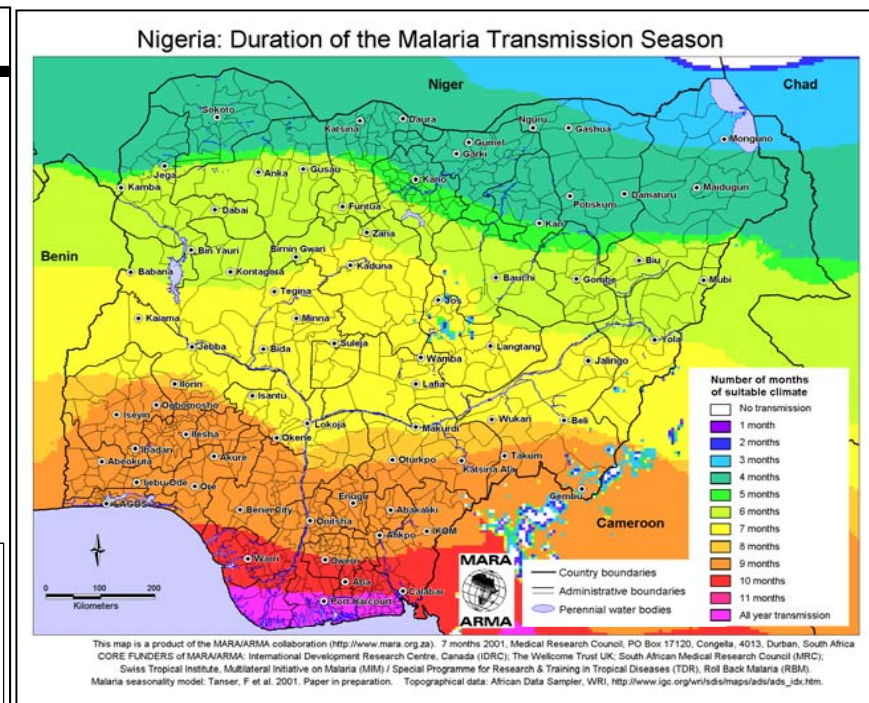
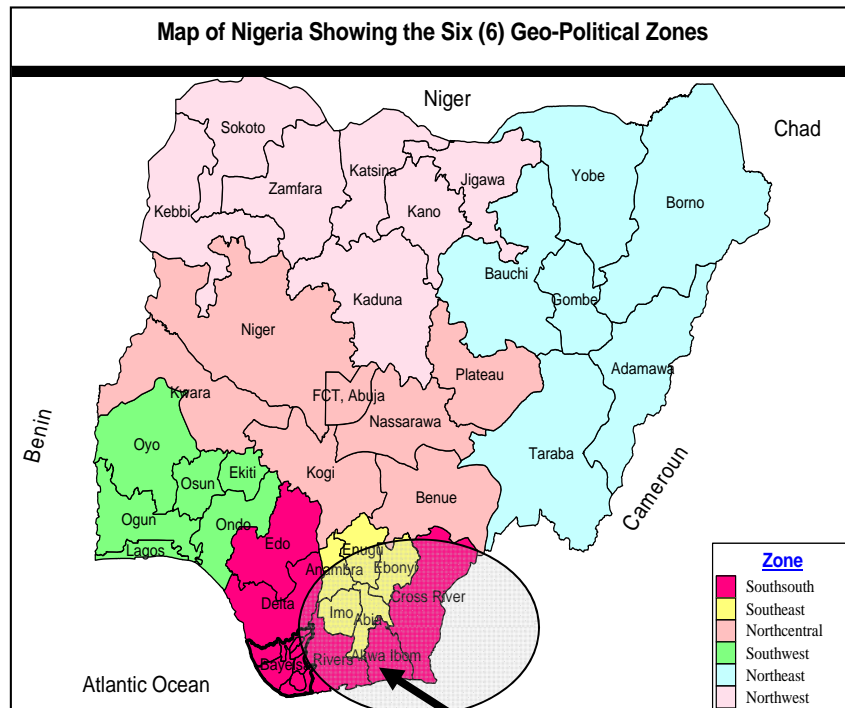


# Using the Standard Based Management and Recognition Approach to Improve the Quality of Care and Malaria Control in Pregnancy in Akwa Ibom State

