FORMATIVE WORK TO INFORM THE CONCEPTUAL FRAMEWORK & OBJECTIVES
Assessment of drivers and barriers for achieving target IPTp coverage in Chipinge and Mutare districts, Manicaland province, Zimbabwe
Presentation outline

• The IPTp program in Zimbabwe
• Study rationale
• **Formative work**
• The Conceptual Framework
• Main study objectives
Control of MIP, including IPTp, was adopted as a policy in Zimbabwe in 2004 to be implemented in the moderate to high-burden malaria transmission areas, with 30 districts designated for MIP interventions.

- In 2014 NMCP adopted the WHO 2012 guidelines for IPTp-SP
Study rationale

• MiP remains a problem of public health concern, globally, nationally and in Manicaland province where it was the highest cause of MM contributing to 20%, 21% and 14% of maternal deaths in 2013, 2014 and 2015 respectively. *(Provincial Maternal death audit data, MOHCC, Manicaland)*

• Zimbabwe IPTp coverage target: 85% of pregnant women receive two or more doses of IPTp during that pregnancy. *(National Malaria Strategic Plan, 2008-2015, Extended)*

• However, indications are that this target has not been met: The 2016 Malaria Indicator Survey (MIS) preliminary results show that 37% received two or more doses of SP (2% ‘increase’ from the MIS 2012).
Objectives of the Formative work

• To identify all relevant national documents for desk review and carry out mapping of MOHCC partners who are actively engaged in IPTp program in order to inform selection of key informants for main study protocol.

• To document the facility based IPTp 1,2 and 3 coverage rates in health facilities in Mutasa district.

• To document various data elements possibly affecting reported IPTp coverage rates in health facilities in Mutasa district, i.e. the ANC coverage, frequency of missed IPTp opportunities and rates of clients ineligible for IPTp in Mutasa district.

• To describe the data capturing processes and data quality for the IPTp program in HFs in Mutasa district.

• To create a process map for the IPTp program that outlines the key steps and elements that need to be in place for an eligible pregnant woman to ultimately access SP for IPTp.
Methodology of the Formative work

• Descriptive cross sectional design
• Random selection of half (21) of the 42 health facilities in Mutasa district for data collection, including interviews with nurses at the health facility, observation of work flows and extraction of ANC registers and T5 summary forms.
• The nurses interviewed at the facility were a convenience sample of Family Child Health unit Sisters In Charge on duty on the day of the visit.
• Key informants from the NMCP, the provincial MOHCC office in Manicaland province and the Mutasa district MOHCC office were purposively selected for interviews.
• Double data entry was carried out and quantitative data analysis was done using Excel.
• Qualitative data was reviewed and analyzed manually.
FINDINGS...HIGHLIGHTS

Formative work
Trends in Early ANC booking, IPTp2 and IPTp3 in 22 HFs in Mutasa district, 2012-2015
(3,904 records)
Missed opportunities: 207 out of 3904 eligible records (5%)
%age of women ineligible for IPTp due to CTZ prophylaxis in 2015
Verification Factors calculated for IPTp2 indicator in 22 HFs in Mutasa district
Jan-Jun 2016

Facility V
Facility U
Facility T
Facility S
Facility R
Facility Q
Facility P
Facility O
Facility N
Facility M
Facility L
Facility K
Facility J
Facility I
Facility H
Facility G
Facility F
Facility E
Facility D
Facility C
Facility B
Facility A

Optimum
Over reporting
Emerging themes:
Perceived community level barriers to IPTp uptake as suggested by health workers

- Lack of knowledge about IPTp by the community: 16
- Religious beliefs/Objectors: 11
- Lack of provider knowledge of IPTp: 6
- Long distance from the facility: 5
- Non provision of IPTp at private facilities: 5
- Myths and misconceptions: 4
- Lack of policy on IPTp: 4
- Allergic reactions: 3
- SP not on site: 3
- Longer waiting times to access ANC services: 3
- Lack of proper documentation: 3
- Late booking: 3
- Lack of husband’s support for accessing routine ANC: 2
Leadership, Policy & Coordination

Financing

National

Medicines & Commodities
Health Workforce
Service Delivery
HMIS

Provincial

Medicines & Commodities
Health Workforce
Service Delivery
HMIS

District

Medicines & Commodities
Health Workforce
Service Delivery
HMIS

Health Facility

Pharmacy: SP stock management
Health Facility Staff: IPTp knowledge, perceptions & practices
ANC QoC: Consultation room
IPTp Data Management: Capturing, reporting, verification & use
Waiting area: Quality & content of health education; Waiting times

Other Facility readiness components: Patient flow, availability of water, etc

Pregnant woman eligible for IPTp

Community & household

Availability: Health education & promotion services; distance
Affordability: Transport systems Direct & Indirect costs
Acceptability: Personal perceptions; religious beliefs; Male partner & family involvement

Role of Private sector

HMIS=Health Management Information System
QoC=Quality of Care
Main Study Aim

• To assess the drivers and barriers to achieving target IPTp coverage in Chipinge and Mutare districts, Manicaland province
Main Study Objectives

• To explore the **health system/supply-side** national, provincial, district and facility level drivers and barriers to IPTp coverage in Chipinge and Mutare districts of Manicaland province.

• To determine the **client-related/demand side** drivers and barriers to IPTp coverage among pregnant women in Chipinge and Mutare districts, Manicaland province.

• To make recommendations to relevant stakeholders based on the study findings.
References


Thank you!

Acknowledgments:
MoHCC Zimbabwe
USAID, PMI
Communities in Manicaland
All partners working in Malaria programming in Zimbabwe