



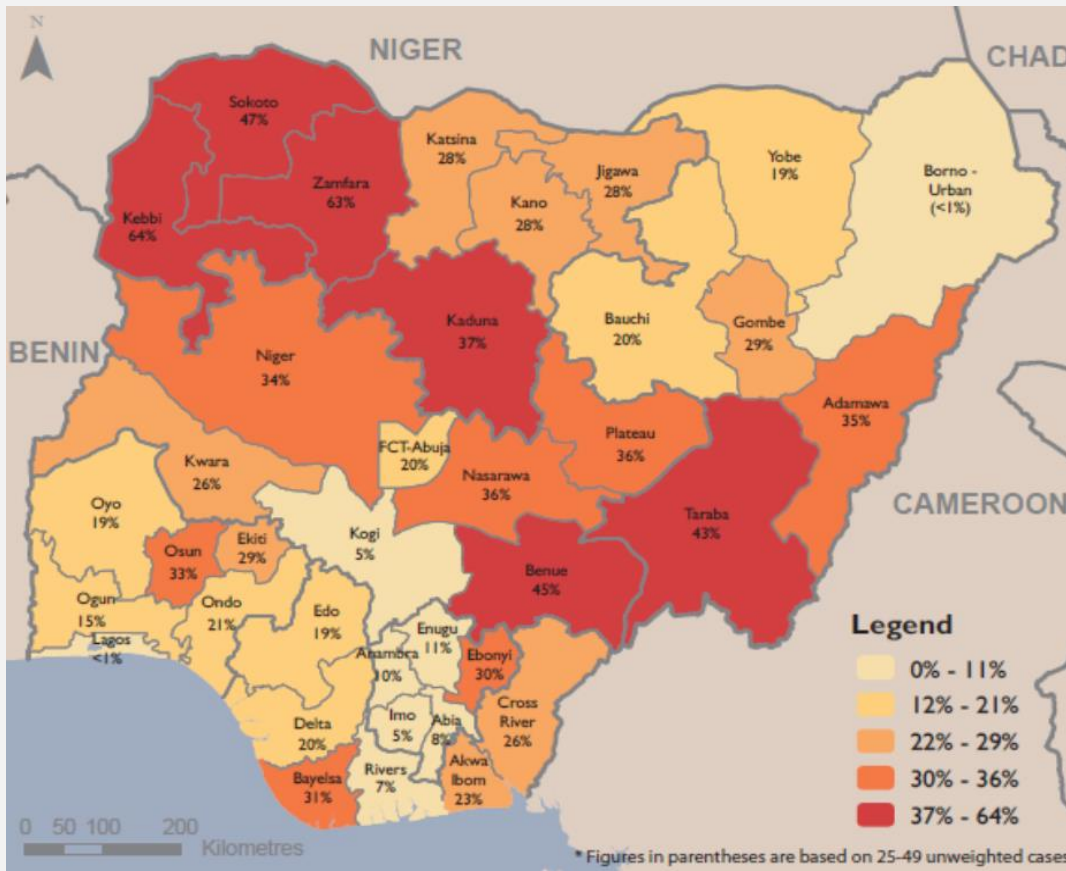
ROLL BACK MALARIA- MALARIA IN PREGNANCY ANNUAL MEETING

Presentation Title: Malaria in Pregnancy
Programming Experience

Presenter: Dr Afolabi Kayode/Dr Aishatu
Gubio



