

Making Strides to Prevent and Treat Malaria in Pregnancy

From the global to the country level, USAID's flagship Maternal and Child Survival Program via leadership in the Roll Back Malaria (RBM) Partnership's Malaria in Pregnancy Working Group has worked alongside country and global partners to help women avoid the dangerous effects of malaria in pregnancy (MiP).



Kenya

Improved community mobilization, resulting in a 50% increase in early ANC attendance (24% to 36%) and increased IPTp coverage. Advocated for improved supply chain for MiP, resulting in procurement of sulfadoxine-pyrimethamine using county health funds.

50% increase in early ANC attendance



Tanzania

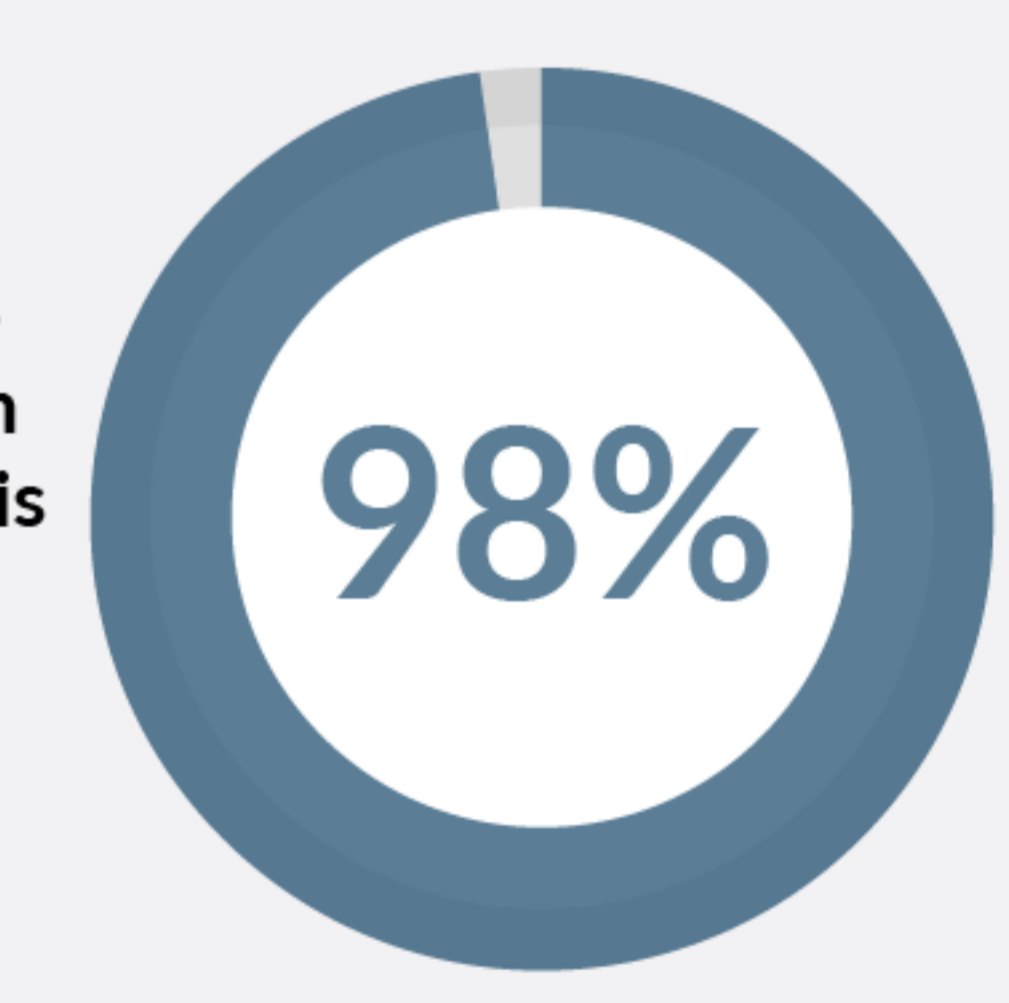
Included IPTp3 indicator in health management information systems for improved reporting on MiP.



