



DRC Overview

Kenge District: 2017 Rapid Facility Assessment

Rapid facility assessment

To inform and adjust program implementation based on community health worker and facility capacity to implement the Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project, a baseline rapid assessment was conducted in primary health facilities in the Democratic Republic of Congo (DRC)'s Phase I target district.

The objective of the assessment was to understand current malaria in pregnancy practices and challenges. Four topic areas were assessed:

- Facility readiness for malaria in pregnancy (MiP) prevention
- ANC provider MiP knowledge
- Community health worker (CHW) characteristics
- Facility-based data quality

Number of facilities sampled:

24/24

Malaria burden in DRC ¹

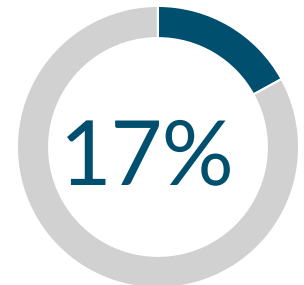
22,640,000

Number of malaria cases nationally

77,555,120

Total population at risk for malaria

1. World Malaria Report, 2017
2. Source: SNIS Health Zone, 2016



IPTp3 coverage among pregnant women in Kenge District ²

SP and commodity distribution

% facilities with SP in stock



% of facilities with stock out in prior 3 months, per stock card



% of facilities missing stock card



- Across TIPTOP countries, DRC had the highest percentage of facilities with SP however, missing and outdated stock cards were frequent occurrences.

Community health workers

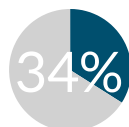
of pregnant women per CHW: 20



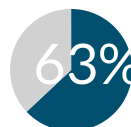
of CHWs per village:



% of CHWs who are female:



% of CHW supervisors reporting that CHWs store drugs at home in a designated container



- While DRC has the lowest ratio of pregnant women to CHWs of TIPTOP districts, CHWs are not distributed equally throughout all catchment areas and have large geographic areas to cover. Additionally, not all of the existing CHWs are actively providing services.
- CHWs only refer pregnant women to health facilities and do not collect data.

CHW role: Do not currently offer any ANC; will be able to offer all doses of IPTp

CHW Reimbursement: Almost all CHWs are volunteers who do not receive a cash stipend or non-cash incentive



Rapid Data Quality Assessment

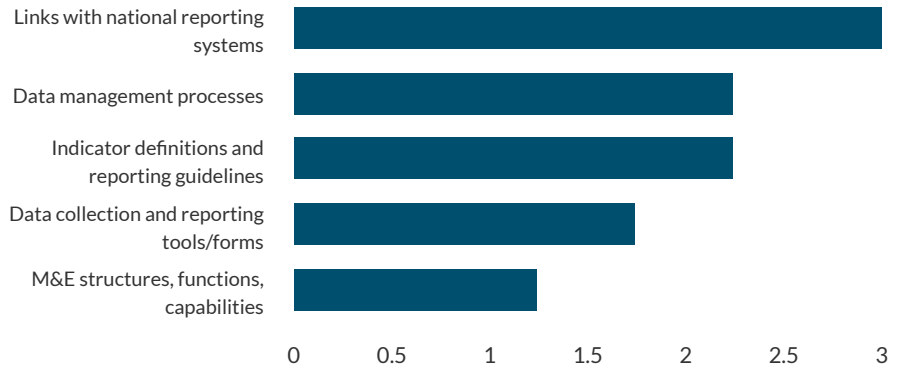


of pregnant women attending first ANC visit:
Over-reporting by 26%



of pregnant women with 4 or more ANC visits:
Over-reporting by 61%

M&E system assessment score (out of 3)



Area details

TIPTOP program locations in DRC

PHASE 1	Kenge Health Zone (Kwango Province)
PHASE 2	Bulungu Health Zone (Kwilu Province) Kundu Health Zone (Maniema Province)

Phase 1 area details

Population	300,206
Area	5,558 square km
Density	54 persons/square km
Expected pregnant women	4% or 12,008

Health system in DRC



ANC provider knowledge

- Average years of experience: **9.6**
- ANC providers across health facilities do not meet the qualifications recommended by DRC policy; facilities reviewed did not have the physicians required and none had a gynecologist/obstetrician available.
- **65%** of ANC providers in DRC knew the appropriate number of IPTp doses, and **88%** knew when a woman should initiate treatment – the highest proportion among all four countries.

% listing malaria prevention and control:

Using ITNs: **94%**

3+ doses of SP: **85%**

Detect and treat: **44%**

% comfortable assessing gestational age: **87%**

Selected next steps and dissemination



Enhance ANC and MiP training and supervision



Increase focus on selecting female CHWs



Conduct quarterly RDQA sessions and data analyses meetings

What is TIPTOP?

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.

TIPTOP works in four countries: Democratic Republic of Congo, Mozambique, Madagascar, and Nigeria.

For more information about the project, please visit:
www.tiptopmalaria.org

