



Community Intermittent Preventive Treatment for Malaria in Pregnancy

Implementation Handbook



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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 treatment, thus saving the lives of thousands of mothers and newborns.

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Abbreviations

ACT	artemisinin-based combination therapy
ANC	antenatal care
CDI	community-directed intervention
C-IPTp OFM	community intermittent preventive treatment orientation and facilitation meeting
CDTI	community-directed treatment with ivermectin
CHW	community health worker
C-IPTp	community intermittent preventive treatment in pregnancy
<i>Counseling Flip Chart</i>	<i>Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart</i>
CSM	community self-monitoring
CSO	civil society organization
HCW	health care worker
HIMS	health management information system
<i>Implementation Handbook</i>	<i>Community Intermittent Preventive Treatment for Malaria in Pregnancy: Implementation Handbook</i>
IPTp	intermittent preventive treatment in pregnancy
ITN	insecticide-treated bed net
LLIN	long-lasting insecticidal net
M&E	monitoring and evaluation
MiP	malaria in pregnancy
MOH	ministry of health
NGO	nongovernmental organization
PHC	primary health care
RDT	rapid diagnostic test
SBCC	social and behavior change communication
SP	sulfadoxine-pyrimethamine
SSA	sub-Saharan Africa
TIPTOP	Transforming Intermittent Preventive Treatment for Optimal Pregnancy
TWG	technical working group
WHO	World Health Organization

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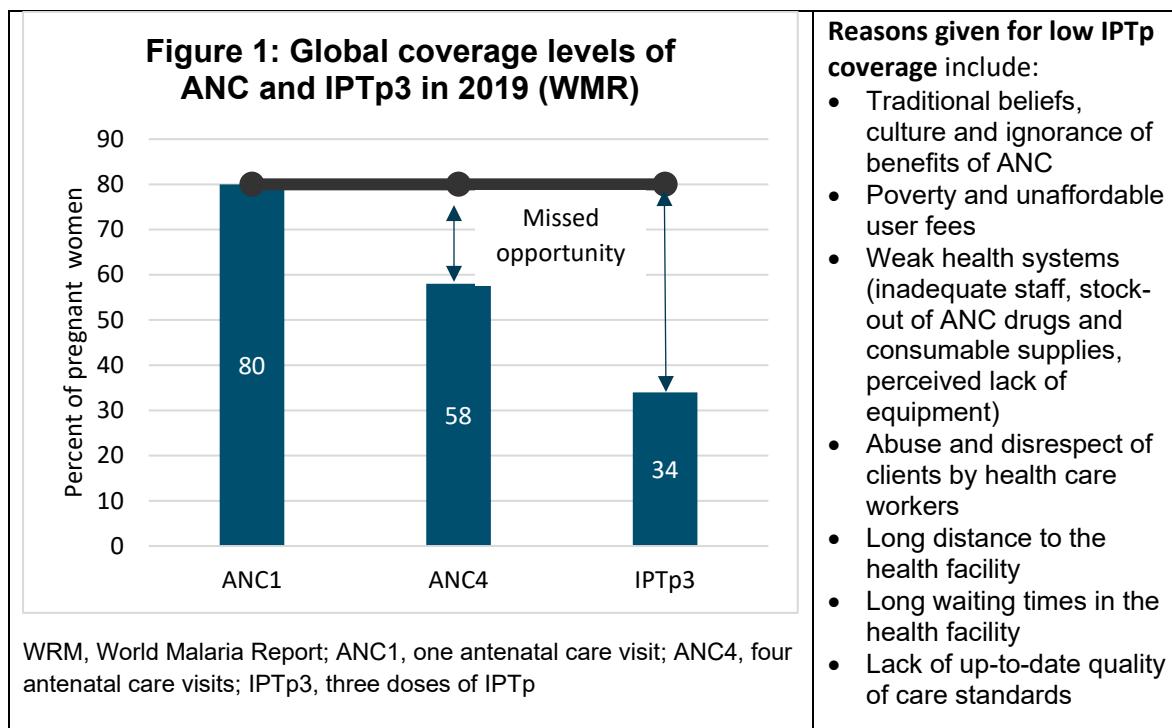
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Introduction to the Community Intermittent Preventive Treatment for Malaria in Pregnancy Implementation Handbook

