

Rwanda MIP Program Update: Accelerating Malaria in Pregnancy Programs to Achieve Country Scale-Up

During the recent Roll Back Malaria (RBM)-Malaria in Pregnancy Working Group meeting in April 2012, the Director of the National Malaria Control Program presented a malaria in pregnancy (MIP) country update (MIP Reported Outcomes + MIP Components) and developed an action plan. The country update was developed prior to the meeting and the action plan was developed during the meeting; this brief summarizes these efforts. The RBM MIP Working Group, the World Health Organization, President’s Malaria Initiative and Maternal and Child Health Integrated Program (MCHIP) hope this information facilitates country teams’ continued dialogue with their Ministry of Health counterparts and in-country partners to effect positive change for MIP programming that builds on current successes, solutions identified to existing challenges and lessons learned.

MIP Reported Outcomes:

Rwanda reported on three primary MIP indicators—intermittent preventive treatment during pregnancy (IPTp), insecticide-treated bed-net (ITN) use and antenatal care (ANC) utilization—to give the working group a better understanding of the current status of MIP programming. Rwanda was asked to report on IPTp uptake, but because IPTp has not been policy in Rwanda since 2008, it is not highlighted in this update. The Rwanda team reported (as of April 2012) the following progress on indicators: ITN use: 72.0%; ANC/one visit: 96.0%; and ANC/four+ visits: 24.0%. Sources for data were not specified.

MIP Program Components

As Rwanda continues to accelerate and scale up malaria in pregnancy programs, addressing MIP in the context of health systems strengthening will support achievement of sustained results. Focusing on the eight key MIP program components (policy, integration, commodities, capacity development, community engagement, quality improvement, monitoring and evaluation [M&E], and financing) will result not only in improved outcomes for pregnant women and their newborns but also help to strengthen the existing health system.

Country Program Update

	Successes	Challenges	Addressing Challenges	Opportunities
Integration between National Malaria Control Program (NMCP) and Reproductive Health (RH)?	<p>Malaria prevention is integrated with ANC with distribution of long-lasting insecticide-treated nets (LLINs) for pregnant women and treatment of malaria cases</p> <p>Carrying out MIP study for possible intermittent screening and treatment (IST) introduction</p> <p>FANC program is being strengthened</p> <p>Joint planning for mother-child week</p>	<p>Some districts do not yet have focused antenatal care (FANC) services</p>	<p>Government is planning scale-up of FANC services</p> <p>Integration of services at the implementation level (health facilities and community)</p>	<p>High ANC coverage</p> <p>Staff in HC are doing integrated activities</p> <p>FANC help with integration of IST</p> <p>Government commitment</p> <p>Integrated supervision from district to health facilities/community health workers (CHWs)</p>

	Successes	Challenges	Addressing Challenges	Opportunities
Policy	Health policy (including all diseases and priorities) is available Malaria control is a priority for the country (2020 vision, HSSP I, II and III) With the low prevalence of malaria, study ongoing to see how IST can be introduced	The resistance of SP resulted to the change of IPTp policy, but has not been replaced by another option Cross-border transmission?	Increase in the ANC coverage Availability of LLINs in ANC services CHW in charge of RH in all villages	Mutuelles de santé with high utilization of services Strong health system and community health system
Capacity Development	Providers trained in FANC and malaria case management at facility level Trained CHWs (ASMs)	High staff turnover that affects provision of quality services	Continuous capacity development Integrating FANC in pre-service training	Government and partner commitment
Community Engagement	CHWs well-organized for community case management Presence of ASMs providing malaria prevention messages Involvement of community leaders in the MIP fight Community distribution of LLINs	Replacement of some non-function CHWs	CHW performance evaluation and replacement of non-functioning CHWs	Strong network of CHWs: 45,000 CHWs in the country, among them 15,000 in charge of RH and maternal health
Commodities	Laboratory test available LLINs widely used and contributed to malaria cases reduction	Renewal of old LLINs Sustainability of LLIN and MIP funding	Making LLINs available close to the community Quarterly household visits by CHW Availability of commodities for CHW	Government of Rwanda (GoR) accountability and leadership Tolerance zero Sustainability plan under development
Monitoring and Evaluation	Most of malaria indicators are in Health Monitoring Information System (HMIS) and SISCom Completeness and timeliness: 98%	HMIS changed and some FANC indicators were removed	Data quality	Data quality assurance tools developed
Quality Assurance	Presence of maternal supervisory team at hospital level Performance-based financing (PBF) in place and rewording of FANC indicators District hospital accreditation program being initiated	Late attendance of ANC services	Advocacy and behavior change communication	Community involvement and participation in GoR and health priorities Community compliance to evidence based strategies
Financing	GoR funding Global fund USAID/President's Malaria Initiative PBF Mutuelle de santé and other insurance schemes	Decreasing external funding Funding for LLIN renewal? Sustainability of LLIN and MIP funding		Sustainability plan under development (community health insurance, revolving funds, etc.)

Rwanda Action Plan

Based on presentations and discussions during the meeting, Rwanda identified the following key actions and solutions to support MIP program scale-up.

Immediate Actions to Accelerate MIP Programming

- Initiate intermittent screening and treatment for pregnant women. (When? At HC or by CWHs?)
- Strengthen surveillance and monitoring of MIP through HMIS and SISCom.
- Strengthen FANC by:
 - Revising FANC training materials
 - Updating norms, protocols and SOPs
 - Reinforcing training of health care providers at both the facility and community levels

Solutions to Key Challenges

- **Key Challenge 1: Capacity Building in FANC:** Community participation and involvement:
 - Scaling up issue
 - FANC components
- **Key Challenge 2: Long-Term Sustainability of Funds:** Mobilization of partners to ensure commitment and integration of activities

Long-Term Actions

Area	Actions
Integration	Integrate services at the implementation level (health facilities and community)
Policy	Revise MIP policy to adapt to Rwanda endemicity context
Capacity Building	Scale up capacity building at both facility and community
Community Engagement	Implement social behavior change communication
M&E	Ensure data quality and surveillance
Quality Assurance	Elaborate on standards and use them for performance tracking
Commodities	Maintain current system of supply chain and management