

STRENGTHENING IPT_p SERVICE DELIVERY THROUGH FACILITY-INITIATED SUPERVISION

BACKGROUND

Due to its link to various complications during and after pregnancy, the prevention of malaria among pregnant women is regarded as an important strategy for reducing mortality and adverse maternal and neonatal health outcomes, such as maternal anemia, low birth weight, and perinatal deaths.

In areas with moderate-to-high malaria transmission rates, the World Health Organization (WHO) recommends intermittent preventive treatment for pregnant women (IPT_p) at each scheduled antenatal care (ANC) visit starting early in the second trimester (13 weeks) as a key strategy for prevention, provided there has been at least one month since the last dose of IPT_p with sulfadoxine-pyrimethamine (SP). Through IPT_p, pregnant women are given a full therapeutic course of antimalarial medicine during routine ANC visits to reduce malaria episodes and related complications for mothers and newborns.

ABOUT THIS TOOL

The following tool was designed to improve the provision and use of IPT_p at facility level, through a quality improvement (QI) approach that complements the supervisory responsibility of Officers in Charge (OICs), and enables facility staff to track trends, identify bottlenecks, and revise strategies on an ongoing basis, ultimately contributing toward improved coverage of IPT_p.

The standards on the following pages list key elements of quality IPT_p service provision that need to be reviewed to strengthen services through supervision

and mentoring at the facility level. The checklist should be used to assess progress against the standards and can be restructured to add or remove elements to align the tool with the local service delivery context.

This tool was developed with support from the United States Agency for International Development and the President's Malaria Initiative, through the African Strategies for Health project implemented by Management Sciences for Health (MSH) under contract number AID-OAA-C-11-00161. The tool was piloted in health facilities in Uganda, where it was found to successfully focus attention on IPT_p-related processes and improve alignment with QI efforts in service delivery.

Acronyms

ANC	antenatal care
CTX	cotrimoxazole
DOT	directly observed treatment
HMIS	Health Management Information Systems
HW	health worker
IPT _p	Intermittent preventive treatment for pregnant women
ITN	insecticide-treated bed nets
OIC	Officers in Charge
QI	quality improvement
SP	sulfadoxine-pyrimethamine

IPTp QUALITY IMPROVEMENT APPROACH

Assumptions

- Tool will primarily be used by OICs of facilities and representatives.
- Tool addresses primarily facility level issues.
- Tool can be adapted to local circumstances.
- Support is required for basic inputs – training, provision of guidelines, and job aids.
- OICs are assisted in developing capacity to understand the key elements of IPTp programming and monitoring. This would include exposure to key aspects such as supply chain management, messaging for IPTp, and quality control for data management.
- District level staff are involved and supportive of the process.

Process

- Use QI process that facility staff understand and may have experienced in the past.
- QI process involves all staff involved in the delivery of IPTp.
- The QI process is integrated into routine facility systems for meetings and supervision.

Monitoring

- The use of Health Management Information Systems (HMIS) data is key and OIC or representatives be able to interpret basic indicators.
- OICs select data from the health facility's ANC register to review and analyze. Suggested indicators include:

- Women completing four antenatal visits
- Women receiving (a) IPTp two or (b) IPTp three or more
- Missed opportunity indicator:

Numerator: $\frac{\# \text{ of registered women eligible for IPTp who did not receive IPTp}}{\# \text{ of registered women eligible for IPTp}}$

Denominator: $\# \text{ of registered women eligible for IPTp}$

- Eligibility:
- >first trimester OR gestational age >13 weeks
 - HIV negative
 - not on cotrimoxazole (CTX)
 - a total of four weeks have lapsed since the last SP dose

HOW TO USE THIS CHECKLIST

The following tool is intended for use at the facility level by the OIC. The checklist will enable the OIC to assess, through observation and questioning, progress toward improved IPTp service provision. Ideally, the review of IPTp service provision should take no more than an hour to complete.

Results from the checklist should be reviewed with facility staff in order to develop remedial actions and address identified gaps. Additional tools, such as MSH's Challenge Model (<https://www.msh.org/resources/the-challenge-model>), can be adapted to aid OICs in action planning with their teams.