Rationale

In sub-Saharan Africa (SSA), annually over 25 million pregnant women are exposed to infection from malaria (1). An estimated 10,000 pregnant women and up to 200,000 newborns die from malaria in pregnancy (MiP), primarily due to the infection from *Plasmodium falciparum* parasites transmitted through mosquito bites (2). Furthermore, recent data indicate that up to 20% of stillbirths in SSA are attributable to MiP (3).

In 2012, the World Health Organization (WHO) updated its policy to promote initiation of intermittent preventive treatment in pregnancy (IPTp) for malaria with the antimalarial medication sulfadoxine-pyrimethamine (SP) as early as possible in the second trimester, along with the use of insecticide-treated bed nets (ITNs) and effective case management (4). The primary indicator for the prevention of MiP was also updated to measure coverage of three doses of IPTp with SP (IPTp3) (3). In 2015, WHO affirmed the effectiveness of IPTp with SP, even in areas where malaria is resistant to SP (5). However, in spite of its proven effectiveness, access to the medication has been limited in many countries with medium to high prevalence of malaria. Figure 1 below shows the missed opportunities in reaching pregnant women who attend the antenatal care (ANC) clinic at least once with the WHO recommended minimum three doses of IPTp with SP.



Despite growing parasite resistance to SP in some areas (6), IPTp with SP remains a highly cost-effective, lifesaving strategy to prevent the adverse effects of MiP in the vast majority of pregnant women in SSA. Recent estimates indicate that a full course of IPTp with SP decreases the incidence of low-birthweight babies by 43%, severe maternal anemia by 38%, and perinatal mortality by 27% among women experiencing their first or second pregnancies (7). It is also one of the few health interventions that peer-reviewed evidence has shown reduces neonatal mortality (8; 9). Delivery of IPTp requires a functioning ANC platform and access to quality-assured SP.

TIPTOP's role

The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project aimed to significantly reduce incidence of MiP. This 5-year project funded by Unitaid aimed to increase pregnant women's access to lifesaving quality-assured SP at monthly intervals during pregnancy. The TIPTOP project drove impact in target countries to help governments increase access to this cost-effective intervention, leading to better maternal and newborn health outcomes.

The TIPTOP project's approach was simple and innovative. TIPTOP used the **community-directed intervention (CDI) approach**—where community members take the lead in delivering an intervention in their own community—to introduce community-level distribution of quality-assured SP and expand ANC attendance.

The project, managed and implemented by Jhpiego, aimed to substantially reduce missed opportunities for eligible pregnant women to receive SP by helping to reach those most vulnerable in four African countries: Democratic Republic of the Congo (DRC), Madagascar, Mozambique, and Nigeria (Figure 2). Jhpiego collaborated to achieve the desired project results with:

- Barcelona Institute for Global Health, as research and evaluation lead
- WHO
- Medicines for Malaria Venture

The TIPTOP approach was designed for sustainability: project success will be realized when countries are able to scale up this community-based model. TIPTOP supported ministries of health (MOHs) and coordinated closely with key stakeholders supporting MiP implementation in each country to create a platform for long-term success.

The 5-year landmark project aimed to:

- Generate evidence to inform WHO change in policy recommendations across SSA
- Introduce and set the stage for scale up of community distribution of IPTp with quality-assured SP
- Introduce and increase demand for quality-assured SP

Figure 2.

TIPTOP project countries:
Democratic Republic of the
Congo, Madagascar,
Mozambique, and Nigeria



Why Community Intermittent Preventive Treatment for Malaria in Pregnancy?

