Improving provision of quality IPTp services: Use of Rapid Results Initiative in facility-based dissemination of simplified Malaria in Pregnancy guidelines in Kenya

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MCHIP PROGRAM

- MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program which focuses on
  - Reducing maternal, neonatal and child mortality
  - Accelerating progress toward achieving Millennium Development Goals (MDGs) 4 and 5.

- MCHIP is implemented by Jhpiego (Lead) and its partners

- MCHIP works with
  - USAID missions,
  - Governments,
  - NGOs,
  - Local communities
  - Partner agencies
Background and rationale (1)

- Infection with malaria in pregnancy (MIP) increases risk of
  - Maternal anaemia
  - Fever and preterm delivery
  - Stillbirth
  - Intra uterine growth retardation
  - Neonatal mortality

- Severe anaemia due to malaria in pregnancy is one of the contributing factors to maternal deaths

- Kenya has a mortality ratio (MMR) of 488/100,000 live births (KDHS 2008-09)
Kenya Ministry of Health adopted an innovative strategy, the Rapid Results Initiative (RRI), to increase the coverage of health interventions.

The RRI is a results-focused process aimed at jump-starting major change efforts and enhancing implementation capacity of programs, usually within a period 100 days.
Background and rationale (3a)

- Kenya adopted use of Sulfadoxine Pyrimethamine (SP) for intermittent preventive treatment of malaria in pregnancy (IPTp) in 1998

- Increase in coverage rates has been slow
  - IPTp - 4% (KDHS 2003)
  - IPTp2 – 13% (KMIS 2007)
  - IPTp2 - 15% (KDHS 2008-09)
  - IPTp2 - 25% (KMIS 2010)

- National Malaria Strategy 2009-2017
  - Target: By 2013: 80 per cent of people living in malaria risk areas using appropriate malaria preventive interventions.
Background and rationale (3b)

The risks of malaria infection in Kenya in 2009

Objectives

- To distribute and disseminate MIP IEC materials in health facilities providing ANC services

- To orientate service providers in Antenatal care (ANC) clinics on the simplified MIP guidelines
Strategy

- **Goal:** To create awareness on IPTp among service providers

- **Focus:** Public facilities in 64 malaria endemic districts

- **Action:** Distribute MIP IEC materials to facilities and orientate service providers on simplified MIP guidelines

**Expected Outcome:** Improved provision of quality IPTp services in ANC
Methods

- Development of implementation plans (August-October 2011)
- Production of MIP IEC materials and Directors circular
- Sharing of plans with Provincial Directors of Health
- Training of clinical mentors and district focal persons
- Mapping of public facilities offering Antenatal Care (ANC)
- Formation of orientation teams
- Distribution of MIP IEC materials to health facilities
- Orientation of service providers on simplified MIP guidelines
Achievements (1): Produced training materials

- Job aids
- Orientation package
- Posters
- DVD
Achievements (2): Shared plans and IEC materials with Provincial Directors

PDMS Nyanza

PDMS coast

PDPH Nyanza

PDMS Coast
Achievements (3): Trained district focal persons

District focal persons:

- District malaria control coordinator
- District reproductive health coordinator
- District health records and information officer
- Nursing officer in-charge of hospital
Achievements (4): Trained clinical mentors

- 102 clinical mentors (Experienced clinical officers and nurses) trained on simplified MIP guidelines and facility-based orientation skills
Achievements(5): Formed orientation teams (Coast Province)

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<tr>
<th>District</th>
<th>Facilities per day</th>
<th>Targeted facilities</th>
<th>No. of Teams</th>
<th>Days working days</th>
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average no. facilities per team: 13
average working days: 7
Achievement (6): Distributed MIP IEC materials

MIP IEC materials distributed and placed in strategic areas in 1,165 (94%) health facilities out of targeted 1,235
Achievement (7): Facility-based orientations

- 96 orientation teams formed (1 clinical mentor - 2 district focal persons)

- 5,759 (117%) service providers oriented on simplified MIP guidelines out of targeted 4,940
Conclusion

Use of RRI to orientate a large number of service providers within a short period enabled clarification of issues on:

- SP administration
  - Provision of SP as direct observed therapy (DOT) during ANC visits
  - Interval of SP administration and its safety during pregnancy
  - Withholding of high folic acid dose for 14 days after administration of SP
  - Precaution on administration of SP to the HIV positives on cotrimoxazole and those allergic to sulfa drugs

- Treatment regimes and management of severe and uncomplicated malaria during the trimesters

- Capturing and reporting of MIP data (IPTp1 and IPTp2)
Acknowledgement

- USAID Kenya
- Ministry of Public Health and Sanitation, Kenya
- Ministry of Medical Services, Kenya
- Provincial Health Management Team, Eastern
- District Health Management Teams