Standards for Quality IPTp		
SERVICE PROVISION FOR IPTp	Intent/Purpose	Information Source
Service Availability		
ANC services are provided daily when the facility is open	Daily service availability facilitates access	Observation
Waiting area		
Health education materials on IPTp are posted	Pregnant women require information about the impact of malaria during pregnancy and ways to prevent becoming infected with malaria	Observation
Health education materials are available for use during group education sessions and discussions		Direct observation of delivery and HW activities
Health education takes place, sessions incorporate key messages		Observation
Consultation room		
HW assesses gestational age and the period since last dose of SP	Determine eligibility for SP provision for both initial and follow on doses. This may be done through a variety of ways: date of last menstrual period, experience of quickening, use of gestational wheel, fundal height assessment	Observation of HW questioning, examining client, review of ANC card or booklet
HW confirms client's HIV status	HIV positive women are preferably provided cotrimoxazole, which is effective in the prevention of malaria	Observation of HW questioning, examining client, review of ANC card or booklet
HW provides appropriate IPTp counseling/messaging to client, including the key messages outlined in the checklist	Pregnant women require information about the impact of malaria during pregnancy and ways to prevent becoming infected with malaria	Direct observation of health education
HW records data in the ANC Register	Effective monitoring of IPTp implementation requires accurate and thorough collection of data	Review of register
HW records data in the ANC card/booklet		Review of ANC card or booklet
HW provides SP under direct supervision through DOT or informs where the client should proceed to receive supervised DOT	DOT is the preferred mechanism for the provision of SP	Observation
DOT is appropriately implemented	Clients are entitled to safe and hygienic practices when receiving SP	Observation

SERVICE PROVISION FOR IPTp	Intent/Purpose	Information Source
Client exit interviews		
Confirm whether client received SP today or was provided a reason why SP was not provided	Confirm that client has received adequate care and quality information	Conversation with client
Male involvement		
Male participation is encouraged but women who come to ANC without a partner are not turned away	Ensure women without a partner or spouse receive care	Observation, questioning of HW and client

MANAGING IPTp	Intent/Purpose	Information Source
Essential guidelines and job aids are available		
Current national malaria guidelines are available	Assists staff with service delivery	Observation
Job aids are posted in all consulting areas	Facilitates quality of service provision	Observation
Drug store		
Stock is available (If not available in the store, verify medication exists at site where dispensed and that demand has been sent to the appropriate authorities)	To manage and ensure availability of supply	Observation
Confirm stock card is up to date	Effective stock management prevents stock outs	Review of stock cards
Data management		
Essential HMIS forms/register available	Systems and supplies are necessary for effective data capture	Observation
All targets are set to permit calculating coverage as a percentage/proportion	An indicator-driven approach is essential for effective monitoring	Review of graphs and reports
Data is monitored (through trend graphs or regular feedback from officer responsible for HMIS) and discussed at monthly meetings		
Missed opportunity indicator tracked on a monthly basis	Key indicator that can provide insight into service quality	Observe trends
IPTp is addressed during facility meetings and in-service training/updates are scheduled		
IPTp delivery and coverage is discussed at staff meetings	Mechanism to engage staff to discuss challenges and suggest solution for increasing IPTp coverage	Review of meeting reports, discussion with staff
IPTp is incorporated into refresher updates/mentoring and includes all staff engaged in service delivery to pregnant women	All staff involved in IPTp service delivery should have the correct knowledge about IPTp	Review of in-service training reports
Community outreach		
Outreach clinics occur for ANC, and IPTp is incorporated into key messaging	Outreach services can play an important role in reaching hard-to-reach areas	Participation in outreach clinics, confirmation that schedule exists
Community health workers are equipped to provide key messaging on IPTp	Community health workers can play a key role in educating the community about IPTp	Observation

