



DRC Overview

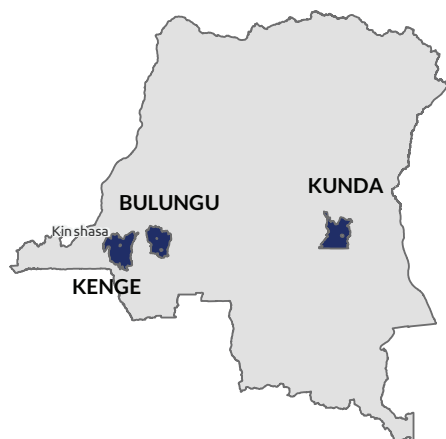
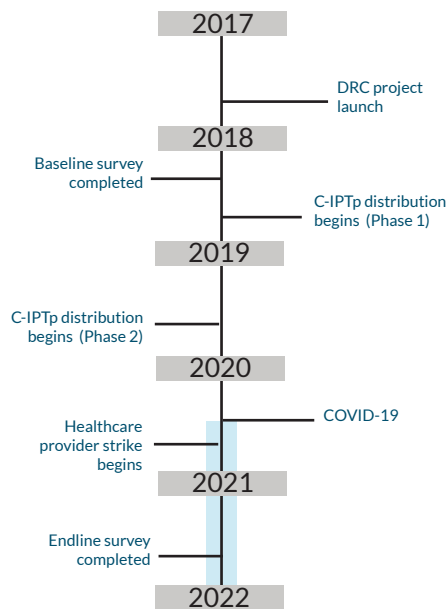
Results from Kenge, Bulungu, and Kunda Districts

TIPTOP Summary

The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project is an innovative, community-based approach that aims to dramatically increase the number of pregnant women in malaria-affected countries in sub-Saharan Africa receiving antimalarial preventive therapy, thus saving the lives of thousands of mothers and newborns.

The TIPTOP project aims to increase coverage of the third dose of intermittent preventive treatment in pregnancy (IPTp3) through distribution at the community level, without decreasing antenatal care (ANC) attendance.

Timeline of Implementaton



Household Survey Results

Household surveys were collected as cross-sectional surveys using Multi-Stage Cluster Household Survey method. Information collected included ANC clinic attendance and IPTp coverage through interviews with women who had ended a pregnancy within the past six months.

	Kenge		Bulungu		Kunda	
	Baseline	Endline	Baseline	Endline	Baseline*	Endline
IPTp3	21.76%	65.30%	25.50%	78.00%	18.40%	51.00%
ANC4	43.29%	48.20%	40.87%	57.10%	35.37%	42.40%

*Repeat baseline conducted

District Details

	Kenge	Bulungu	Kunda
Province	Kwango	Kwilu	Maniema
Population	320,196	335,850	351,704
Area	5,558 square km	3,999 square km	6,073 square km
Density	58 people/ sq km	85 people/ sq km	58 people/ sq km
Expected pregnant women	12,808	13,514	14,068

Rapid Facility Assessments

TIPTOP-supported health facilities in order to evaluate their readiness to provide ANC and IPTp, and to assess the linkage between health facilities and community health workers (CHW) for better activity coordination.

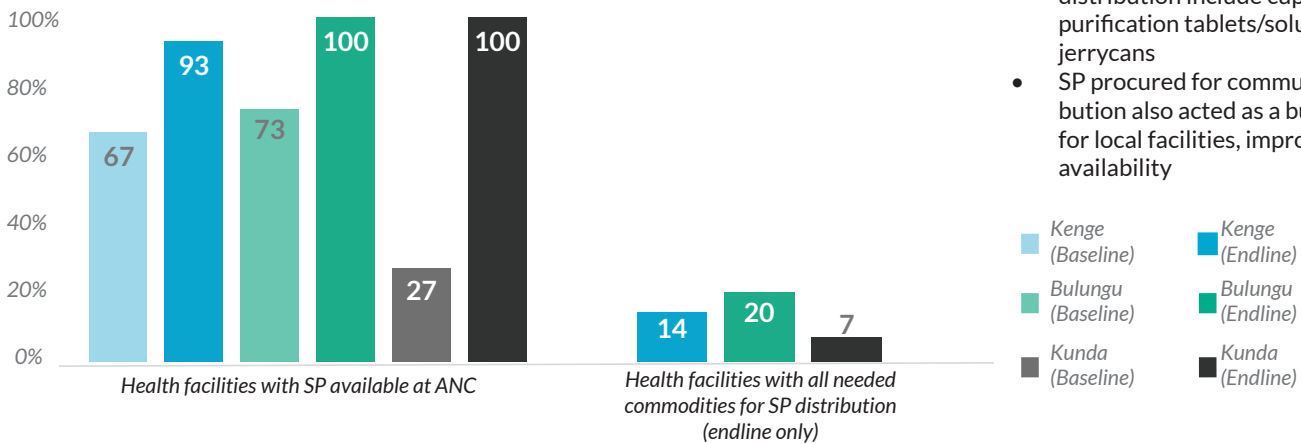
Number of Phase 1 facilities in Kenge sampled through one stage stratified random sampling: 28/29

