

COMMUNITY DATA USE: PIVOTAL TO IMPROVING THE UPTAKE OF MALARIA SERVICES BY PREGNANT WOMEN AND THE RESILIENCE OF COMMUNITY HEALTH SYSTEMS - THE CASE OF PHCS IN CROSS RIVER STATE NIGERIA

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Introduction

Malaria in pregnancy is one of the most common causes of maternal mortality and has far-reaching effects such as anaemia, low birth weight, miscarriage, and premature labour. Intermittent preventive treatment in pregnancy (IPTp) is the use of sulphadoxine-pyrimethamine (SP) given in treatment doses at 4-week intervals after 13 weeks of gestation. The national malaria guideline on prevention of malaria in pregnancy advised that three or more doses of IPTp should be taken per full-term pregnancy and should be administered as directly observed treatment. The national target for IPTp uptake is 80%, and Cross River State's current coverage of 49% from NMIS 2021 is on track towards achieving the national target. Some of the issues that are hindering antenatal care (ANC) attendance and IPTp uptake in Cross River are late ANC attendance, ANC attrition, and unavailability of SP. Efforts to improve access and coverage led to the introduction of data quality and use (DQU) teams.

Methods

DQU teams were established across 20 high-volume facilities randomly selected in 7 LGAs of Cross River, Nigeria, and trained on data quality standards and use. Each team, which comprised heads of facilities, record officers, representatives from all service delivery units, and the Ward Development Committee (WDC), held monthly meetings to present data and review the performance of malaria indicators. These routine meetings revealed issues such as low uptake of ANC services and stockout of SP in health facilities.

The WDC used the data to engage communities on identified issues, leverage community development and religious meetings, and target advocacy on SP procurement to key stakeholders.

Tables and Figures

Improved Quality of Care Indicators for Pregnant Women Following the Establishment of DQU teams in Cross River State Nigeria (Jan 2021-Dec 2022)

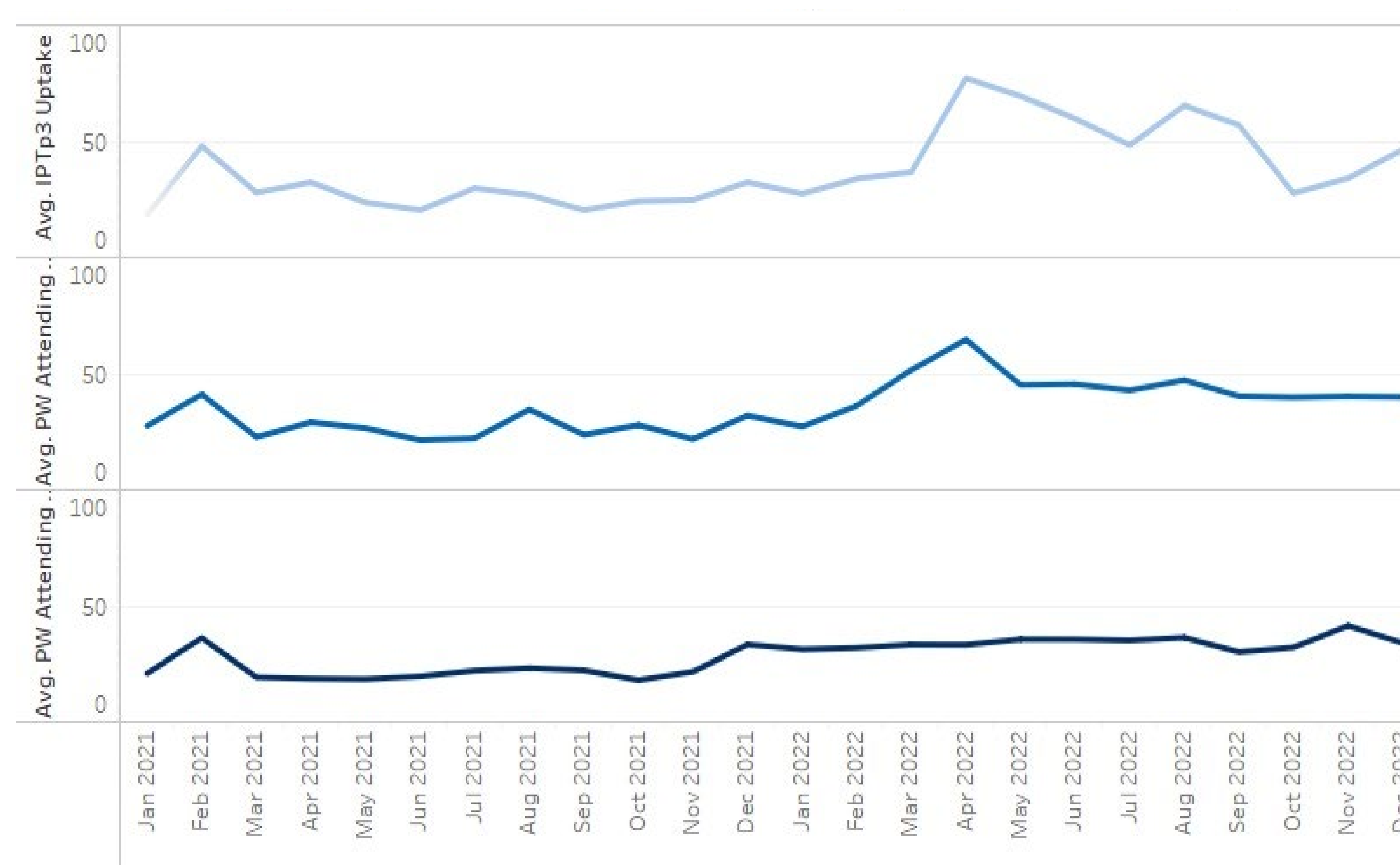


Table 1. Improvements on ANC and IPTp services for pregnant women pre- and post-intervention

	Pre-intervention	Post-intervention	P-value*
IPTp second dose	51%	82%	0.008
IPTp third dose	27%	51%	0.005
ANC before 20 weeks of gestation	22%	32%	0.009
ANC 4+ times	27%	40%	0.02

*Calculated using a Wilcoxon signed rank test at 95% CI and 0.05 alpha between pre- and post-intervention

Discussion/Conclusions

- This study supports the hypothesis that data-driven community engagement can improve the acceptability, accessibility, and uptake of ANC to address and prevent health and gender inequities.
- Data use** has proven to be a strong **advocacy tool for local domestic resource mobilization to ensure a resilient health system.**
- Establishment of DQU teams** has enabled the facilities to change their perception that data use is solely the responsibility of policymakers at the state and federal levels.
- DQU teams are a good strategy to **bridge the gap** between facility and community as they provide opportunity for increased **community participation** to ensure the quality of health service delivery.



Cross-section of participants during PHF training on case management

References

- National Malaria Indicator (NMIS) Survey 2021
- National Malaria Strategic Plan (NMSP 2021-2025)

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