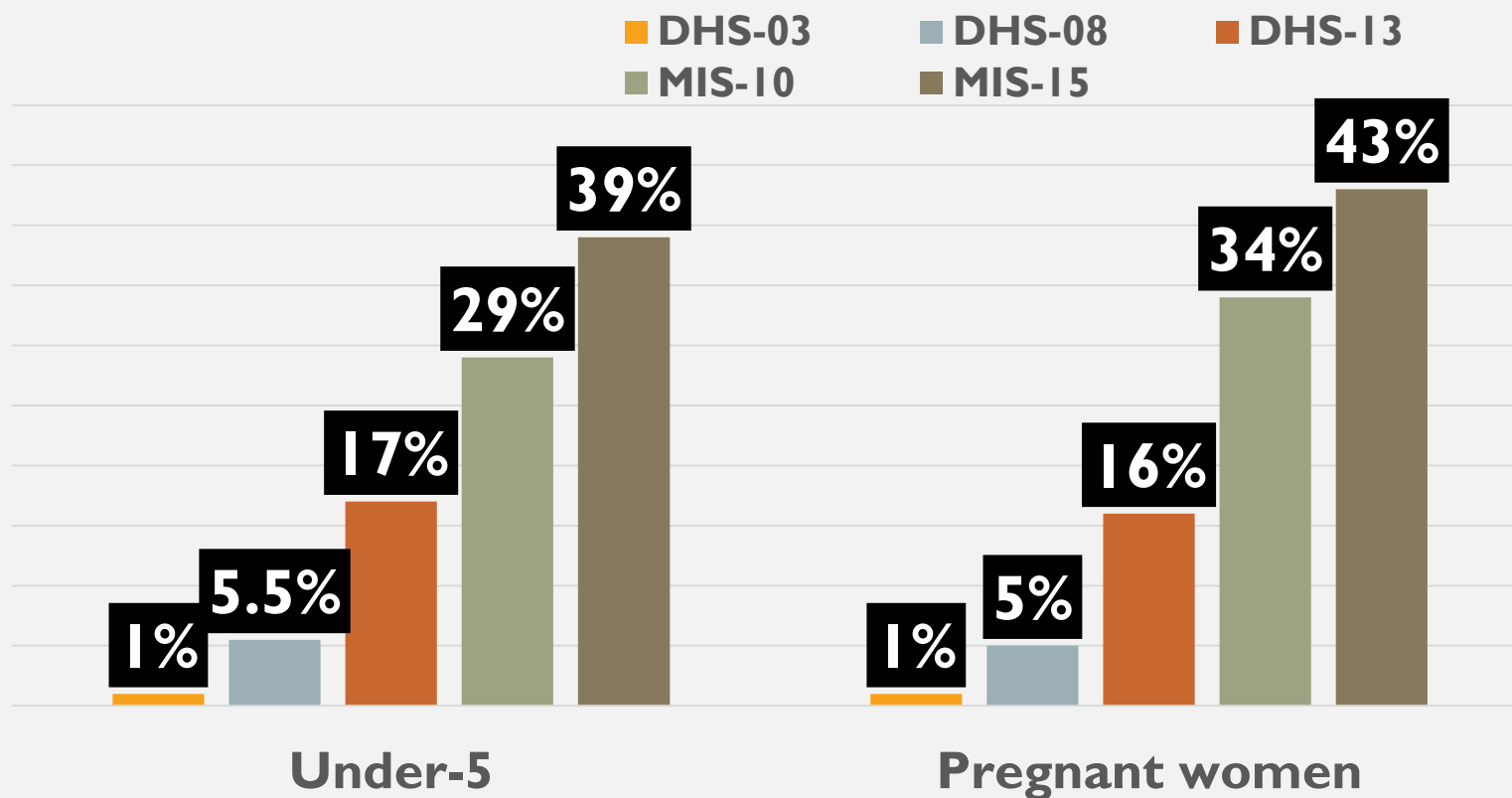
COUNTRY OVERVIEW



- IPT_{p-1}: **46.6%**
- IPT_{p-2}: **37.2%**
- IPT_{p-3}: **19%**
- ANC Coverage
- Nets Distributed through ANC
- 2018: **12,217,192**
- 2017: **11,767,309**
- 2016: **10,211,029**