Number of Phase 2 facilities in Bulungu and Kunda assessed: 25/30, 28/30

Data below are from rapid facility assessments or data quality audits.

Facility Readiness

Percent of facilities reporting SP and necessary components needed for SP distribution



- All needed commodities for SP distribution include cups, water purification tablets/solution, and jerrycans
- SP procured for community distribution also acted as a buffer stock for local facilities, improving SP availability

■ Kenge (Baseline) ■ Kenge (Endline)
■ Bulungu (Baseline) ■ Bulungu (Endline)
■ Kunda (Baseline) ■ Kunda (Endline)

89%

of facilities offer ANC services at endline survey



Photo of SP blister packet
Photo credit: Kristen Vibbert

100%

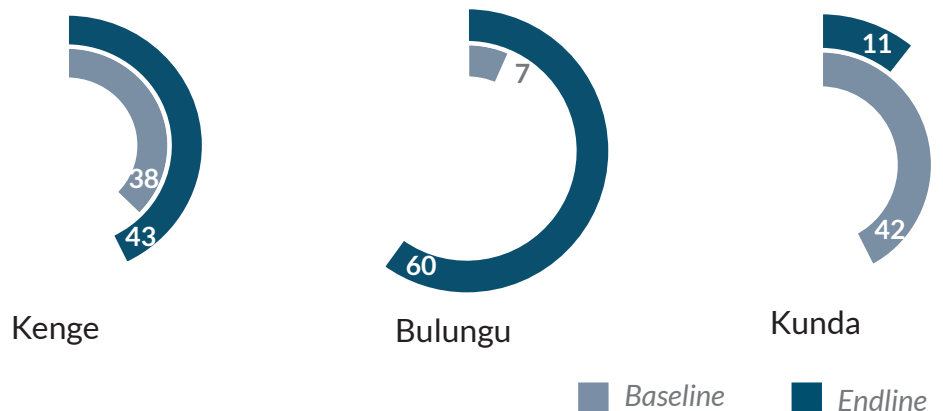
of health facilities have community education in their catchment areas on benefits of IPTp

80%

health facilities have most up-to-date stock registers

SP stock management improvement

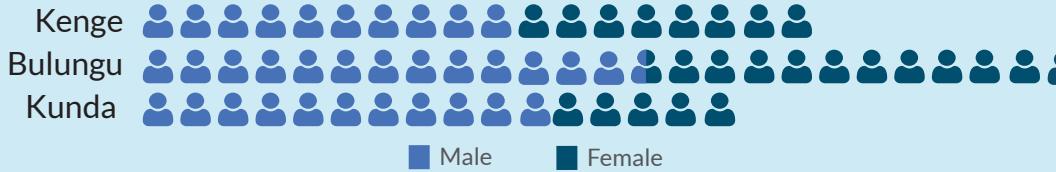
Percent of facilities with SP stock count matching stock card in 3 districts



■ Baseline ■ Endline

Community Health Workers

Average # of CHWs supporting catchment area



Each icon represents 2 CHWs at endline. No baseline data available.

