOU!