

June 2008

## Achieving Results in Antenatal Care: Improving Maternal and Newborn Outcomes through Integration of Services

- Globally, 70% of women seek antenatal care (ANC) at least once during pregnancy, making it a key opportunity to provide a broad range of health services.
- These services include: prevention and treatment of anemia; prevention, detection and treatment of malaria, tuberculosis, sexually transmitted infections and HIV; and tetanus toxoid immunization.
- ANC is an opportunity for providers to promote the benefits of skilled attendance at birth and postpartum/postnatal care, and to discuss newborn care and optimal birth spacing.
- An essential link in the household-to-hospital continuum of care, ANC can occur in the community while assuring appropriate referral to higher levels of care when necessary.

ACCESS works at the global and country levels to support the integration of services into focused ANC (FANC)—a newer approach that promotes the use of four visits spaced at specific intervals to deliver basic care<sup>1</sup>. FANC emphasizes the quality of care over the quantity of visits, focusing on the individual needs of women and the delivery of high-quality care based on proven interventions. To ensure the use of ANC as a platform for a broad range of services that can improve maternal and newborn outcomes, and given the mandate to tackle the enormous issues of malaria, sexually transmitted infections and HIV, ACCESS supports the integration of malaria in pregnancy (MIP) and the prevention of mother-to-child transmission (PMTCT) of HIV into FANC.

ANC knowledge and tools are incorporated into all ACCESS programs—in India, Nigeria, Ghana, Ethiopia, Tanzania, Rwanda, Afghanistan, Malawi and beyond—as part of essential maternal and newborn care. The table below shows the number of women potentially reached by these interventions.

Country	Intervention	No. and % of Districts/Departments	No. of Women of Reproductive Age
Kenya	Orientation to malaria case management guidelines	7/76 9.2%	774,067
Kenya	Tuberculosis/ANC Training Package Pilot and Provincial and District Training	9/76 11.8%	1,201,609
Madagascar	FANC/MIP service delivery scale-up	4/22 18%	164,197
Tanzania	FANC/MIP service delivery scale-up	90/130 69%	7,494,579
Uganda	Work with 3 FBOs to increase use of FANC/MIP services	1/80 1%	111,300
<b>TOTAL</b>			<b>9,745,752</b>

### Advocacy and Global Learning

The ACCESS Program is collaborating with WHO to revise *Managing Complications in Pregnancy and Childbirth*—the IMPAC manual for skilled providers—to ensure that doctors and midwives can detect problems during ANC and provide appropriate care. ACCESS also updated the global *Malaria during*

<sup>1</sup> Basic ANC includes: care from a skilled attendant and continuity of care; birth preparedness and complication readiness; health promotion; and early detection and management of complications.

*Pregnancy Resource Package: Tools to Facilitate Policy Change and Implementation* on CD-ROM in collaboration with **CDC** and the **Making Pregnancy Safer Department/WHO**. The package, a compilation of tools and resources ready for adaptation to specific country contexts, is being disseminated in collaboration with the **Roll Back Malaria (RBM)** partners and through existing regional networks in Africa.

ACCESS collaborated with WHO's department of Making Pregnancy Safer to develop a module on integration of PMTCT services for the Integrated Management of Adolescent and Adult Illness. The training materials, for primary health care workers who may care for pregnant women, are soon to be field-tested and will offer evidence-based guidance on basic care during pregnancy, childbirth, and the newborn and postpartum periods, with PMTCT information integrated throughout.



Photo credit: Rene Salgado/PMI Tanzania

Through the **Malaria Action Coalition**—and in collaboration with WHO, the Centers for Disease Control and Prevention (CDC) and Rational Pharmaceutical Management Plus (RPM Plus)—ACCESS developed a comprehensive manual that details a step-by-step process for MIP implementation targeting policy makers, program managers and healthcare providers. The guide, *Prevention and Control of Malaria in Pregnancy in the Africa Region: A Program Implementation Guide*, outlines seven essential programming components that are necessary to put MIP policy into practice at the health facility level.

At the regional level, ACCESS has been actively involved supporting coalitions such as the **Malaria in Pregnancy East and Southern Africa Coalition (MIPESA)** and the **West African Regional Coalition for MIP (RAOPAG)**. The Program's continued support to these coalitions has led to improved regional capacity among national-level trainers, and documentation and dissemination of best practices and lessons learned. ACCESS helped both coalitions develop regional Global Fund proposals, which yielded improved capacity in grant writing and regional planning.

