



A pregnant woman receiving IPTp in a hospital in Uganda

PROJECT BRIEF

Assessing and addressing barriers to IPTp uptake in Uganda – Pilot intervention

The project aims to increase the uptake of IPTp and reduce the burden of malaria in pregnancy in Uganda. Based on formative research, a pilot intervention has been developed to address one of the key barriers to IPTp uptake: health workers' inadequate knowledge of the provision guidelines.

Project outline

Malaria in pregnancy (MIP) adversely affects the health of both mother and child. The World Health Organization (WHO) recommends intermittent preventive treatment in pregnancy (IPTp) for the prevention and control of MIP in all areas with moderate to high malaria transmission in Africa. This entails the provision of a safe and effective antimalarial to all women attending antenatal care (ANC). However, despite high ANC attendance in Uganda, uptake of IPTp appears to be low and opportunities for the provision of IPTp to pregnant women continue to be missed.

Since September 2013, Malaria Consortium has been conducting a study to assess and address barriers to IPTp uptake in Uganda. Qualitative formative research carried out in 2013 and 2014 concluded that women have largely positive views of ANC and IPTp and tend to accept IPTp when offered by the health worker. It is therefore likely that supply-side issues account for a majority of missed opportunities for the provision of IPTp. In particular, our research identified the following supply-side challenges:

1. There is a wide variation in terms of health workers' knowledge of IPTp guidelines with regard to dosage, timing and frequency. Health workers might not offer IPTp to women attending ANC because they believe they are not eligible.

Country

Uganda

Donor

UK Government

Length of project

September 2013 to March 2016

Partners

Nuffield Centre for International Health and Development, University of Leeds, UK



2. This issue is compounded by conflicting information provided in the different guidelines currently in use. Moreover, Uganda has not yet adopted the most recent WHO policy recommendation for IPTp, which would help to avoid ambiguity in terms of number of doses required and ideal timing.
3. There are sources of inaccuracy along the recording and reporting chain, which suggests that available data with regard to ANC and IPTp may be unreliable.

Pilot intervention

The Republic of Uganda's Ministry of Health (MoH) intends to adopt the most recent WHO policy recommendation as a matter of urgency and is planning to roll out a country-wide training programme on MIP for health workers, which will include information on the new IPTp guidelines. In collaboration with MoH, Malaria Consortium has developed a small-scale pilot intervention which aims to complement the training programme and specifically reinforce health worker knowledge of the updated IPTp guidelines. The intervention also includes an element that seeks to improve the accuracy of data recorded at the facility level.

Setting

The pilot intervention will be implemented in Moyo district, West Nile region. Eight health facilities have been selected, where all health workers involved in the provision of ANC will be invited to participate. Neighbouring Adjumani district has been selected as a control district. The pilot will start in May 2015 and will be evaluated after six months.

Intervention components

Following the training manual and approach developed by MoH, Malaria Consortium will conduct MIP training for health workers involved in ANC provision in Moyo and Adjumani. Health workers in Moyo will subsequently also receive a series of text messages over a period of five weeks, which will reiterate the updated IPTp provision guidelines. Health workers involved in ANC provision in both districts will receive training on data recording practices, as well as a simple job aid explaining the conventions for recording ANC data, with a focus on data relating to MIP services.

Evaluation research

A multiple-choice questionnaire testing knowledge of MIP and IPTp guidelines will be administered to all participating health workers in the two districts following the MIP training. The assessment will be repeated after six months. Initially, levels of knowledge are expected to be identical in the two districts. If text messaging is effective in improving and maintaining health worker knowledge, we would expect to see higher levels of knowledge in Moyo district at the end of the pilot.

IPTp uptake will also be monitored for six months across all selected facilities in the two districts, based on data recorded in the facilities' ANC registers. If the text messages improve health worker knowledge and improved knowledge subsequently leads to fewer missed opportunities for the provision of IPTp, uptake figures in Moyo district should be higher than the control district.

To assess data accuracy, Malaria Consortium will follow up with a number of women randomly selected from each facility's ANC register to establish whether the ANC services recorded in the register match those reported by the woman and recorded in her maternal passport.

At the end of the six-month evaluation period, Malaria Consortium will conduct a series of interviews and focus group discussions to explore health workers' and district officials' views with regard to the effectiveness of the intervention, as well as its acceptability, feasibility and sustainability.

Project objectives

The pilot intervention aims to:

- » increase health worker knowledge of revised MIP and IPTp service delivery guidelines
- » increase uptake of IPTp by minimising missed opportunities for the provision of IPTp due to inaccurate health worker knowledge
- » improve data recording practices at facility level in order to obtain comparable data across intervention and control facilities
- » conduct robust evaluation research to assess the effectiveness of the pilot intervention

If shown to be effective, sending text messages to health workers could be adopted as a complementary training approach across a wider range of health issues.

The study is conducted through COMDIS-HSD, a Research Programme Consortium led by the Nuffield Centre for International Health and Development at the University of Leeds, UK. Malaria Consortium gratefully acknowledges the support received from the Republic of Uganda's Ministry of Health, including the National Malaria Control Programme, Reproductive Health Division and Resource Centre.

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This project supports efforts to deliver:

- ✓ Prevention
- ✓ Health systems and service delivery
- ✓ Research

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