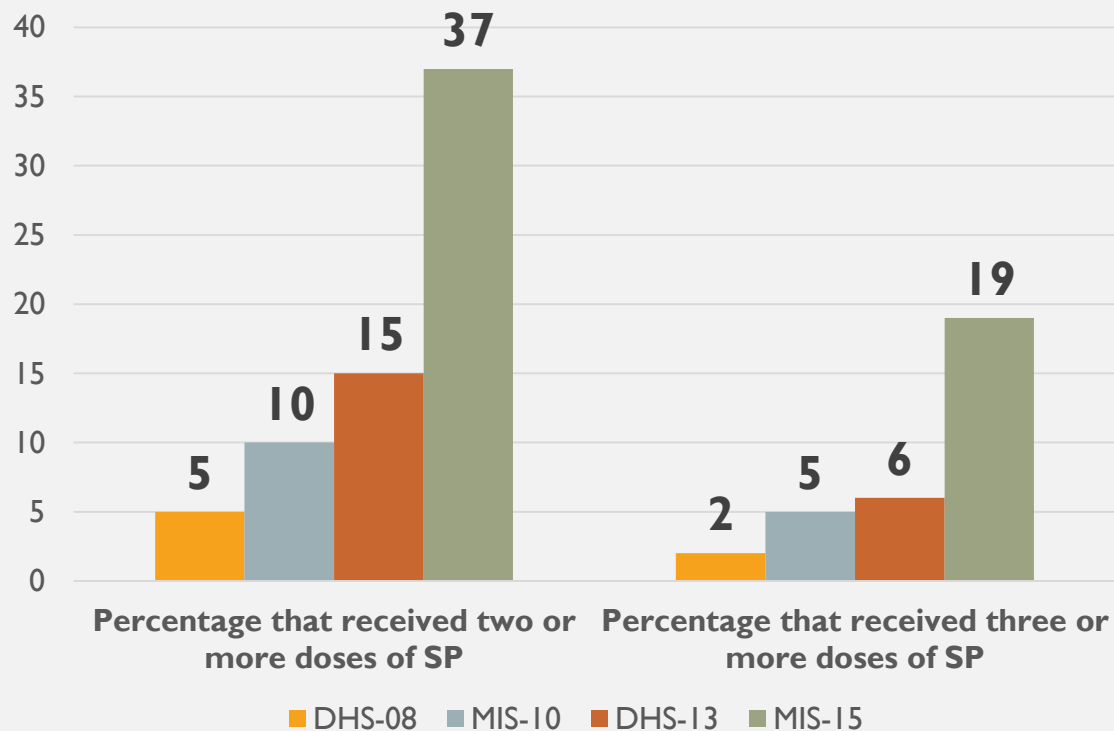
Source: NMIS 2015

TRENDS IN NET UTILISATION



DEPLOYMENT OF INTERVENTIONS - IPT

Trent in IPTp



- This has experienced a slow rise over the years
- Though there was significant leap from 2013 to 2015
- Women in Urban areas more likely to receive 3 or more doses (24 vs 16%)

APPROACH TO PROGRAMMING

POLICY

- Aligned policies and protocols to WHO recommendations :
- National ANC Package for Health Care Workers (FMOH 2018 ANC MODEL)
- National Guidelines for prevention and control of Malaria during pregnancy (2014) with WHO 2012 recommendations
- ISS Tools developed based on WHO quality of care framework
- Task shifting/Sharing Policy & SOP

Intermittent preventive therapy

- Orientation for service providers across the states on the revised WHO 2012 IPTp recommendations; and 2016 ANC model
- Directly Observed Treatment at every antenatal care visit after the first trimester, with four weeks between doses in health facilities
- Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project through communities in Ebonyi, Niger and Ondo states by Jhpeigo
- IPTp also administered during ANC outreaches conducted by PHC facilities – especially during MNCH weeks
- Nigeria recently experienced an increase in IPTp uptake from 13% in 2010 to 37% in 2015 (NMIS)
- **Treatment of Malaria in Pregnancy**
 - Pregnant women with fever are tested with RDT/Microscopy and if positive are treated with ACT

APPROACH TO PROGRAMMING 2

- **LLINS distribution**
 - This is done through ANC clinics where pregnant woman attending ANC first visit receives LLINs
 - This is also given to pregnant women during health facility community outreaches
 - LLINs mass campaign is another avenue through which LLINs is distributed to pregnant women
 - Use of ITNs by Pregnant Women increased from 34% in 2010 to 49% (NMIS)
- ***Other contributors to improved Quality in MIP are***
 - Coordination and government leadership - MAL-RMNCAH+N meetings, Core Technical Committee for RMNCAH+N and iCCM WG meetings done at the national level
 - On-the-job mentoring visits to service delivery areas conducted regularly to health facilities
 - Data quality assessment visits to service delivery areas done from national to sub-national level
 - Advocacy visits to policy makers at both national , state and local government level
 - Capacity building of service delivery providers across all levels of service delivery
 - Supportive supervision and mentoring

