

Zambia 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 Zambia’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 (WHO), 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.

Malaria in Pregnancy (MIP) Outcomes

The Zambia 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 Zambia team reported the following progress (as of April 2012) for these indicators: IPTp1 and IPTp2: 70.2%; ITN use: 45.9%; ANC/one visit: 94%. Sources for data were not specified.

MIP Program Components

As Zambia 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>Technical Working Group composition includes both units</p> <p>Focused antenatal care (FANC) has included IPTp, ITNs, hemoglobin screening and hematinics as routine packages</p>	<p>Competing priorities, resulting in units concentrating more on their own meetings than attending other units’ meetings</p> <p>Understaffing in the units making it difficult for the units to plan and budget together</p> <p>RH is now under a different ministry</p>	<p>Recruitment of officer to link the two units</p> <p>Integration of the FANC budget with malaria budget and sponsoring of some activities, e.g., procurement of HemoCues®</p>	<p>Partners willing to sponsor the officer to link the 2 units</p>

	Successes	Challenges	Addressing Challenges	Opportunities
Policy	Use of SP for IPTp and use of quinine and artemisinin-based combination therapy (ACT) for treatment of uncomplicated malaria; ACTs for 2nd and 3rd trimester	Inadequate funds to disseminate policy guidelines Sometimes health workers use SP for treatment of febrile illnesses when rapid diagnostic test (RDT) is negative	Integration of orientation meetings with other well-funded programs, e.g., fistula programs Re-orientation of frontline workers to management of malaria	Pre-service orientation of health workers (nurses, midwives, clinical officers, doctors) to policy guidelines
Capacity Development	Integrated reproductive mentorship tool developed, which includes FANC	Limited funds to update FANC guidelines (e.g., 1st visit before 14 weeks instead of at 16 weeks due to new guidelines for prevention of mother-to-child transmission of HIV [PMTCT]) No standard training manual	Pull resources, from malaria, RH and PMTCT, to review and update the guidelines	Waiting to adapt the new WHO FANC training package
Community Engagement	Safe Motherhood Action Groups sensitize communities on MIP Malaria agents screen clients including pregnant women for malaria if presents with symptoms using RDTs Community health workers also use the communication strategy developed for malaria	Resources to implement community sensitization activities are not adequate	Continued resource mobilization from partners and engagement of the private sector through public-private partnerships, among others	Strong support for community sensitization and community-based programs from various stakeholders
Commodities	Commodity quantification is completed using consumption data from facilities, also used to make national estimates for commodity procurements	Completeness and timeliness of reporting The RH commodity coordinator (partner-funded) not involved in the quantification process as Terms of Reference focus on contraceptives	Trainings focus on importance of reporting for quantification Pilot projects established to ensure “real” time data delivery for commodities using mobile phones Trying to including a government position of an RH commodity security coordinator	Already existing supply chain system for essential drugs and RH commodities Moving of RH to new ministry allows for inclusion of new positions
Monitoring and Evaluation	Revised Health Monitoring Information System (HMIS) includes monthly reporting of MIP indicators (clinical and confirmed cases, etc.)	Due to the HR crisis, there are still challenges with timely reporting and completeness of reports Inadequate utilization of data at all levels	Continued capacity building and exploring innovative reporting systems that can validate the HMIS system Integration of monitoring activities with other programs	Data audits by other units, e.g., HIV unit

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Quality Assurance (QA)	All products received lot tested to ensure the required specifications are met. National QA system in all provinces for diagnosis and treatment	The national QA system has not been scaled up to cover all health facilities	Resource mobilization is ongoing to support the scale-up	To integrate QA into the quarterly performance assessment; done at all levels
Financing	The country has mobilized internal and external resources and has strong relationships with funding partners (more than 14 partners supporting capacity building, procurement of ITNs, SP, etc.)	Resources mobilized may not be sufficient to meet program needs Partners engaged in procurement and research but not MIP capacity building	Continued resource mobilization	Existing goodwill from partners and strong government commitment to meeting the resource needs and gaps Reprioritization of RH in the new ministry

Zambia Action Plan

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

Immediate Actions to Accelerate MIP Programming

- **Foster community engagement** to ensure ITN utilization by pregnant women.
- **Strengthen** combined follow-up/monitoring visits.

Solutions to Key Challenges

- **Key Challenge 1:** RH and NMCP units are in different ministries: Recruit a focal person to ensure linkage of the units.
- **Key Challenge 2:** Insufficient funds for FANC outreach activities: Mobilize resources and coordinate with cooperating partners' (line ministries') current outreach activities.

Long-Term Actions

Component	What	How
Integration	Competing priorities	MOH/to recruit focal person to link RH/NMCP
Policy	Use of SP for treatment of uncomplicated malaria	Strengthen pre-service FANC curriculum
Capacity development	FANC guidelines not updated	Consistent budgeting for guideline update
Community engagement	Limited scale-up of community groups	Rely on extension workers from line ministries
Commodities	Weak reporting systems	Consistent training of DHID on reporting
M&E	Inadequate use of data at all levels	Capacity building on data analysis
Quality assurance	Inadequate scale-up of national QA system	Integrate QA to performance assessment
Financing	Inadequate funds for FANC training	Strengthen planning and budgeting by the RH/NMCP