ACCESS is a supporting member of the **RBM East Africa Roll Back Malaria Network (EARN)** and the **West Africa Roll Back Malaria Network (WARN)**, and helped document MIPESA experiences in the “*Assessment of MIPESA Country Experiences in the Adoption and Implementation of Malaria in Pregnancy Policies including Best Practices and Lessons Learned*” report. ACCESS also organized an expert panel on MIP implementation using the ANC platform at the 2007 global Women Deliver conference in London.

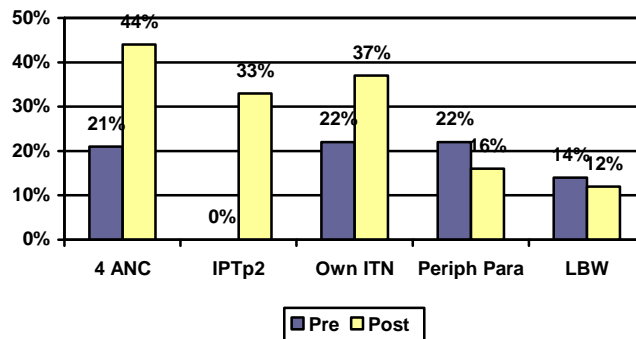
### Research to Practice

In Burkina Faso, building on the achievements of a MIP pilot study implemented through USAID's flagship maternal and newborn health Program and CDC, ACCESS

A key achievement of the ACCESS Program has been the improved enabling environment for safe motherhood and newborn health programming through global, regional and national partnerships and alliances. ACCESS participates in the **RBM MIP Working Group (MIP WG)** as a technical representative and served as Secretariat for two years. ACCESS supported the development of a number of important consensus statements, including: a) Sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment in pregnancy (IPTp) in areas of SP resistance; b) interactions between HIV and malaria and implications for service delivery; and c) ITN delivery through ANC.

Through the **Malaria Action Coalition**—and in collaboration with WHO, the Centers for Disease Control and Prevention (CDC) and Rational Pharmaceutical Management Plus (RPM Plus)—ACCESS developed a comprehensive manual that details a step-by-step process for MIP implementation targeting policy makers, program managers and healthcare providers. The guide, *Prevention and Control of Malaria in Pregnancy in the Africa Region: A Program Implementation Guide*, outlines seven essential programming components that are necessary to put MIP policy into practice at the health facility level.

ANC- and MIP-related Outcomes in Burkina Faso: Baseline (2001) and Follow-up (2004)



continued to support the Ministry of Health (MOH) to expand implementation of FANC/MIP services. During the study intervention (2002-2004), IPTp1 uptake increased to over 90%, and the incidence of low birth weight (LBW) decreased from 14% to 12%. Based on evidence from this study and two similar studies conducted in Mali and Benin, Burkina Faso adopted a new MIP policy in 2004 promoting the WHO comprehensive approach. ACCESS then trained 114 service providers from 49 facilities in 5 districts of one health region in FANC and MIP, covering an estimated population of 3,849,335.

### **Scale up of -based Best Practices at the Country Level**

The ACCESS Program aims to strengthen health systems across the continuum of care, reaching pregnant women at both the community and facility levels. In countries where ACCESS and MOHs have supported efforts to strengthen FANC/MIP services and engage communities, increased IPTp uptake—and to some extent ITN access and improvements in ANC utilization—are evident.

Building on efforts begun under the Maternal and Newborn Health Program, ACCESS continued to support implementation of FANC, including MIP, in **Tanzania**. FANC in-service training was standardized, and ACCESS is now supporting comprehensive scale up of FANC/MIP nationally. In pre-service education, ACCESS scaled up FANC by integrating MIP and syphilis in pregnancy, revising the ANC curricular component, and training tutors and clinical preceptors from all certificate, diploma and higher-level nursing/midwifery schools in the country. To ensure that learning is transferred to practice, ACCESS is supporting healthcare providers in both pre-service and in-service settings to implement a standards-based quality improvement approach for ANC. ACCESS is also working to create demand for such services within the target population through collaboration with local NGOs, advocacy with religious leaders, and via radio messages in collaboration with T-MARC.

