

Uganda 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, representatives from Uganda’s Ministry of Health, including both reproductive health and malaria control, 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 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 Uganda 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 Uganda team reported the following progress (as of April 2012) for these indicators: IPTp1: 65%; IPTp2: 33%; ITN use: 44%; ANC/one visit: 94%; and ANC/four+ visits: 44%. Sources for data were not specified.

MIP Program Components

As Uganda 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)?	Recent malaria progress review demonstrated that most of the implementation of MIP activities is carried out by the Reproductive Health Division (RHD); RH should play a leading role Good organization of MIP services from national to community level	NMCP and RH are not yet collaborating very well The roles to be played by each (i.e., RH and NMCP) are not yet very well defined	Having regular meetings between the RHD and NMCP RHD and NMCP make one budget and plan for all MIP activities	The bi-annual malaria in pregnancy stakeholders’ meeting RBM quarterly meeting that brings together most partners that conduct MIP activities

	Successes	Challenges	Addressing Challenges	Opportunities
Policy	Approval of the new malaria policy	Many health care providers are not yet aware of the policy changes	Plan to print and disseminate the policy changes to all health workers	Availability of the Affordable Medicines Facility for Malaria (AMFm) grant Support from a number of partners
Capacity Development	Most of the service providers have been trained on MIP	Irregular supportive supervision Low levels of staffing at health facilities	Conduct quarterly support supervision at the district level	A number of stakeholders plan to support capacity development for health care providers
Community Engagement	Village Health Teams (VHTs) played major role in the recently concluded community-based, long-lasting insecticide-treated net (LLIN) distribution campaign	VHTs are not properly motivated High attrition rate	All VHTs have been given bicycles ,T-shirts Always give them a priority whenever there are activities to be implemented and give them some allowance	The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) RD4 funding Many partners implementing at the community level
Commodities	Recently concluded universal distribution of LLINs (Phase I)	Stock-outs of MIP commodities Routine ANC distribution has not yet started in some districts except those supported by partners		
Monitoring and Evaluation	Have an annual and five-year M&E work plan	Late and incomplete reporting No clear research agenda in place		
Quality Assurance		Don't have a functional quality assurance system in place		
Financing	Some regions covered by partners are doing well	MIP is very poorly funded	Government of Uganda to allocate more funds for MIP	GFATM Round 10 is to focus on routine net distribution through ANC

Uganda Action Plan

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

Immediate Actions to Accelerate MIP Programming

- Hold coordination meetings (quarterly) between RHD and NMCP.
- Print and disseminate revised policy and implementation guidelines.
- Have stakeholders' meeting for all MIP partners in two weeks' time

Solutions to Key Challenges

- Strengthen integration between RHD and NMCP through quarterly meetings to plan, implement and monitor progress of MIP.
- Reduce stock-outs of SP through working closely with the National Medical Stores on procurement and timely delivery (last mile delivery).

Long-Term Actions

- Integrate supportive supervision.
- Improve HMIS reporting.
- Build capacity of health workers.
- Advocate for more resources.
- Scale up community interventions for MIP in the private sector.
- Strengthen information, education and communication/behavior change communication (via media).