To achieve the objectives of the TIPTOP project and ensure wide coverage, as well as community ownership and sustainability of the program, an approach was needed that strengthens the community to participate in the project's implementation. Community intermittent preventive treatment for malaria in pregnancy (C-IPTp) is an ideal mechanism. Hence, the TIPTOP project created this *Community Intermittent Preventive Treatment for Malaria in Pregnancy: Implementation Handbook (Implementation Handbook)* to fill the need for a reference manual that can guide stakeholders in implementing and managing a C-IPTp for MiP process.

For many years, health services and nongovernmental organizations (NGOs) have distributed health commodities to communities—for example, vaccines, vitamin A, ITNs and long-lasting insecticidal nets (LLINs), ivermectin for onchocerciasis, guinea worm filters, condoms, and antiretroviral and tuberculosis drugs. However, hard-to-reach communities have not been able to access these interventions. This situation is particularly evident in malaria control for SSA, where coverage rates have remained poor for low-cost interventions like sleeping inside ITNs/LLINs, prompt and appropriate treatment with artemisinin-based combination therapy (ACT) drugs, and IPTp. As a result, malaria continues to claim lives of many women and children.

Operational studies—sponsored by the UNICEF/United Nations Development Programme/World Bank/WHO Special Programme for Research and Training in Tropical Diseases—on the C-IPTp approach demonstrated that communities can carry out the task of health commodity distribution thoroughly and accurately (10). The studies revealed that communities are capable of taking charge of commodity distributions if:

- The disease is perceived as an important health problem that affects all sections of the community
- An intervention is available that is relatively simple to implement
- The intervention has a clearly perceived benefit
- Implementation of the intervention is under the full control of community health workers (CHWs) (Figure 3)
- The intervention materials are made adequately accessible to the community

Once a country decides to implement C-IPTp, the stakeholders at the national level will select the districts to be involved. At the subnational level, the districts will select the villages, political wards and health facilities to be involved in the program while the communities will select the CHWs to be trained and later deployed for the program.

The most critical factor, however, is **community empowerment** to: take charge; receive and monitor commodities; provide oversight for the selected CHWs as they identify and counsel pregnant women and distribute commodities to them; and liaise with the MOH and partners to ensure the success of the implementation.

Figure 3.

Gloria Chinwedu, a midwife, prepares to deliver care in her community.



Photo by Gladys Olisaekie, Jhpiego.

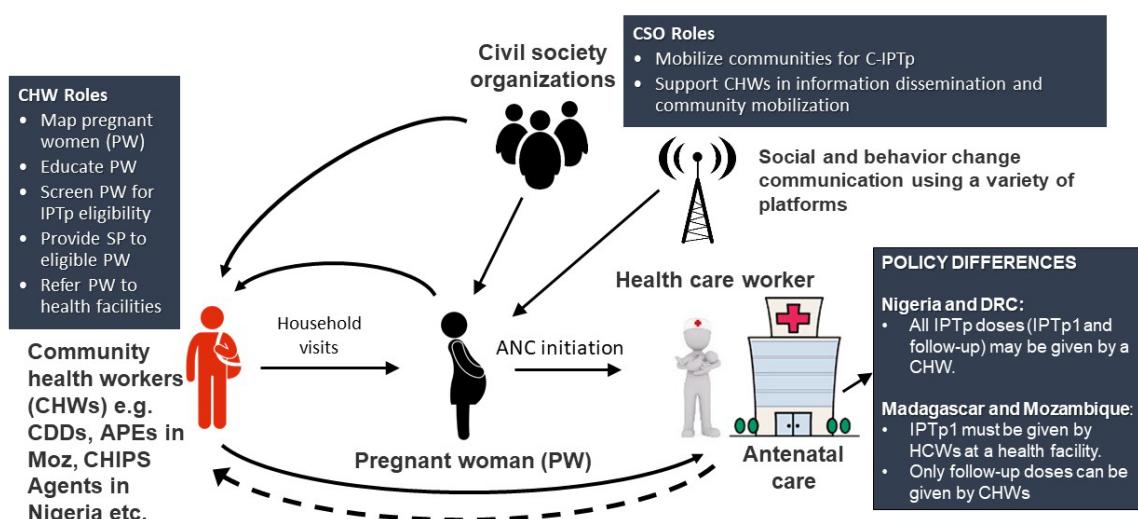
Overview of the Innovative TIPTOP Project