**Emmanuel Otolorin, William R Brieger, Bright Orji, Joseph  
Okeibunor, Gbenga Ishola and Barbara Rawlins**



# Akwa Ibom State, Nigeria: Year Round Malaria Risk

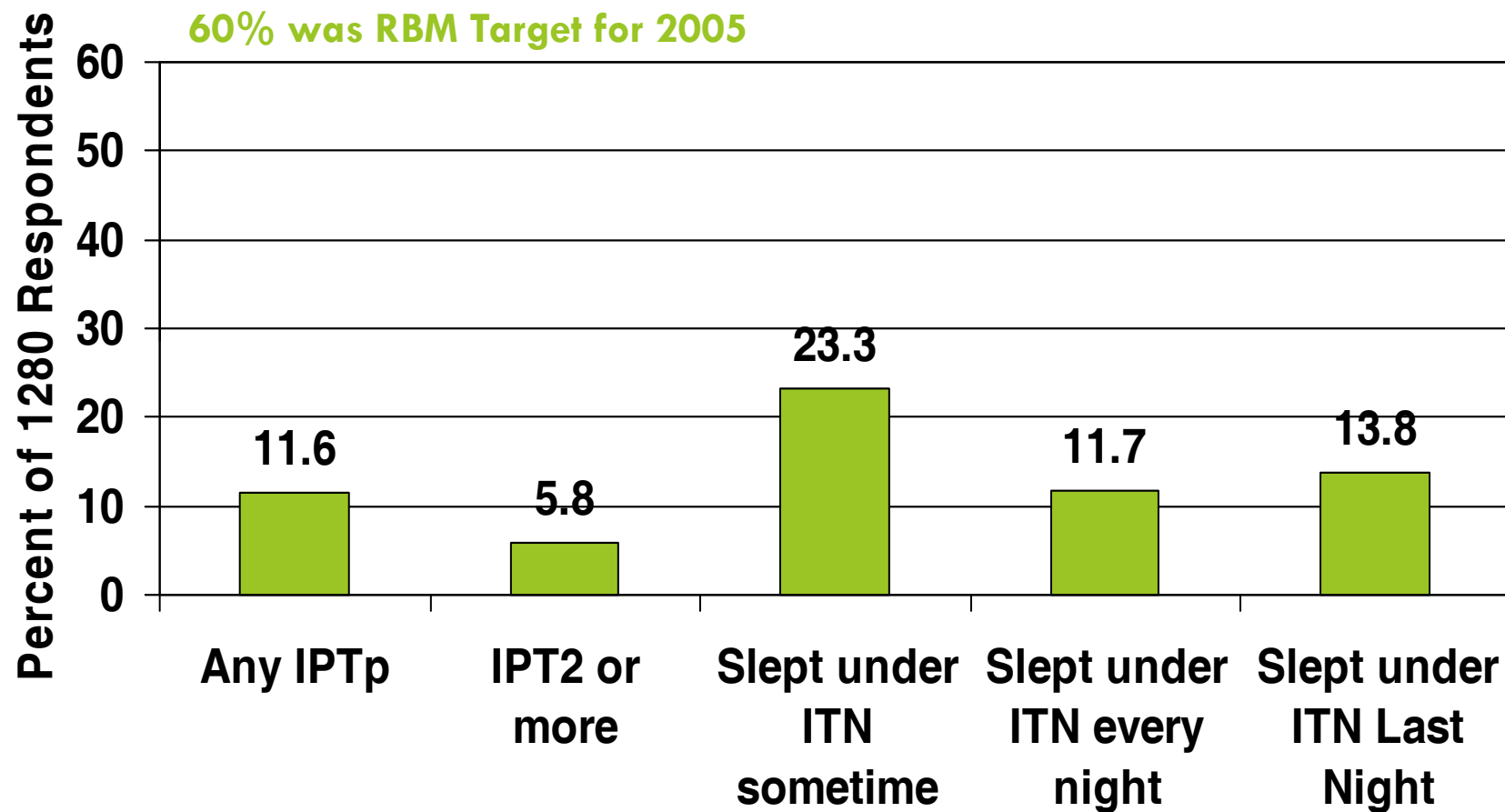


**CDI MP PILOT**

## Background

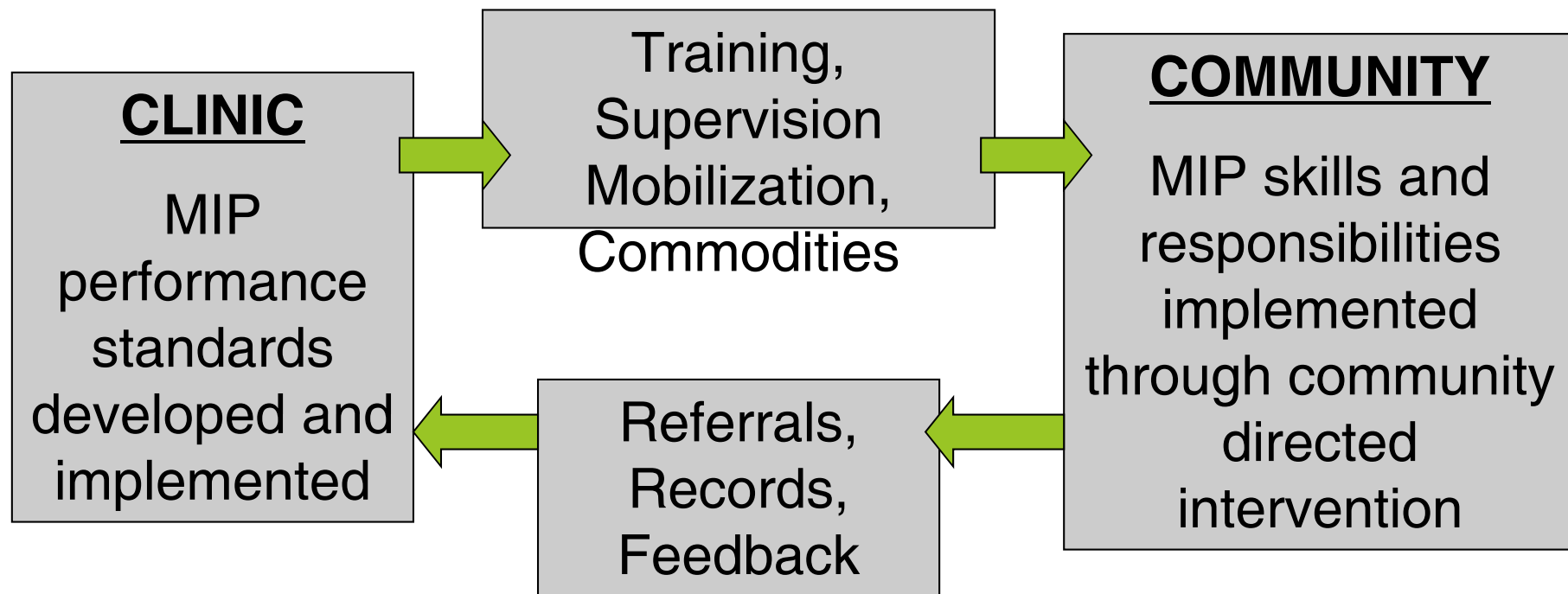
- **Jhpiego** with support from **ExxonMobil Foundation** and the **Akwa Ibom State MOH** is working to reduce burden of malaria in pregnancy (MIP) using a **two-ponged approach** to reach pregnant women
  - improving the **quality of antenatal care (ANC)** services and
  - community involvement through **community-directed intervention (CDI)**

## Baseline in 2007 - MIP Indicators during Last Pregnancy



(All Local Governments)

