

SUCCESS STORY

Implementing Strategic Interventions to Improve 3-Dose Uptake of Intermittent Preventive Treatment (IPTp3) by Pregnant Women Receiving Antenatal Care

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

Barbara (26 years) was seven months pregnant and had developed a high temperature, lower abdominal pain, general body weakness, headache and was vomiting. Barbara was also bleeding. These symptoms had persisted for a week and Barbara had tried to treat them by taking some herbs. When she did not recover, she presented with these symptoms at Lubira Health Center (HC) II in Bugweri District. Barbara was immediately referred to Busesa HC IV where a rapid diagnostic test revealed that she had malaria. A laboratory test also confirmed that she had a high number of malaria parasites.

Barbara lost her baby and was at the verge of losing her life because she had not taken the recommended medication for the prevention of malaria in pregnancy. Barbara was lucky to survive this ordeal.

To avoid instances like this from occurring, in 2016 Uganda adopted a policy of providing 3 or more doses of intermittent preventive treatment (IPTp) with sulphadoxine-pyrimethamine (SP) (commonly known as Fansidar) for malaria prevention during pregnancy. Through IPTp, pregnant women are given a dose to reduce maternal malaria episodes. Malaria in pregnancy is associated with several complications, including maternal and fetal anemia, placental malaria parasitemia, neonatal low-birth weight and neonatal mortality.



A pregnant woman receives Fansidar for malaria prevention from a health worker during her routine ANC visit at Bugembe Health Centre IV. *Photo: USAID RHITES-EC*

In October 2019, in East Central Uganda only 36% of pregnant women attending antenatal care (ANC) had received three or more doses of Fansidar (IPTp3) for prevention of malaria. This was a suboptimal performance.

To address this performance gap, the USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) project supported over 250 healthcare facilities in the 12 East Central Uganda districts to implement a bundle of tested and proven quality improvement

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interventions, based on a successful pilot addressing key barriers hindering uptake of IPTp3 amongst pregnant women attending ANC at 25 healthcare facilities.

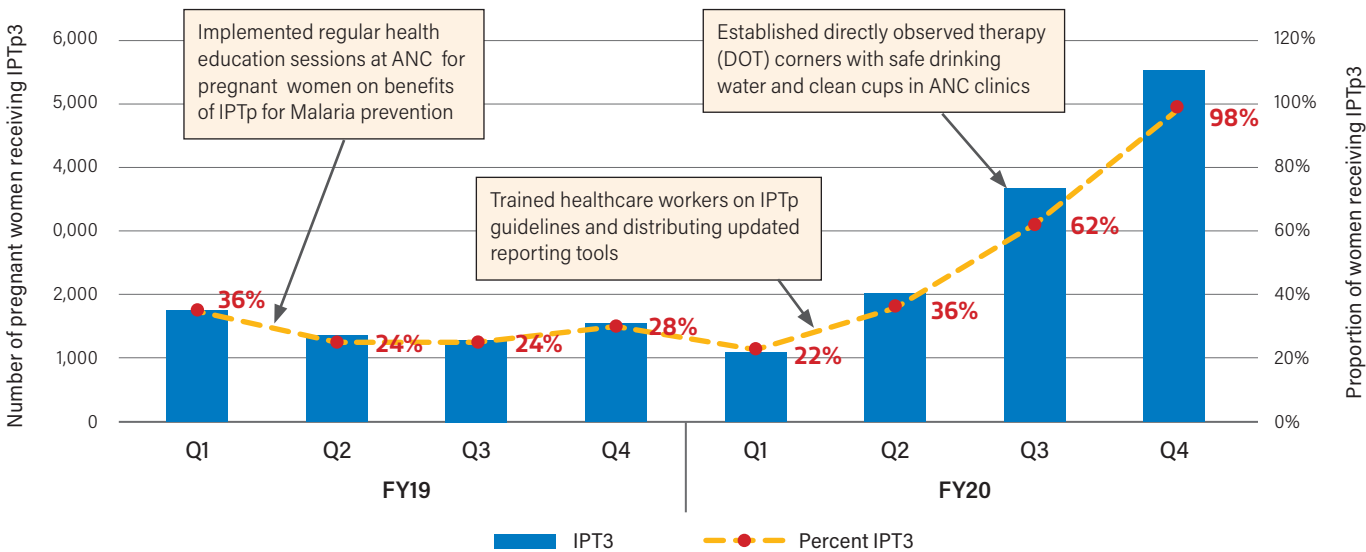
Client-focused interventions aimed to change perceptions and behaviours and included: Conducting tailored, regular community sensitization meetings and health education sessions for all pregnant women attending ANC to address concerns and emphasize the importance of taking Fansidar; and establishing a directly observed therapy (DOT) corner in the ANC Clinic. This DOT corner has a jerrican with safe drinking water and clean cups to ensure that pregnant women swallow Fansidar at the healthcare facility. The change to administering the medication in the healthcare facility was made to address a gap in treatment compliance by a significant number of pregnant women.

At the health facility level, interventions address provider knowledge and skills gaps as well as supply chain challenges previously identified during mentorship and malaria clinical audits carried out at healthcare facilities. The project thus collaborated with district-based mentors in November 2019 to reorient ANC staff (midwives and in-charges) at all the healthcare facilities on the Ministry of Health guidelines. The guidelines stipulated that at least

Key Interventions to Improve IPTp3 Uptake in Pregnant Women

- ▶ Conducting health education for pregnant women during ANC, about the benefits of Fansidar;
- ▶ Setting up DOT corners with clean cups and safe drinking water to ensure that pregnant women swallow Fansidar at the healthcare facility;
- ▶ Conducting onsite training of ANC staff on the latest guidelines of malaria in pregnancy;
- ▶ Redistribution of Fansidar from facilities having high stocks but low ANC Numbers to high volume ANC facilities with dwindling stocks;
- ▶ Facilitated placing of emergency orders for Fansidar from NMS by the district medicines supervisor; and
- ▶ Conducting community sensitization meetings across the whole region but with an increased frequency in high malaria burden areas, including riverbanks, lake shores, rice-growing communities, swamps, and wetlands.

Figure 1: Percentage of pregnant women who received IPTp3 in East Central Uganda significantly increased from 36% (FY19 Q1) to 98% (FY20 Q4)



3 doses should be given to all pregnant women, with each dose being given at least 1 month apart, until the time of delivery. Poor compliance with this guideline was partly attributed to knowledge gaps on the part of the healthcare workers. To address supply chain challenges, Fansidar was redistributed from facilities having high stock levels but low numbers of ANC attendees to high-volume ANC facilities with dwindling stocks. RHITES-EC also facilitated the district medicines supervisors to place emergency orders for Fansidar with the National Medical Stores (NMS) the government medicines warehouse.

"The district medicines management supervisor was also engaged to ensure streamlined supply chain system for Fansidar

by placing emergency orders to National Medical Stores (NMS). He also supported us to redistribute Fansidar from healthcare facilities having high stocks but low ANC numbers to high volume ANC facilities with dwindling stocks in January 2020," says Kaunda Ivan, District Inventory Officer of Bugweri District.

As a result of implementing these strategic interventions, there has been a marked improvement in East Central Uganda from 36% coverage of IPTp3 in pregnant women in October 2019 (FY19 Q1) to 98% in September (FY20 Q4).