The TIPTOP “no missed opportunities” project identified and trained volunteer CHWs who subsequently found and mapped pregnant women in the community, screened them for eligibility to receive quality-assured SP, and provided the requisite SP doses to the eligible ones and thereafter referred them to the health facility for comprehensive ANC. It is noteworthy that in the DRC and Nigeria, trained CHWs were allowed to administer the first dose of SP to eligible pregnant women in the community before referral to the health facility for other comprehensive ANC services. However, in Madagascar and Mozambique, the national policy requires that all pregnant women must receive the first dose of SP in the ANC clinic before trained CHWs can give follow-up doses to eligible pregnant women in the community. Figure 4 below summarizes the roles and responsibilities of the major players in C-IPTp.

Figure 4.

Framework for C-IPTp

TIPTOP's “No Missed Opportunities” Approach



Introduction to the *Implementation Handbook*

Who is the *Implementation Handbook* For?

This guide is for programs implementing C-IPTp to address the burden of MiP. The people carrying out this work are referred to collectively as **facilitation teams**. A facilitation team consists of:

- National and subnational MiP technical working groups (TWGs)
- District and community malaria control teams
- Training facilitators and C-IPTp focal persons (see Box 1), who may be:
 - Facility health care workers (HCWs)
 - District C-IPTp team members
- CHWs, as they will be referred to throughout this guide. Depending on the community, CHWs may also be known as:
 - Community implementers
 - Community volunteers
 - Community-directed distributors
 - Commodity distributors
 - Community nominees
 - Community health influencers, promoters and service (CHIPS) agents (Nigeria)
 - Agentes polivalentes elementares (APEs) in Mozambique

Box 1. Selection criteria for C-IPTp focal person

- HCW trained in IPTp, supportive supervision, and effective training skills
- Works in health facility near the community (preferably in the ANC clinic)
- Has interest in C-IPTp and agrees to participate in the project

The **training facilitator** (Figure 5) will be responsible for training the HCWs and CHWs. In the anticipated setup, the training facilitator may be the district-level maternal and newborn health coordinator or someone from the district health office in a similar role. Experienced and skilled training facilitators may have to be engaged to conduct the trainings.

Figure 5.

A training facilitator leads a training of CHWs in DRC.



Photo by Fabrice Witanday, Jhpiego/DRC.

Community-level C-IPTp focal persons (preferably, facility-based HCWs responsible for ANC and knowledgeable of the C-IPTp process) will be responsible for:

- Contacting the communities
- Planning, implementing, and monitoring C-IPTp
- Assisting training facilitators and often training CHWs
- Conducting supervision visits as needed

The **C-IPTp focal person** is the permanent contact person for the communities and will lead the monthly supportive supervision meetings of CHWs, during which service delivery records, referrals, and stock status of SP are reviewed.

The **CHWs** visit pregnant women at home, counsel them and their families about MiP, deliver IPTp with SP (where allowed), and refer pregnant women for ANC.

Purpose and Objectives of the Implementation Handbook

This guide is meant to supplement Jhpiego's *Prevention and Control of Malaria in Pregnancy* learning resource package in programs implementing CDIs to address MiP (11). Its purposes include the following:

- To support implementers in strengthening communities to be directly involved in the effective delivery of IPTp with SP to all eligible pregnant women in the community
- To build and sustain community demand for ITNs/LLINs, IPTp with SP, ACTs, and rapid diagnostic tests (RDTs)
- To support CHWs:
 - In identifying and referring pregnant women to the ANC clinic
 - In screening pregnant women for eligibility to receive SP doses
 - In providing first or follow-up doses of SP to eligible pregnant women, where allowed
- To assist TIPTOP project implementers at different levels of implementation—from national to community—in promoting involvement and participation of various stakeholders, ownership at all levels of implementation,* and sustainability of the intervention

Primary objective

Help the facilitation team, in partnership with the health service, to strengthen communities by:

- Approaching the community
- Training CHWs on procedures for:
 - Delivering intervention commodities (e.g., IPTp, ITNs/LLINs, ACT)
 - Referring pregnant women to ANC
 - Recordkeeping
 - Reporting
- Monitoring and supervising the CHWs

* For simplicity's sake, this document uses the terms national, subnational, district, and community to name the levels. Adapt as needed to the country context.

