

# IPTi Dissemination Meeting Report – Kambia

**Venue:** Africana Village Hotel Kambia Town  
**Date:** 29 March 2019  
**Participants:** Total of 65 Participants (Kambia DHMT, Local Council, Traditional Authorities, NMCP, CDC and ICAP)

## 1. BACKGROUND

Intermittent Preventive Treatment in Infants (IPTi) with Sulphadoxine Pyrimethamine (SP), is a proven strategy to reduce malaria incidence and its complications in infants.

In 2017, Sierra Leone’s National Malaria Control Programme (NMCP), with support from its partners and donors, launched an ambitious initiative to implement IPTi nationwide, the first of any country. In the first phase of the initiative, IPTi was rolled-out to four of the fourteen districts including Kambia district.

To inform scale-up, ICAP at Columbia University, with support from the United States Centres for Disease Control and Prevention (CDC), conducted an external formative evaluation (Phase 1) of IPTi pilot activities in the district of Kambia, where IPTi was introduced in March 2017. Phase 1 included facility assessments at 18 PHUs, In-debt interviews and Knowledge Attitude and Practices survey with facility staff, key informant interview with officials of the Ministry of Health and Sanitation (MOHS) and other partners at central level, focus group discussions with caregivers at community level and data abstraction from facility registers. Strategy of IPTi scale up was informed by findings from the formative evaluation.

In 2018, ICAP conducted the second phase of the evaluation in Kambia, which included a household survey to estimate IPTi coverage among infants 3 to 15 months and follow-up facility assessments at the same 18 facilities as Phase 1. Findings from Phase 2 have been shared at the NMCP IPTi Taskforce meeting and the Roll Back Malaria Forum with partners and representatives from pilot districts. Both forums provided partners an opportunity to ask questions, seek clarifications, contribute to the interpretation of the evaluation results and offer recommendations.

To further validate these finding and solicit comments and recommendations at district-level, a third dissemination event was held in Kambia district on the March 29<sup>th</sup>, 2019. Participants included members of the District Health Management Team (DHMT), health facility staff from facilities included in the evaluation, Paramount Chiefs and representatives from Civil Society Organisations (CSOs) and Local Council.

## 2. MEETING AGENDA

Time	Activity
11:00-11:05 am	<b>Opening Prayers</b> <ul style="list-style-type: none"><li>• Muslim – Volunteer</li><li>• Christian – Volunteer</li></ul>
11:05-11:50 am	<b>Opening Courtesies – Remarks</b> (5 Minutes for each representative) <ul style="list-style-type: none"><li>• Country Representative – ICAP</li><li>• Representative – CDC</li></ul>

	<ul style="list-style-type: none"> <li>• Representative – NMCP</li> <li>• Representative – DHMT</li> <li>• Representative – Traditional Authorities</li> <li>• Representative – Local Council</li> </ul>
11:50-12:05 pm	<i>COFFEE BREAK</i>
12:05-12:15 pm	<b>Overview of IPTi Implementation</b> <ul style="list-style-type: none"> <li>• Presentation on IPTi implementation – NMCP</li> </ul>
12:15-1:00 pm	<b>IPTi Evaluation Findings</b> <ul style="list-style-type: none"> <li>• Presentation of evaluation findings – ICAP</li> </ul>
1:00-2:15pm	<b>Questions, Contributions, Comments and Group Sessions</b> <ul style="list-style-type: none"> <li>• Questions and comments – All present (15mins)</li> <li>• Group sessions to discuss recommendations - All present (25mins)</li> <li>• Clarification of contextual issues related to IPTi – ICAP/NMCP (5mins)</li> <li>• Updates from group work – All present (30mins)</li> </ul>
2:15- 3:00 pm	<b>Closing Courtesies and Lunch</b> <ul style="list-style-type: none"> <li>• Vote of thanks- ICAP</li> <li>• Lunch</li> </ul>

### 3. OPENING PRAYERS

Muslim and Christian prayers were conducted by volunteers from the participants invited for the dissemination.

### 4. OPENING COURTESIES – REMARKS

#### 4.1. Statement from Dr Mame Toure - ICAP country Director

Dr. Mame, ICAP Country Director, welcomed all participants, and continued by giving a brief background of ICAP and its role and support provided in the IPTi evaluation. She expressed her gratitude to all paramount chiefs, the people of Kambia, the District Medical Officer (DMO), the PHU staff who supported the implementation and evaluation of the programme.

#### 4.2. Statement from NMCP Representative - Mr. Frederick Yamba

Mr Yamba emphasised the NMCP's commitment to reducing infant mortality rate. While developing their strategic plan for 2016-2020, the Ministry considered ways in which to prevent malaria in infants given its high morbidity rate. He thanked ICAP for their continued technical support to NMCP throughout the implementation process, and for providing scientific evidence through evaluation of the programme. He also thanked PHU staff for their support.

#### 4.3. Statement from Honourable Member of Parliament Representative, Traditional Authorities - Hon P C Shebora Yek II

The representative expressed his thanks for including traditional authorities in the dissemination. He expressed their willingness to share the evaluation results with their communities. He reaffirmed the commitment of Local Authorities in supporting health related intervention.

