

DRC-IHPplus FACTS

Malaria

The Integrated Health Project Plus (IHPplus) was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. This USAID-funded project was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office's five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high impact family planning, maternal, newborn, and child health (FP/MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision-making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase from the 78 health zones supported by IHP).

Integrated Health Project Plus in the Democratic Republic of Congo



USAID
FROM THE AMERICAN PEOPLE



This fact sheet describes the work of the Integrated Health Project Plus in the Democratic Republic of Congo, which was made possible by the generous support of the United States Agency for International Development (USAID), the United States President's Malaria Initiative (PMI), and the United States President's Emergency Program for AIDS Relief, under Subagreement Number OAA-A-11-00024-01-MSH under USAID Cooperative Agreement Number AID-OAA-A-11-00024. The contents are the responsibility of the Integrated Health Project Plus and do not necessarily reflect the views of USAID or the United States Government.



Strategy

The DRC has one of the highest rates of malaria-related deaths in the world, particularly for children under five. Using a combination of approaches, DRC-IHPplus worked with the DRC Ministry of Health to train health care professionals and community health workers in diagnosis and treatment, as well as to more effectively distribute **bed nets, medications, and rapid diagnostic tests**. Another strategy developed over the course of IHPplus was the implementation of a pilot malaria behavior change communication (BCC) campaign to sensitize people on adapting these methods and strategies to prevent and control malaria.

RESULTS

2,274 health workers (doctors, nurses, clinical officers, community health workers) were trained in diagnosis and treatment of malaria

381,111 pregnant women received at least three doses of sulfadoxine pyrimethamine (SP3) to prevent malaria

850,894 pregnant women received at least two doses of sulfadoxine pyrimethamine (SP2)



Malaria

Challenge: According to the 2013-2014 Demographic and Health Survey, the rate of pregnant women who benefit from SP2 and SP3 is 14%, and according to the national malaria program's 2016 annual report, only 10% benefit. The challenge is therefore how to improve the proportion of pregnant women who benefit from SP2 and SP3.

DRC-IHPplus response: Working closely with the DRC's Ministry of Health, DRC-IHPplus organized a comprehensive malaria package in 168 health zones, as follows:

- Trained health care professionals and community health workers in prevention, diagnosis, and treatment.
- Provided rapid diagnosis and treatment options within communities as well as facilities.

- Conducted effective malaria social and behavior change communication campaigns and pre- and post-intervention surveys to assess the impact of the campaign in order to scale up.
- Rolled out mini-malaria campaigns that focused on completing four recommended ANC visits (ANC4) and uptake of SP4.

Pregnant women benefited from malaria education campaigns



For World Malaria Day, the health zone of Kabondo Dianda in the Haut Lomami province, supported by the USAID-funded IHPplus, organized a sensitization campaign on the importance of IPTp. Low attendance at antenatal care (ANC)

visits, lack of availability of commodities, and lack of training for community health workers (CHWs) on maternal health issues all constituted major challenges. Starting ANC visits late and taking insufficient doses of SP exposes women to malaria, which is a major threat to pregnant women as it can lead to miscarriage, premature birth, newborn death, low birthweight, maternal anemia, and maternal mortality.

IHPplus, in collaboration with the *Division Provinciale de la Santé* (DPS, or provincial health division) organized a briefing session for CHWs and launched a three-day mini-campaign to raise awareness of IPTp from June 9-11, 2017. IHPplus also regularly helped distribute long-lasting insecticide-treated nets (LLINs) and provided commodities, including SP. The mini-campaign targeted 4 of the 18 health areas within the Kabondo Dianda health zone, where 170 pregnant women attended their first ANC visit during the month of June and received the first round of SP for IPTp. The average for the previous five months was only 45 women per month.

Results from the July-September 2017 quarter for the entire health zone of Kabondo Dianda demonstrated the lasting impact of the mini-campaign--a monthly average of 75% of expected women attended their second ANC visit and received their second dose of SP, compared to a monthly average of 65% during January-June 2017.

"Thanks to the sensitization efforts, I have received clear information on when to go in for ANC visits, and on the importance of IPTp," said Mama Mujinga Nday, a campaign participant who was four months pregnant.