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USAID's End Malaria Project

Background

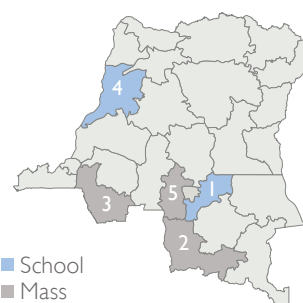
The Democratic Republic of Congo (DRC) is a post-conflict country with persistently insecure conditions, hindering both the Ministry of Health's (MoH) efforts and partners' support toward improving the health of the population. Pregnant women and children suffer disproportionately from malaria, which is the cause of 40% of outpatient visits and 19% of deaths among children under five years in the country.¹ However, since partnering with PMI in 2010, DRC has been able to decrease child death rates by 56% and increase access to ITNs² by 14%.³ According to the 2017-2018 Multiple Indicator Cluster Survey, 63% of households in the DRC have at least one insecticide treated net (ITN).

USAID's End Malaria Project supports the National Malaria Control Program (NMCP) to achieve and sustain its goal of universal coverage of ITNs through mass and school-based distribution campaigns in targeted provinces as determined by the NMCP and the U.S. President's Malaria Initiative (PMI). The project will strengthen the NMCP to effectively plan and implement proven approaches for mass campaigns in Lualaba, Kwango, and Kasai Central provinces and school campaigns in Equateur and Lomami in its first year, and conduct campaigns in other provinces through 2026. Moreover, the project aims to improve knowledge, change attitudes, and encourage proper usage of ITNs. The project also includes a gender focus to increase women's participation in campaign activities and maximize ITN access, ownership, and use by both women and men.

Project Objectives

1. **Increase population access to ITNs** through mass distribution campaigns by covering 90% of households in targeted provinces.
2. **Contribute to maintaining household ITN coverage** through implementation

Year One by the Numbers



Geographic coverage of 5 provinces, including (1) Lomami, (2) Lualaba, (3) Kwango, (4) Equateur, and (5) Kasai Central

- **8,210,411** ITNs distributed
- **13,359,105** people covered
- **5,168** schools covered
- **3,053** key actors trained on campaign processes
- **24,147** community health workers and 3,992 social mobilizers engaged
- **10** Regional Distribution Centers (CDRs) engaged for ITN storage and distribution through FY23
- **61** radio stations engaged to disseminate campaign messaging
- Campaign messaging translated into **13** local languages

1. World malaria report 2020: 20 years of global progress and challenges. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

2. ITNs are referenced for this project, but all ITNs are within the definition of long-last insecticide treated nets (LLINs).

3. INS, Enquête par grappes à indicateurs multiples, 2017-2018, rapport de résultats de l'enquête. Kinshasa, République Démocratique du Congo.



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of school-based distributions by reaching 95% of eligible school children in targeted provinces.

- 3. Strengthen the capacity of the NMCP** to plan and implement ITN distribution activities in line with international best practices.

Year One Project Highlights

Strides towards universal ITN coverage in the DRC.

Since contract award on March 1, 2021, USAID's End Malaria Project has completed a total of four campaigns: two mass distribution campaigns in Kwango, Lualaba and two school-based campaigns in Lomami and Equateur. The project will complete a third mass campaign for Kasai Central in early 2022. By January 2021, the project distributed 3,974,605 ITNs to 6,919,240 people in Lomami, Lualaba, and Kwango. Notably, the project launched these campaigns in less than six months, instead of the standard nine as defined by the NMCP. To do this, the project relied on a core group of staff with extensive experience in planning and implementation of campaigns, some building upon the experience of previous campaigns. The project will implement an additional 5 school campaigns and 3 mass campaigns in Year 2.



ITNs are deployed during the Kwango mass distribution campaign.
Photo credit: Freddy Shukuru Salumu

Generating savings through a new pricing model. In Year 1, the project engaged with 11 Regional Distribution Centers (CDRs) for the storage and distribution of ITNs. In a departure from the fee structure used in previous years for the distribution of ITNs in the provinces, the project saved over \$300,000 in Kwango. After negotiations with the CDR, the project was able to secure a pricing strategy per net by district, known as health zone, for the first time. This new pricing system will allow the project to better track the actual cost per net by health zone. Moreover, striving for a more inclusive pricing model will allow the project to report more cost efficiencies to USAID and the NMCP with the goal

of reducing future pricing through greater visibility of costs, throughout the life of the project.

Adapting the distribution approach to the COVID-19 context.

Since the first case of COVID-19 in the DRC was identified in March 2020, the country has reached 86,315 cases with 1,335 deaths total.⁴ As a result, USAID's End Malaria project has adapted its distribution strategy to protect health workers and beneficiaries during campaigns. In order to limit the number of contacts during campaigns, all distribution agents are equipped with PPE and are tasked with communicating the benefits of the ITNs and educating the population on the measures of protection against COVID-19. Through this approach, the project has been able to reinforce the safety of its workers and beneficiaries.

Incorporating a Gender Focus Into Mass Distribution Campaigns

USAID's End Malaria Project includes a Gender Analysis and Gender Implementation Strategy (GAGIS) to support the facilitative work to change basic behaviors, to shift norms, and increase their use by both women and men in households. During the 2021 macroplanning workshop, the project and partners created a communications plan to increase women's participation to 30% of all campaign actors, and tailored messaging to the local context to increase equal ITN usage at the household level.

In 2021 campaigns, the project recorded an increase in women's participation in mass campaigns. Notably, 32% of Lualaba campaign actors were women, with the highest rate among community health workers at 37%. Women's participation is not reported for school campaigns. The highest percentage of women in the campaign was among Provincial Management Teams (41%) and community health workers (31%).



USAID/DRC Health Director Ana Bodipo-Mbuyamba symbolically presents ITNs to Lucie Amarale Sonia. Photo credit: Hubert Tsipukana

4. "Democratic Republic of the Congo: Who Coronavirus Disease (Covid-19) Dashboard with Vaccination Data." World Health Organization (World Health Organization, March 11, 2022), <https://covid19.who.int/region/afro/country/cd>.