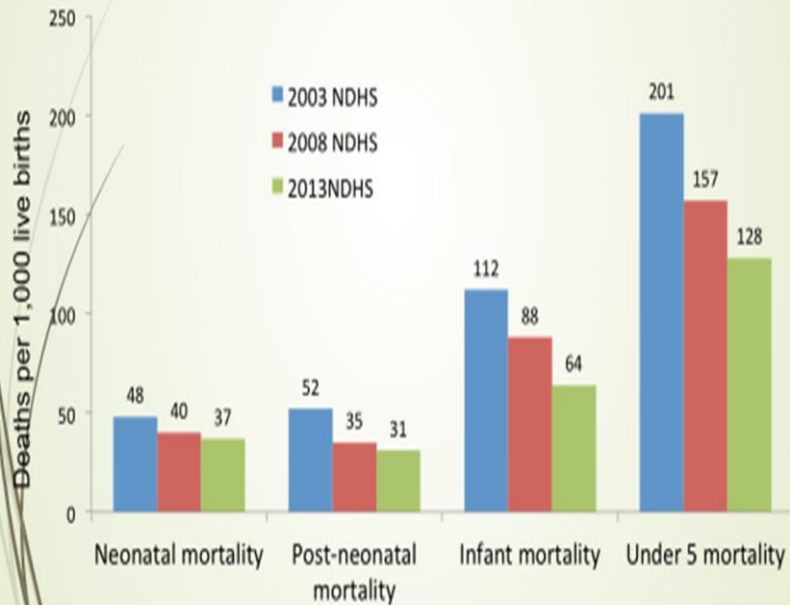
PROGRAMMATIC IMPACT: U5 AND MATERNAL MORTALITIES



Impact: 35% decline in Under 5 mortality over the last decade



Trends in childhood mortality



CHALLENGES/LESSONS LEARNED

Challenges	Lessons Learned
Stockout of SPs	<ul style="list-style-type: none"> • Need for timely submission of distribution plan for the movement of SPs from zonal/state warehouses • Importance of credible data on the stock of SPs in states after close out of most partners in 2015 • PMI and GF supported detailed analysis of SP stock in various partners and Government of Nigeria pipelines in 2018 that informed data on availability of SPs and urgent procurement need • Government investment in procurement and distributed is critical to programatic success
Low ANC coverage	<ul style="list-style-type: none"> • <i>Community mobilization is critical (on-going pilot of C-IPTp)</i> • <i>Provision of respectful maternity care is very important</i>
Low LLINs Utilization	<ul style="list-style-type: none"> • Mixed interventions adopted to modify behaviors, and address misconceptions and myths associated with poor nets use
Inadequate skilled manpower	<ul style="list-style-type: none"> • Need for training and re-training health workers to address incessant and random transfers of health workers • Task shifting and sharing policy critical to address and fill in gaps in the short term • Supportive supervision and mentoring is essential
Proximity of the health facility	<ul style="list-style-type: none"> • Government revitalization and refurbishing of one PHC per political ward to reduce transport to health facility

KEY TAKEAWAYS

- Use of DOT approach and pre-packaged water improved significantly uptake of IPTp
- Distribution of LLINs to pregnant women attending antenatal clinic for the first time.
- Effective use of Data to plan net distribution campaign.

NEXT STEPS

- Harmonize malaria program logistic system with the National Supply Chain Integrated program
- Strengthen stakeholders coordination between malaria program and related programs eg. Mal-RMNCAH Integration
- Train more service providers on the 2016 WHO ANC recommendations
- Advocate for technical and funding support
 - to scale up the TIPTOP project to provide sufficient country-wide evidence
 - For scaling up the Quality of Care processes in Nigeria
 - to ensure the availability of ITNs at SDPs especially to support routine ANC
 - For implementation of the Malaria-RMNCAH integration framework in the states



THANK YOU!