# Nigeria MIP Partnership Concept and Project Design



# IPTp and ITN Delivery in the Community



## Improving Quality of Care in the Clinic Setting

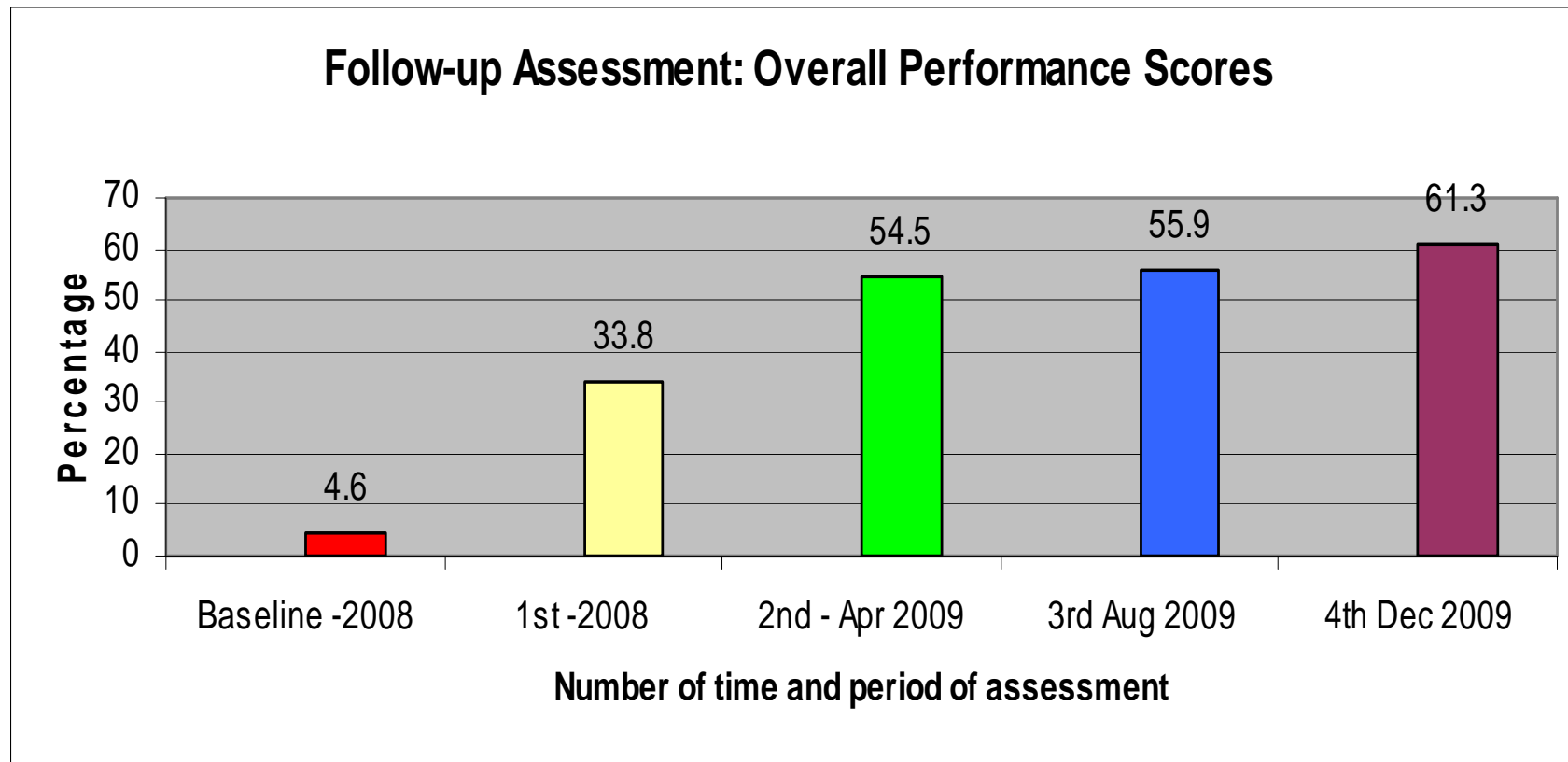


## Quality Improvement Processes: Standards Based