

Tanzania MIP Country 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, a representative from Tanzania’s Ministry of Health Reproductive Health Program, presented a malaria in pregnancy (MIP) country update (MIP Reported Outcomes + MIP Components) and developed an action plan. The Ministry team developed the country update prior to the meeting and the action plan was developed during the meeting; this document summarizes these efforts. The RBM MIP Working Group, World Health Organization, President’s Malaria Initiative (PMI) 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

The Tanzania team was asked to report 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. The Tanzania team reported the following progress (as of April 2012) for these indicators: IPTp1: 59.9%; IPTp2: 25.7%; ITN use: 22%; ANC/one visit: 96%; and ANC/four+ visits: 62%. Sources for data were not specified.

MIP Program Components

As Tanzania 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, 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)?	Working together through Safe Motherhood working group	Availability to attend the meetings The Global Fund restriction	Abide rules and regulations Planning in Global Fund Round 11	Strong political commitment
Policy	There is a clear policy			Strong political commitment

	Successes	Challenges	Addressing Challenges	Opportunities
Capacity Development	Included in training for: emergency obstetric and newborn care, focused antenatal care and malaria control program	Budgetary constraint	Partnership	Strong political commitment
Community Engagement	Involved in: <ul style="list-style-type: none"> • Environmental cleaning • Integrated community maternal, newborn and child health care (MNCH) • In-house spraying of insecticide 	Ignorance Budgetary constraint	Partnership	Strong political commitment: <ul style="list-style-type: none"> • Global Fund • PMI
Commodities	Introduced integrated logistic system	Budgetary constraint Poor forecasting	Partnership Developing a system for tracer medicines	Global Fund PMI
Monitoring and Evaluation	Health Management Information System (HMIS) tools recently completed	Budgetary constraint	Partnership	Strong political commitment
Quality Assurance	Quality assurance unit created	Budgetary constraint	Partnership	Strong political commitment
Financing	Status quo regarding low financing available	Budgetary constraint	Partnership	Global Fund PMI

Tanzania Action Plan

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

Immediate Actions to Accelerate MIP Programming

- **Ensure** SP availability at all health facilities by ring-fencing funds for SP through the Medical Stores Department (MSD).
- **Strengthen** community involvement and participation and demand creation, engaging community health workers (for health education, follow-up at home) through the integrated community MNCH program, August 2012, safe motherhood campaign to roll out CARMMTZ (MIP messages inclusive), using radio, TV, billboards and print materials.

Solutions to Key Challenges

- **Monitor** commodity security through mobile phones (incorporating SP into SMS for Life), and also through tracer MNCH medicine system, which is being established (this includes SP).
- **Strengthen** integration between NMCP and Reproductive and Child Health Service to facilitate communication between these two key stakeholders around MIP, including planning together.

Long-Term Actions

Integration

- Re-establishing the MIP working group with all relevant partners (RHCS, NMCP and all other stakeholders) and commit to initial quarterly meetings, moving to twice/year if things are progressing well.

Policy

- Remind health sector stakeholders that we are not making improvements with regard to IPTp coverage, and need to put in additional efforts – letter to be signed by Ministry of Health and Social Welfare (MoHSW) leadership.

Capacity building

- Continue to remind districts about budgeting for continuing education, mentoring and equipment/supplies in their annual CCHPs.
- Other key issues are deployment and retention, which the MoHSW is addressing through the HR Development Program.

Community involvement/participation

- Consider re- establishing village health days for discussions on health issues.
- Pilot community distribution of MNCH supplies, including SP.
- Support scale-up of the community MNCH program to all regions throughout Tanzania.
- Strengthen community ITN distribution.

Monitoring and evaluation

- Support the rollout of the HMIS and revised MTUHA books, which include monitoring for SP and ITN voucher distribution; ensure site staff are oriented to using and reporting about them.

Quality assurance

- Strengthen linkages with newly established quality assurance unit to ensure quality of service provision, including recognition for strong performance (against standards).

Commodities

- Conduct advocacy for support for continuing supply with MoHSW funds; currently there is no separate budget line for this; government needs to sustain on its own funds.
- Ensure participation by the MSD and Pharmaceutical Supplies Unit in regular MIP taskforce meetings to keep commodities issue high on agenda.

Finance

- Conduct advocacy for support for continuing supply with MoHSW funds; currently there is no separate budget line for this; government needs to sustain on its own funds.