Presentation Title: Malaria in Pregnancy
Programming Experience
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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: 29%
- MIS-15: 39%

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

- 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
• 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

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

Deaths per 1,000 live births

- 2003 NDHS
- 2008 NDHS
- 2013 NDHS

- 2003: 800
- 2008: 545
- 2013: 576
- 2013: 70
## Challenges/Lessons Learned

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<th>Challenges</th>
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| Stockout of SPs                    | • 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                   | • Community mobilization is critical (on-going pilot of C-IPTp)  
• Provision of respectful maternity care is very important                                                                                       |
| Low LLINs Utilization             | • Mixed interventions adopted to modify behaviors, and address misconceptions and myths associated with poor nets use                                                                                         |
| Inadequate skilled manpower       | • 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  | • 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!

Please replace with photo from your country.