

Improving IPT coverage in rural Cabo Delgado, Mozambique. An integrated approach.

Piera Fogliati¹, Leonardo Pedro Monforte¹,
Ana Constanca David², Aly Manuel Mussa³

¹ Doctors with Africa - CUAMM, Mozambique

² Fundação Wiwanana, Mozambique

³ Núcleo de Investigação Operacional Pemba, Mozambique

Corresponding author: p.fogliati@cuamm.org

Background

Each year malaria is responsible for 217026 stillbirths, 100000 infant deaths in sub-Saharan Africa and for 10000 maternal deaths globally. Monthly administration of Sulfadoxine-Pyrimethamine (SP) from the second trimester up to delivery is one of WHO recommended strategies to reduce the burden of malaria in pregnancy.

Mozambique is among the top 10 contributors to malaria cases in the world. With a reported incidence of 431 malaria cases per 1000 inhabitants in 2018, Cabo Delgado is one of the most affected provinces in Mozambique. A provincial representative survey in 2015 estimated IPT2 coverage at 48.6% and IPT3 at 25.8%, indicating that the majority of pregnant women were not sufficiently protected against malaria. The scenario is probably worse in rural areas, where low literacy levels, strict cultural norms on first pregnancies and limited geographical access to health facilities are common barriers to early ANC attendance and adherence to the recommended 3+ IPT doses.

As part of a three-year malaria control project in two rural districts in Cabo Delgado, we explored factors contributing to low IPT coverage and what interventions could reverse the scenario.

Program intervention

The intervention targeted 64 rural communities, characterized by a very low literacy level (over 90% of women 15-49 years old were illiterate) and limited availability of radio and mobile phones (< 15%). The sensitization activities consisted on face-to-face sessions conducted by community activists and the involvement of 137 influential people ("madrinhas"), whose cultural role in reproductive health is essential, especially in promoting early ANC booking. On the service provision side, the administration of IPT was extended to outreach activities, and pregnant women were mobilized to attend ANC services, either fixed or mobile.

As a complementary strategy, health staff were trained on accurate IPT data recording and reporting. Intervention progress was monitored through community assessment and analysis of DHIS data.

Results

After 18 months of intervention a higher proportion of women (1% vs 23%) could mention IPT as a measure to prevent malaria in pregnancy, suggesting an increased knowledge on the importance of IPT. DHIS data showed higher IPT coverage, when comparing indicators from 2017 with 2018. IPT 2 48% vs 72% in Montepuez and 43% vs 72% in Balama. IPT3 13% vs 49% in Montepuez and 17% vs 38% in Balama.

Conclusions

Activists' and traditional leaders' involvement, and strengthened outreach activities were successful in increasing early ANC attendance and IPT uptake in rural settings. Supporting strategies, such as community mobilization before scheduled outreach activities and accurate data management also contributed to improved IPT indicators.

Further studies are needed to assess the impact of this integrated approach on reducing malaria mortality and morbidity in pregnant women and newborn in the area of intervention.