Improved reporting on MiP

Mozambique

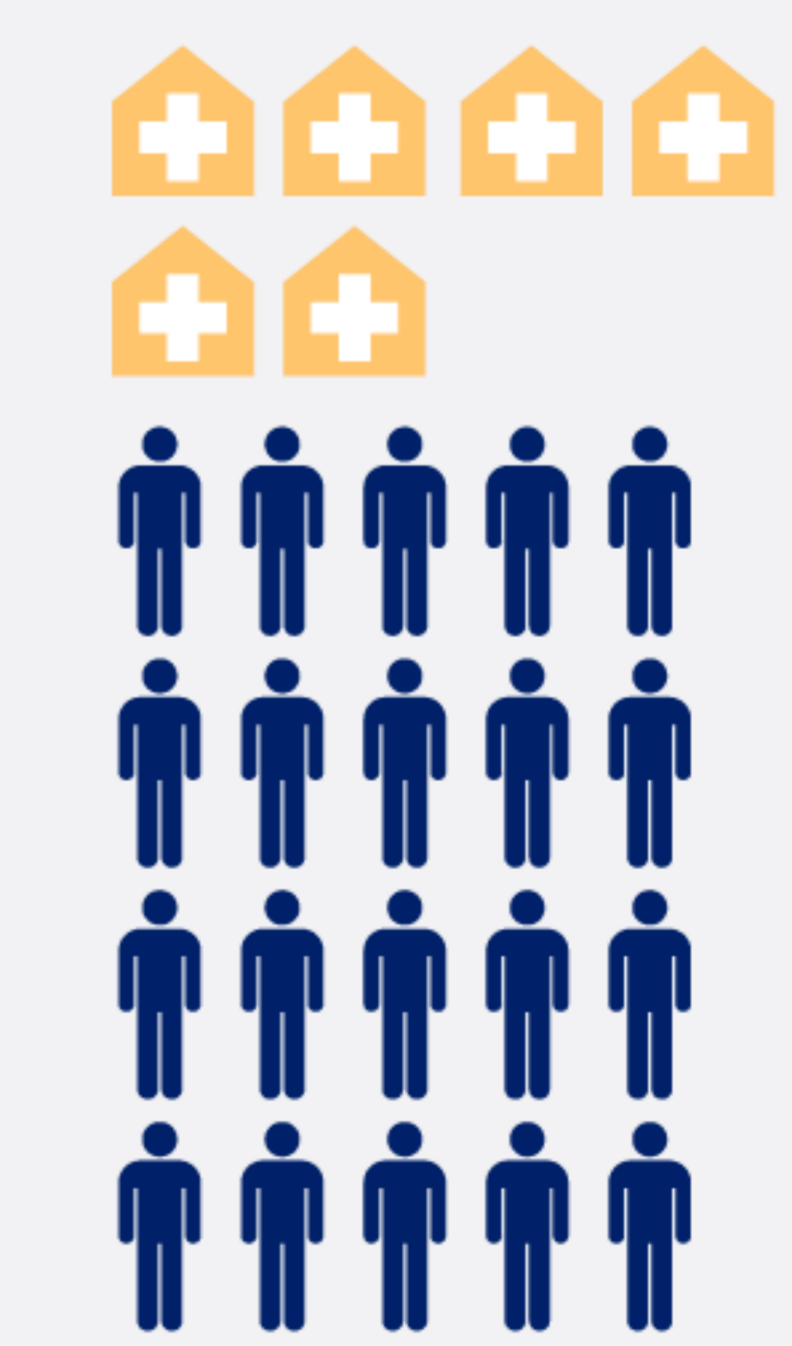
Forty-five percent of health facilities improved performance on malaria standards by 50% or more compared to baseline, and the percentage of children under 5 with a positive malaria diagnosis who received artemisinin-based combination therapy increased from 91% to 98%.



of children under 5 with a positive malaria diagnosis received treatment

Madagascar

Implemented more effective training methods for malaria service delivery, low-dose, high-frequency: Six facilities with 16 trained providers have shown increased ANC utilization rates, improved adherence to the World Health Organization's recommendations on IPTp, and implementation of action plans to prevent sulfadoxine-pyrimethamine stock-outs.



Six facilities with **16** trained providers have shown increased ANC utilization rates