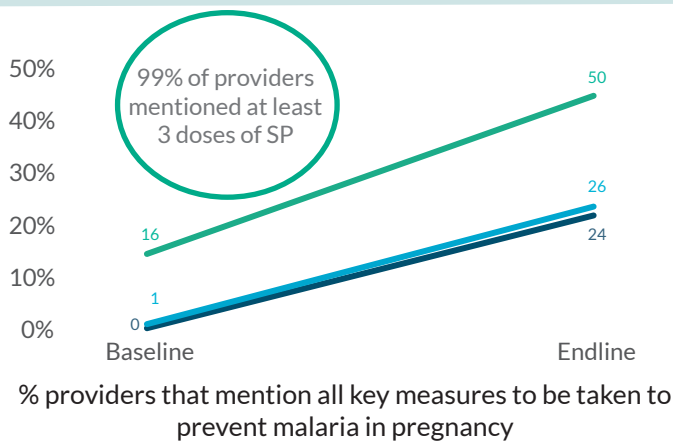
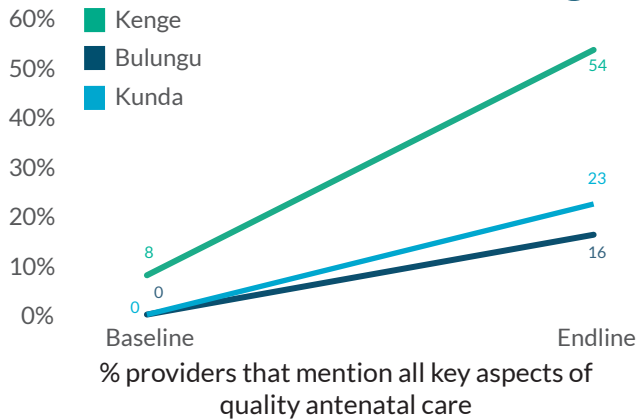
In DRC, CHWs work as volunteers with incentives, such as t-shirts, hats, and transportation reimbursement. They are selected by community leaders using the following criteria:

- Living in the area
- Literate & credible in the community
- Speak local language
- Have a source of income or other job

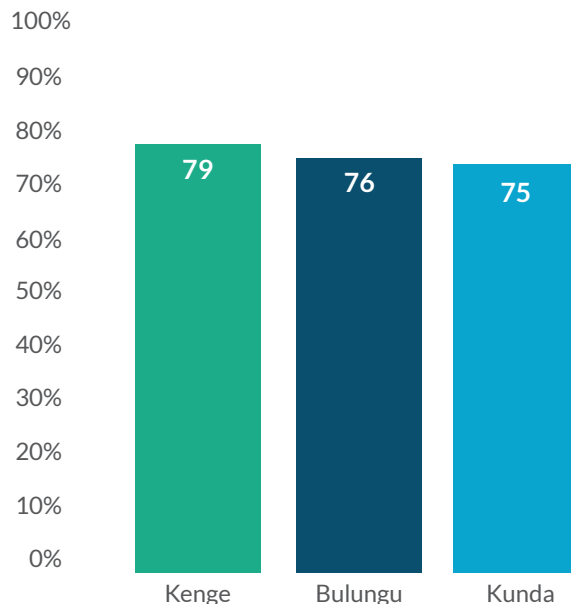
Over 95% of CHWs submit reports on time

Each CHW serves an average of 82 households (ranging from 60 to 100 households) for C-IPTp distribution and health promotion activities related to malaria in pregnancy, ANC, immunization, and other topics.

ANC Provider Knowledge



Data Use



% health facilities that with evidence of data analysis & utilization at endline

Examples of evidence include an ANC wall chart, malaria graph, IPTp wall chart, or other data use materials.

Rapid Data Quality Assessment

Facilities were surveyed for data quality, with acceptable data quality defined as (+/- 5%). The proportion of facilities with acceptable data quality among key measures are listed below:

	ANC1	Early ANC	ANC4	IPTp3	C-IPTp3
Kenge	96%	93%	93%	82%	75%
Bulungu	87%	93%	90%	70%	60%
Kunda	77%	63%	27%	47%	40%

Implementation Highlight

Technical Working Group

At the beginning of the TIPTOP project in DRC, there was a gap in coordination and collaboration between partners working on malaria in pregnancy (MiP) activities. The TIPTOP team recognized a need to create a forum of MiP stakeholders to meet and reflect on MiP progress, challenges, and mitigation efforts. Starting with stakeholder mapping and a consensus-building meeting, a committee was created to develop terms of reference and a workplan for a proposed MiP Technical Working Group.

Stakeholders included in the Technical Working Group include the National Malaria Control Program; other technical areas in the Ministry of Health (reproductive health, HIV, tuberculosis, etc.); and funding and research partners. Quarterly meetings were set up to review progress on the annual workplan, including activities on advocacy, field supervision, technical working group creation at a subnational level, and program performance assessments.

Since creation of the MiP Technical Working Group, 3 additional TWGs have been created at the provincial level. The group advocated for the harmonization of a MiP prevention policy between different health programs and led the advocacy for adopting the 2016 WHO recommendations.



Quarterly Malaria in Pregnancy Technical Working Group meeting.