Management and Recognition



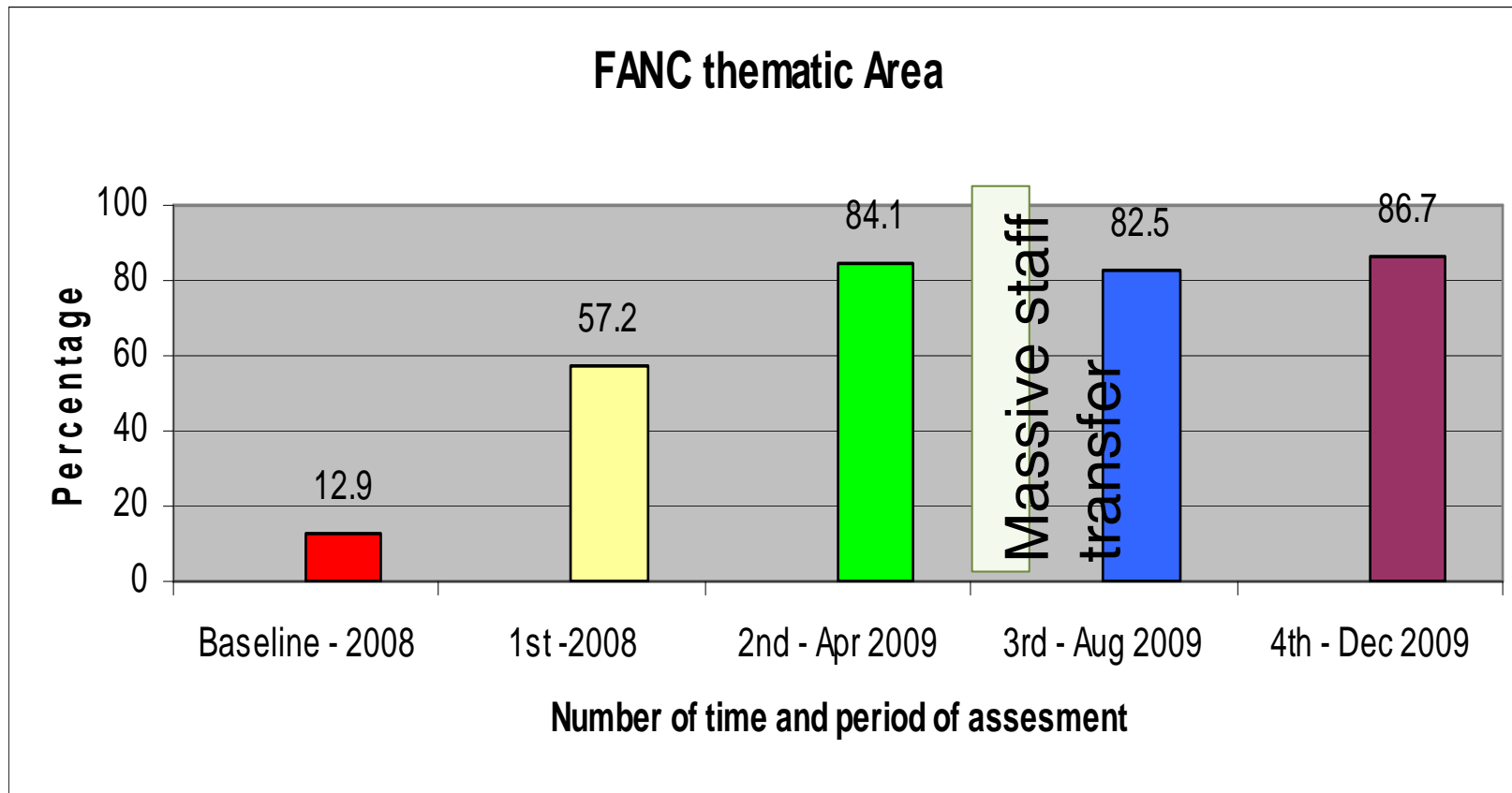
- SBM-R is a collaborative process
- Assessments are both external and internal assessments
- Assessments lead to action plans
- Plan implementation leads to measurable progress