The ACCESS Program in **Kenya** built upon previous Jhpiego and MOH work, which introduced FANC/ MIP services to 16 endemic districts. ACCESS augmented this effort by:

- Strengthening clinical services in an additional seven endemic districts, reaching approximately 3,000 healthcare providers through training and supervision;
- Disseminating comprehensive reproductive health messages (including MIP) to communities in three districts through community leaders; and
- Supporting the rollout of Kenya's new treatment policy, including MIP guidance in Coast Province.

In Kenya, ACCESS is also strengthening the integration of tuberculosis (TB) screening, referral, diagnosis and treatment into ANC services. Currently, WHO, Population Council, APHIA II Eastern, APHIA II Western and APHIA II Coast are supporting the MOH to scale-up TB/ANC activities.

#### **Kenya: Key Results to Date**

##### **In four of the original 16 districts:**

- **IPTp1 uptake increased from 66% to 77%.**
- **Providers giving SP (self reported) increased from 69% to 93%.**
- **Updating colleagues on MIP increased from 27.5% to 52.5%.**

Following the adoption of its MIP policy in 2005, the **Madagascar** MOH/Family Planning Department identified five health sites in a highly endemic province to initiate MIP prevention and control. These sites covered a population of 103,609 with 4,700 pregnant women. ACCESS interventions included: facilitating the development of the national policy for MIP, and the development and validation of service delivery guidelines for MIP and all aspects of malaria; developing learning materials; training health providers; and introducing a performance and quality improvement (PQI) process at five model sites.

### Madagascar: Key Results to Date

The training, supervision and PQI approach used in five health facilities led to notable improvements in IPTp coverage:

- Second dose IPTp coverage increased from 0% to 65% in the five sites (compared to 35% nationally).
- Facilities improved their average performance score from 20% of standards achieved at baseline to 65% at 6 months, and 76% at 25 months follow-up.

In August 2005, ACCESS implemented a regional training workshop targeting faith-based providers and clinical experts from **Kenya, Malawi, Tanzania, Uganda** and **Zambia** (MIPESA countries) to improve their knowledge about FANC and MIP. In three of the five countries, the FBO teams are working closely with the MOH to scale up focused prenatal care and MIP.

### Tanzania: Key Results to Date

- In ACCESS sentinel sites, 69% of ANC clients received IPTp2, while 81% of ANC clients at facilities with no stockouts of SP received IPTp2 (23 of 30 facilities had no stockouts).\*\*
- During the first year of implementation, only 24 facilities had staff trained in FANC with ACCESS support; as of October 2007, 1,192 facilities had trained FANC providers—an estimated 24% of all facilities with ANC services nationally.
- 62% of ANC clients at ACCESS sentinel sites received 2 doses of tetanus toxoid compared to 56% nationally at baseline (DHS 2004); 77% of clients received iron at least once.\*\*
- From January–December 2007, 53% of sentinel sites had stockouts of SP compared to only 23% of sentinel sites with stockouts of SP from January–March 2008.
- 53% of clients tested for syphilis; 3% tested positive. 88% received treatment and 69% of partners received treatment. (Low numbers of clients tested are due to stockouts of RPR kits at 43% of reporting facilities; ACCESS is working to resolve this problem.)

\*\* From January–March 2008

In **Uganda**, between May 2006 and February 2007, ACCESS supported the implementation of a pilot project targeting the faith-based sector, drawing on best practices and lessons learned from the Kenya program. The program brought together stakeholders from the MOH and the faith-based sector and other national partners (including WHO) to adapt the training materials to the Ugandan context.

In 2007, ACCESS supported the WHO/AFRO-sponsored “Orientation Workshop on FANC in the Context of Road Map Implementation” held in Nairobi. The goal of the workshop was to strengthen the capacity of participants on the formulation and implementation of a comprehensive package of integrated MNCH services through FANC, and included over 50 participants from seven African countries.

In **Haiti**, since October 2006, ACCESS has expanded PMTCT counseling and testing to 23 facilities in Haiti, reaching more than 18,400 pregnant women. Of these women, 3.6% were HIV positive and 58% of those who tested positive were enrolled in the PMTCT program.

The provision of high-quality, basic ANC—safe, simple, cost-effective interventions that all women should receive—helps maintain normal pregnancies, prevent complications and facilitate early detection and treatment of complications.

While effective ANC alone will not prevent global maternal and newborn mortality, the ACCESS Program works to improve the quality of care a woman receives during pregnancy to ensure the healthiest possible outcome for mother and baby.

