

**Acceptability of single screening and treatment
policy for the control of malaria in pregnancy:
Perceptions of providers and pregnant women
from selected health facilities
in Lindi region, Tanzania**

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Background: Tanzania

- ❑ All pregnant women attending 1st antenatal care (ANC) tested for malaria by mRDT since 2014
- ❑ Positives are treated according to national guidelines
- ❑ **Objective:** To assess the acceptability of SST to both pregnant women and health care workers (HCWs) in routine ANC settings.
- ❑ Relevant themes/areas were selected from the interview transcripts: acceptability, demand, implementation, practicality, integration, and adaptation

Methodology

- Pregnant women attending their first ANC visit and HCWs involved in providing ANC services were interviewed from October to December 2018
- We included 143 women and 16 HCWs from eight health centres
- Qualitative and quantitative approaches involving a standardized questionnaire and in-depth interviews were used to collect data on:
 - Demographic characteristics
 - Knowledge of MIP
 - Perceptions and experiences of providers and women regarding the use of RDTs at first ANC visits

Results: Acceptability and Demand

- ❑ SST was acceptable to both pregnant women (97%) and HCWs (92%) despite the discomfort and anxiety
- ❑ SST identified women with asymptomatic infection, who would otherwise have gone undetected and untreated (1st trimester IPTp contraindicated + areas with SP resistance)
- ❑ Early identification of these infections reduce the infectious reservoir
- ❑ Majority (about 95%) reported not being aware of SST prior to their first ANC, highlighting the need for more education



Results: Implementation and Practicability

- ❑ The majority of HCWs had a positive attitude towards SST as part of the national policy
- ❑ Majority of HCWs were trained, RDTs are perceived to be easy and quick to use
- ❑ Regular supervision was highlighted by the HCWs as an important aspect of the SST implementation to improve malaria services - quality control and quality assurance (QAQC) for testing and treatment.
- ❑ Malaria commodities (ACT and RDTs) were available, with the exception of quinine
- ❑ Testing for malaria at ANC is integrated into routine ANC; single fingerpick is used for HIV, syphilis, and malaria testing

SST supervision

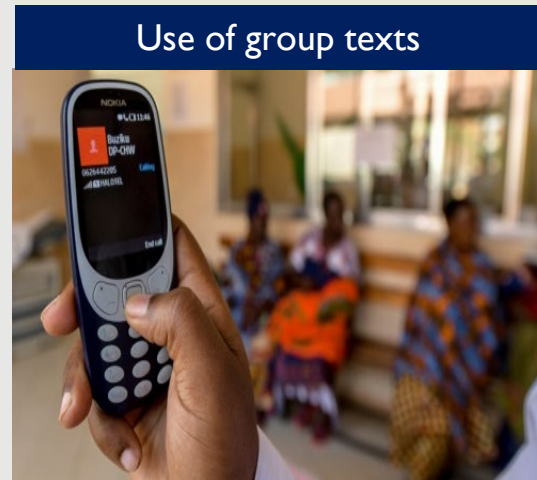


Recording - HMIS register



Results: Adaptation

- ❑ Lessons learnt - better quantification and ordering practices, effective communication - redistribution of malaria commodities.
- ❑ Use of technology, such as group texts, was highlighted as an important element for maintaining stocks of malaria commodities.
- ❑ The major challenge in implementation of SST was that nurses were not allowed to prescribe anti-malarials.



SUMMARY

- ❑ SST was considered an acceptable approach for the control of MIP by both HCWs and pregnant women.
- ❑ The majority of pregnant women had a positive perception of SST, were willing to be tested, and recommended to other women to be tested too.
- ❑ Pregnant women and HCWs supported continuation of the SST policy with consideration of additional training for new HCWs.
- ❑ Supportive supervision and mentorship are key to ensure successful implementation.
- ❑ Supply chain improvements are needed to ensure sufficient commodities
- ❑ Consideration should be given to implementing a task shifting policy to allow nurses to treat women with positive RDTs

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