## SBM-R Scores (%) for All EmONC Services



**Number of EmONC Performance Standards = 173**

# SBM-R Scores (%) for ANC Services

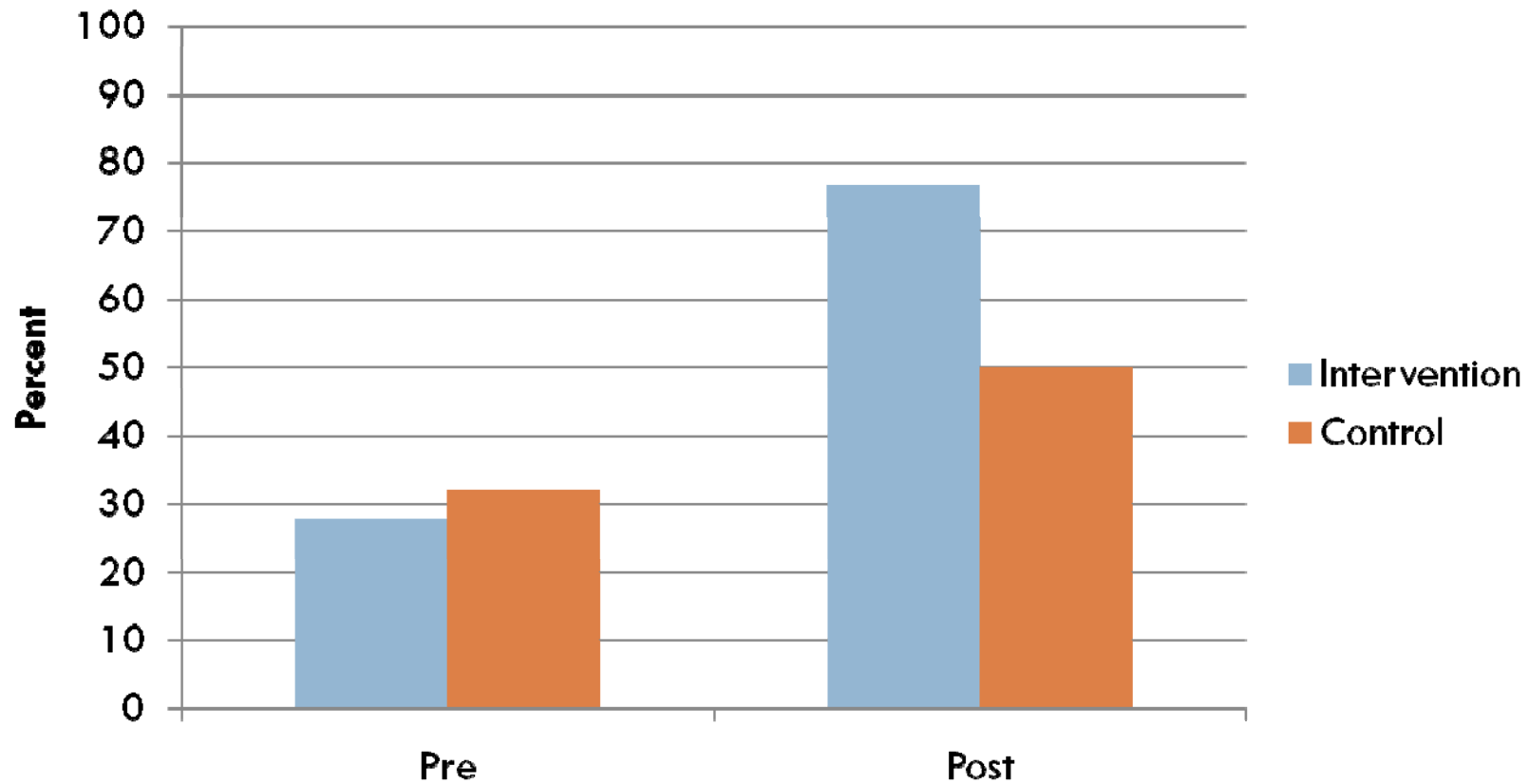


**Number of ANC Performance Standards = 16**

# Persistent Gaps (FANC)

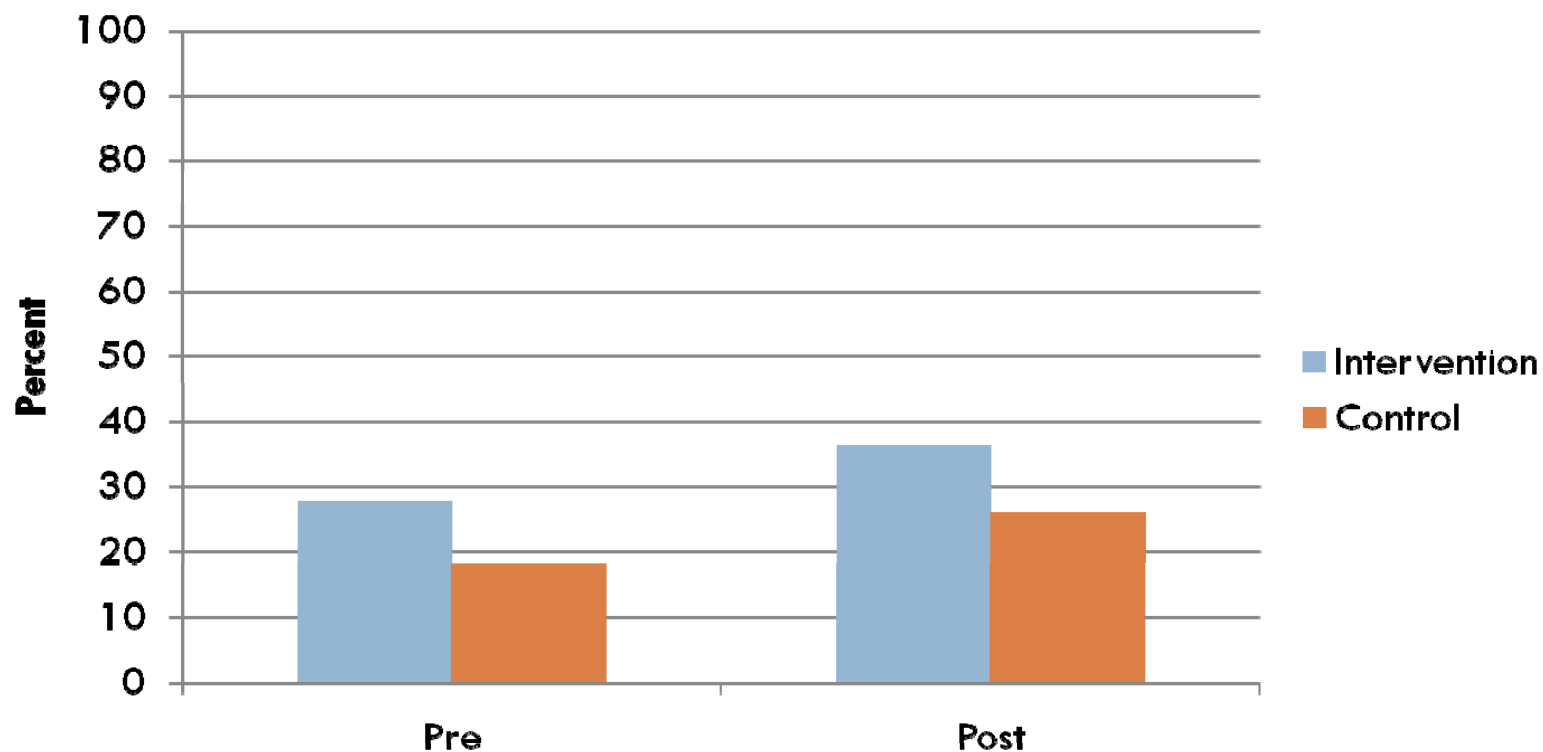
- **Persistent stock-outs of anti-malarial drugs** in all the health facilities. Health workers prescribe ACT but not sure if pregnant women do procure and use
  - *standards 13, 14 affected*
- Health workers frustrated and give **SP or CQ for malaria treatment**
  - *standards 13, 14 affected*
- **Lack of RDTs** and supplies to perform malaria parasite tests
- Some of the facilities have toilets but **no water** to make them functional
  - *standard 5 of Human, physical and maternal resources area affected*
- Facilities lack **culturally appropriate posters and IEC materials** on EmONC with particular reference to MIP
  - *standard 8 of IEC area affected*

## IPTp – Took SP Twice Last Pregnancy



IPTp with SP was provided in the intervention arm at both ANC Clinics and through volunteer Community Directed Distributors. In the control area SP was made available at the clinics.

## Used ITN During Last Pregnancy



ITN supplies were difficult to obtain. The World Bank Booster support for Akwa Ibom State was delayed and not available throughout the intervention period.

## Conclusions

- Quality of MIP control improved with use of the SBM-R process though massive transfer of health staff trained by the project later slowed quality gains
- Receipt of two doses of IPTp was significantly more in the study intervention clinics
- Use of ITNs was higher in intervention clinics though irregular stocks of commodities made ITN distribution difficult
- Continued charging of user fees by local governments discouraged ANC attendance



***Thank You***

***For Your Attention***