Kenya MIP Country Update: Accelerating Malaria in Pregnancy Programs to Achieve Country Scale-Up

During the recent Roll Back Malaria (RBM)-Malaria in Pregnancy Working Group meeting in April 2012, representatives from Kenya's Ministry of Health, including both reproductive health and malaria control, presented a malaria in pregnancy (MIP) country update (MIP Reported Outcomes + MIP Components) and developed an action plan. The Ministry team developed the country update prior to the meeting and the action plan was developed during the meeting; this document summarizes these efforts. The RBM MIP Working Group, World Health Organization, President's Malaria Initiative (PMI) and Maternal and Child Health Integrated Program (MCHIP) hope this information facilitates country teams' continued dialogue with their Ministry of Health counterparts and in-country partners to effect positive change for MIP programming that builds on current successes, solutions identified to existing challenges and lessons learned.

MIP Reported Outcomes

The Kenya team was asked to report on three primary MIP indicators—intermittent preventive treatment during pregnancy (IPTp), insecticide-treated bed net (ITN) use and antenatal care (ANC) utilization—to give the working group a better understanding of the current status of MIP programming. The Kenya team reported the following progress (as of April 2012) for these indicators: IPTp1: 46.1%; IPTp2: 22%; ITN use: 41%; ANC/one visit: 92%; and ANC/four+ visits: 44. Sources for data were not specified.

MIP Program Components

As Kenya continues to accelerate and scale up malaria in pregnancy programs, addressing MIP in the context of health systems strengthening will support achievement of sustained results. Focusing on the eight key MIP program components (policy, integration, commodities, capacity development, community engagement, quality improvement, monitoring and evaluation [M&E], and financing) will result not only in improved outcomes for pregnant women and their newborns but also help to strengthen the existing health system.

Country Program Update

	Successes	Challenges	Addressing Challenges	Opportunities
Integration between National Malaria Control Program (NMCP) and Reproductive Health (RH)?	Adherence to strategies in National Malaria Strategy Joint program implementation plans (Annual Operational Plan [AOP] activities) Division of Malaria Control (DOMC) MIP Technical Working Group chaired by Division of Reproductive Health	High turnover of staff at divisions Partners supporting one division and selection of areas for support	Advocacy targeting partners to select areas for support from the AOP activities	Training MIP rides on case management

	Successes	Challenges	Addressing Challenges	Opportunities
	(DRH)			
Policy	Directors' Circular on scale-up of IPTp Mass net distribution Advocacy, communication and social mobilization (ACSM) guidelines	SP distribution in low malaria transmission areas Low IPTp2 (25%) Low net use (ITN 41%) Dissemination costs	Stopped SP distribution to low malaria transmission areas Implementation of the community strategy Partnership building	Collaboration with Implementing partners like the AIDS, Population and Health Integrated Assistance Projects (APHIAs)
Capacity Development	Capacity built in 64 malaria-endemic districts to conduct facility-based orientations on MIP Orientation of facility maternal and child health (MCH) staff - 5,759 out of 4,940 (117%) – on simplified MIP guidelines	Poor MIP data management practices at facility level leading to: Inaccurate information for indicators and drug quantification Inadequate human resource leading to: Poor quality services	Orientation on simplified MIP guidelines Use of the District Health Information System (DHIS)-2 electronic system at facility level Recruitment of human resource through the economic stimulus package and partner support	Complementary efforts from implementing stakeholders on the ground like the APHIAs
Community Engagement	Promotion of early ANC attendance	1st ANC late attendance	Outreach MIP services Community orientation package developed for use in community health worker (CHW) curriculum and MIP messaging at community level to promote use of MIP interventions (long-lasting insecticide-treated nets [LLINs], IPTp)	Community-based activities to be scaled up with GF Round 10 support

	Successes	Challenges	Addressing Challenges	Opportunities
Commodities	SP: No SP stock-outs LLINs Mass net distribution Availability of LLINs in ANC clinics in targeted regions Availability of SP in all health facilities in endemic areas	SP stocks in low malaria transmission areas Use of two commodity supply systems (pull and push) Challenges in SP quantification in rural health facilities due to poor capture of consumption data Distribution of SP to low malaria transmission areas through push system Low net use (ITN 41%, any net 50%) – KMIS 2010	Redistribution to needy districts Pull system to be used for SP distribution Reorientation of facility staff on MIP data management Community-level sensitization importance of using nets Distribution of SP to malaria-endemic areas only (2012 onwards, adequate stocks available) ACSM guidelines for development of messages and appropriate communication channels for behavior change	Supply of routine nets through ANC Government commitment to procure SP (available adequate stocks for several years) Availability of LLINs for universal access
Monitoring and Evaluation	Integrated malaria supportive supervision tool developed Submission of MIP data through DHIS-2 Web-based system	Data quality Report completeness Timeliness of reports	Orientation of service providers on record keeping and reporting	DHIS-2 system allows data to be accessed readily
Quality Assurance	Integration of MIP monitoring in routine provincial health management team (PHMT) and district health management team (DHMT) supportive supervision	Inadequate time for PHMT and DHMT to monitor all interventions during a supervisory visit	DMCCs and DRHCs are co-opted in DHMT supervisory teams Orientation of MCH staff and stakeholders on simplified MIP guidelines Provision of guidelines, job aids and posters for use by service providers	Monitoring of data submitted by district through DHIS-2 allows intervention in case of quality issues
Financing	Availability of funding for MIP activities from Government of Kenya (GOK) and President's Malaria Initiative (PMI) (USAID)	Inadequate funding to cover all planned MIP activities	Integration of MIP training curriculum for service providers with malaria case management	Commitment by GOK and PMI (USAID) to continue supporting MIP activities

Kenya Action Plan

Based on presentations and discussions during the meeting, Kenya identified the following key actions and solutions to support MIP program scale-up.

Immediate Actions to Accelerate MIP Programming

- Support CHWs to conduct messaging, referral, registration of women, data collection and defaulter tracing of ANC/IPTp clients.
- Outreach activities: Support health workers to conduct MIP activities at community level.

Solutions to Key Challenges

- Low bed net use: Support CHWs to educate the community on the importance of sleeping under the net.
- Low IPTp coverage: Support CHWs to educate the community on the importance of IPTp to improve pregnancy outcomes.

Long-Term Actions

- Ensure resource mobilization, including government commitment to:
  1. Sustain provision of IPTp and LLIN ownerships
  2. Support advocacy and messaging for promotion of net use
- Monitor MIP uptake to guide implementation (supportive supervision and Standards-Based Management and Recognition).
- Review policy documents on a regular basis.
- Sustain joint planning and implementation between relevant divisions (DRH/DOMC/DCHS).
- Document national best practices to improve service delivery.