IPTp Checklist for Facility Officer In Charge

SERVICE PROVISION FOR IPTp	Yes	No
Service Availability		
<input type="checkbox"/> ANC services are provided daily when the facility is open		
Waiting area		
<input type="checkbox"/> Health education materials on IPTp are posted		
<input type="checkbox"/> Health education materials are available for use during group education sessions and discussions		
<input type="checkbox"/> Health education takes place, sessions incorporate the following key messages:		
<input type="checkbox"/> Why SP is necessary for the pregnant woman and her baby		
<input type="checkbox"/> Eligibility for IPTp (criteria for woman to receive IPTp)		
<input type="checkbox"/> Recommended number of doses of SP during pregnancy		
<input type="checkbox"/> Need for supervised provision of IPTp/DOT		
<input type="checkbox"/> Use of ITNs		
<input type="checkbox"/> Protection against malaria among HIV positive pregnant women		
<input type="checkbox"/> Informing attending room attendees (women and partners) that SP can be given on full or empty stomach		
Consultation room		
<input type="checkbox"/> HW assesses gestational age and the period since last dose of SP		
<input type="checkbox"/> HW confirms client's HIV status		
<input type="checkbox"/> HW provides appropriate IPTp counseling/messaging to client, including the following key messages:		
<input type="checkbox"/> Why SP is protective for mother and child		
<input type="checkbox"/> Eligibility for IPTp (criteria for woman receiving IPTp)		
<input type="checkbox"/> Recommended number of doses of SP during pregnancy		
<input type="checkbox"/> Need for supervised provision of IPTp/DOT		
<input type="checkbox"/> Use of ITNs		
<input type="checkbox"/> Protection against malaria among HIV positive pregnant women		
<input type="checkbox"/> Informs woman that SP can be given on full or empty stomach		
<input type="checkbox"/> Informs woman of when to return for next ANC visit		
<input type="checkbox"/> HW records data in the ANC Register		
<input type="checkbox"/> HW records data in the ANC card/booklet		
<input type="checkbox"/> HW provides SP under direct supervision through DOT or informs where the client should proceed to receive supervised DOT		
<input type="checkbox"/> DOT is appropriately implemented		
<input type="checkbox"/> Adequate supply of water available		
<input type="checkbox"/> Sufficient cups available		
<input type="checkbox"/> Cups not reused without washing, hygiene maintained		

SERVICE PROVISION FOR IPT _p	Yes	No
Client exit interviews		
<input type="checkbox"/> Confirm whether the client received SP today or was provided a reason why SP was not provided		
<input type="checkbox"/> Confirm whether mother knows when the next dose of SP is due		
Male involvement		
<input type="checkbox"/> Male participation is encouraged		
<ul style="list-style-type: none"> ■ Women who come to ANC without a partner are advised to bring them at the next visit but are not turned away 		

MANAGING IPT _p	Yes	No
Essential guidelines and job aids available to service providers		
<input type="checkbox"/> Current national malaria guidelines are available		
<input type="checkbox"/> Job aids are posted in all consulting areas		
Drug store		
<input type="checkbox"/> Confirm stock is available (If not available in the store, verify medication exists at site where dispensed and that demand has been sent to the appropriate authorities)		
<input type="checkbox"/> Confirm stock card is up to date		
Data management		
<input type="checkbox"/> Essential HMIS forms/register available		
<ul style="list-style-type: none"> ■ Integrated ANC Register ■ ANC cards or booklets ■ Other forms indicating key coverage indicators including IPT_p 		
<input type="checkbox"/> All targets are set to permit calculating coverage as a percentage/proportion		
<input type="checkbox"/> Data is monitored (through trend graphs or regular feedback from officer responsible for HMIS) and discussed at monthly meetings		
<input type="checkbox"/> Missed opportunity indicator tracked on a monthly basis		
IPT _p is addressed during facility meetings and in-service training/updates are scheduled.		
<input type="checkbox"/> IPT _p delivery and coverage is discussed at staff meetings		
<ul style="list-style-type: none"> ■ Review data and trends over the previous 3 months. Key indicators include: ■ Proportion of women completing 4 antenatal visits ■ Proportion of women receiving (a) IPT_p 2 or (b) IPT_p 3 or more ■ Proportion of eligible women who did not receive IPT_p (missed opportunity indicator) 		
<input type="checkbox"/> Discussion and documentation of challenges identified and possible solutions		
<input type="checkbox"/> IPT _p is incorporated into refresher updates/mentoring and includes all staff engaged in service delivery to pregnant women		
Community outreach		
<input type="checkbox"/> Outreach clinics occur for ANC, and IPT _p is incorporated into key messaging		
<input type="checkbox"/> Community health workers are equipped to provide key messaging on IPT _p		