#### *4.4. Statement from District Medical Officer (DMO) - Dr. Mariama J S Murray*

DMO expressed thanks and appreciation to all dignitaries present, particularly to ICAP for organising the event. She welcomed ICAP staff and management to Kambia. She appreciated NMCP for supporting the roll-out process by providing supplies, supportive supervision and trainings to health care workers. The DMO also emphasised the importance of data in informing the Ministry of Health's programmes.

#### *4.5. Statement from Kambia District Council Chairman - Representative*

The Deputy District Council Chairman who represented the Local Council thanked all representatives from the health facilities, NMCP, and DHMT for being present for the event. He expressed the Council's continuous support to DHMT and the health facilities to eradicate malaria in Kambia.

### **5. OVERVIEW OF IPTi IMPLEMENTATION**

#### *NMCP Presentation on Overview of IPTi Implementation - Federick Yamba*

This presentation was done in Krio. Outline includes:

- Background
- What is IPTi /Dosing and Schedule
- The evidence
- Implementation in Sierra Leone
- Integration with EPI
- Challenges

(See presentation in Appendix 1)

### **6. IPTi EVALUATION FINDINGS**

#### *Presentation on Findings - Anthony Mansaray*

This presentation was done in Krio.

### **7. QUESTIONS AND COMMENTS**

- EPI Focal Person in Kambia expressed concerns about summary findings, which state the "Need to ensure availability of immunization cards". This is as a result of stock out of revised immunization Under Five (U5) cards in more facilities in phase two compared to phase 1. He remarked that this finding came as a surprise given the fact that at DHMT level they have not experienced stock out of U5 cards in more than a year. He associated these finding to late requisitions and supply chain challenges.
- The EPI Focal Person commented on the low coverage of IPTi. Stating that this low coverage could be associated to stock out of SP or poor recording of receipt of IPTi on U5 cards. PHU staff present strongly agreed to both proffered reasons judging by their approval of this statement and comments that followed.
- NMCP Focal Person in Kambia expressed thanks to ICAP for returning to Kambia to share the evaluation findings and gather feedback, which he emphasized rarely occurs with other evaluations.
- The District Health Education Officer expressed the need for accuracy in health education messages provided by health care workers, given the level of trust and reliance on them by caregivers demonstrated in the findings.
- Unrelated to the evaluation findings, a participant questioned the reason for high malaria prevalence in Kambia. The NMCP representative explained that it may be associated to

the fact that if localities are inhabited by a particular species of mosquitoes i.e. the female anopheles mosquitoes, there is a chance for high malaria prevalence if preventative measure are not taken. the female

### 8. GROUPS WORK PRESENTATION ON RECOMMENDATIONS – ALL PRESENT

Participants were organised into four groups to discuss recommendations. Groups one and four were 80% composed of health care workers and other participants such as representatives from CSOs and Local Council. Groups two and three where 60% composed of chiefs, while other group members included health care workers and representatives from CSOs.

Name of Group	Recommendations for Health Facilities
Group One	<ul style="list-style-type: none"> <li>• District Operation Officer to make available immunization cards and other supplies to health facilities across the district</li> <li>• DHMT to intensify supportive supervisions</li> <li>• District council and implementing partners to support the DHMT with logistics supply for supportive supervision</li> <li>• Improvement of storage facilities in PHUs. Most PHUs need expansion and maintenance of storage facility</li> </ul>
<b>Recommendations for Household findings</b>	
Group Two	<ul style="list-style-type: none"> <li>• CHWs and Health Workers to increase knowledge to caregivers about the correct doses of IPTi during routine vaccinations, outreach, and health campaigns.</li> <li>• Availability of SP at facilities all times</li> <li>• Health workers should be refreshed on proper documentation of IPTi on the under five cards</li> <li>• DHMT and other partners should encourage nurses to embark on intensive outreach/defaulters tracing</li> <li>• DHMT and other partners to support intensive outreach and defaulter tracing by community health care workers.</li> <li>• Involvement of stakeholders and other community structures such as chiefs, village headmen, youth leaders, women’s leaders, teachers and religious leaders.</li> <li>• There is a need to increase access to health facilities in some chiefdoms</li> <li>• Regular in-service training for health workers on IPTi administration</li> </ul>
<b>Recommendations for Household findings</b>	
Group Three	<ul style="list-style-type: none"> <li>• There should be regular supplies of SP for IPTi</li> <li>• IPTi must be included in all outreach services of EPI</li> <li>• All IPTi services provided must be recorded on the U5 cards</li> <li>• Health workers should lay more emphasis on health education precisely malaria and IPTi</li> <li>• Strengthen community stakeholder’s engagement (chiefs, women’s leaders, teachers, etc.) on all EPI activities in their communities</li> <li>• Paramount chiefs/Regent chiefs should pass by-laws for refusals of immunization activities in their different</li> </ul>

	<p>communities and individuals</p> <ul style="list-style-type: none"> <li>• Health information should/must be shared to health workers promptly</li> <li>• Early distribution of total catchment population per PHU, for early preparation</li> </ul>
<b>Recommendations for Health Facility</b>	
Group Four	<ul style="list-style-type: none"> <li>• Health workers should be trained on how to calculate the under one population in their catchment</li> <li>• DHMT/NMCP to provide IPTi equipment and supplies</li> <li>• Provide guidelines and pictorial educational posters and materials on IPTi to PHUs and public spaces.</li> <li>• PHU staff should request for immunization cards from DHMT</li> <li>• Increase supportive supervision on IPTi and conduct proper mentoring.</li> </ul>