Presentation Title: Malaria in Pregnancy
Programming Experience
Presenter: Dr Afolabi Kayode/Dr Aishatu Gubio
COUNTRY OVERVIEW

- IPTp-1: 46.6%
- IPTp-2: 37.2%
- IPTp-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

Under-5

DHS-03: 1%
DHS-08: 5.5%
MIS-10: 17%
MIS-15: 29%

Pregnant women

DHS-03: 1%
DHS-08: 5%
MIS-10: 16%
MIS-15: 34%

DHS-13: 43%
DEPLOYMENT OF INTERVENTIONS - IPT

- 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
**AAPROACH TO PROGRAMMING 2**

- **LLINS distribution**
  - This is done through ANC clinics where pregnant women attending ANC first visit receive 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

- Neonatal mortality
- Post-neonatal mortality
- Infant mortality
- Under 5 mortality

Deaths per 1,000 live births

- 2003 NDHS
- 2008 NDHS
- 2013NDHS
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<tr>
<th>Challenges</th>
<th>Lessons Learned</th>
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<td><strong>Stockout of SPs</strong></td>
<td>• Need for timely submission of distribution plan for the movement of SPs from</td>
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<td>zonal/state warehouses</td>
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<td>• Importance of credible data on the stock of SPs in states after close out of</td>
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<td>most partners in 2015</td>
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<td>• PMI and GF supported detailed analysis of SP stock in various partners and</td>
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<td>Government of Nigeria pipelines in 2018 that informed data on availability of</td>
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<td>SPs and urgent procurement need</td>
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<td></td>
<td>• Government investment in procurement and distributed is critical to programatic</td>
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<td>success</td>
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<td><strong>Low ANC coverage</strong></td>
<td>• Community mobilization is critical (on-going pilot of C-IPTp)</td>
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<td>• Provision of respectful maternity care is very important</td>
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<td><strong>Low LLINs Utilization</strong></td>
<td>• Mixed interventions adopted to modify behaviors, and address misconceptions and</td>
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<td>myths associated with poor nets use</td>
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<td><strong>Inadequate skilled manpower</strong></td>
<td>• Need for training and re-training health workers to address incessant and</td>
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<td>random transfers of health workers</td>
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<td>• Task shifting and sharing policy critical to address and fill in gaps in the</td>
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<td>short term</td>
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<td>• Supportive supervision and mentoring is essential</td>
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<td><strong>Proximity of the health facility</strong></td>
<td>• Government revitalization and refurbishing of one PHC per political ward to</td>
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<td>reduce transport to health facility</td>
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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!

Please replace [ ] with photo from your country.