Specific objectives

Help the facilitation team learn how to:

- Build partnerships between communities (end users of the intervention), frontline health facilities, and civil society organizations (CSOs), including:
 - Donor agencies and bilateral and multilateral organizations
 - Community-based organizations
 - Faith-based organizations
 - Other nongovernmental organizations (NGOs)
- Inform and educate the community
- Train community-selected CHWs
- Train health staff on effective monitoring and supervision of C-IPTp with SP or any other intervention
- Achieve the desired community commitment to sustain high coverage of intervention commodities and services (see Table 1 for indicators to determine that the CDI/C-IPTp process has been successfully established)
- Use the information and experiences resulting from implementation to improve on delivery of similar interventions (IPTp with SP, ITNs/LLINs, and ACT) to other communities

Table 1.

Key indicators to measure successful establishment of CDI process for MiP

Indicator	Definition	Means of verification
Community participation	Level of involvement of different segments of the community (e.g., women, men, various age groups, minorities) in decision-making meetings about project implementation	<ul style="list-style-type: none"> ● Attendance lists from community-wide meetings ● Minutes of community-wide meetings ● Names of CDI/C-IPTp subcommittee participants
Community self-monitoring (CSM)	Steps and exercises undertaken by community members to monitor and ensure smooth delivery of an intervention	<ul style="list-style-type: none"> ● Verbal/written CSM reports ● CSM meeting reports
Coverage level	Proportion of eligible people who received and use intervention commodities, including IPTp, ITNs/LLINs, ACTs, and RDTs, during the period under review	<ul style="list-style-type: none"> ● List of registered pregnant women ● CHW register ● List of pregnant women who received commodities (e.g., doses of SP) from the CHWs

Indicator	Definition	Means of verification
Community support	Contributions made by the community toward the smooth operation of the CHWs' assignments	<ul style="list-style-type: none"> • Tally of in-kind or cash contributions community members agree to make toward compensating CHWs for their work • Tally of in-kind or cash contributions community members actually make
CHW performance	<p>CHWs' effectiveness in carrying out their assignments of:</p> <ul style="list-style-type: none"> • Collecting and distributing intervention commodities • Delivering services in the community 	<ul style="list-style-type: none"> • List of registered pregnant women reached by the CHWs • List of pregnant women given doses of three SP tablets at home visits (IPTp3) • Completeness and correctness of community health systems records • Monthly reports of CHW activities available
CHW morale	<p>CHWs' motivation and zeal to perform their assignment well, including:</p> <ul style="list-style-type: none"> • Conscientiously delivering services and collecting and delivering intervention commodities • Keeping good records 	<ul style="list-style-type: none"> • Tally of in-kind or cash contributions from community members and stakeholders to: <ul style="list-style-type: none"> - Help CHWs with transportation - Defray CHWs' costs for mobile phone airtime • Retention rate of trained CHWs
Partners' performance of their roles	<p>How well implementation roles are performed by the various partners, including:</p> <ul style="list-style-type: none"> • C-IPTp focal persons • Community members • CSOs 	<ul style="list-style-type: none"> • Completed supportive supervision checklists (Appendix A and D) with suggestions for improvement • Meeting reports
Use of existing channels to manage intervention	Whether implementers tap into existing national and subnational channels to track demand for, request, and deliver intervention commodities (such as quality-assured SP) and services	<ul style="list-style-type: none"> • Imported or locally procured commodities (e.g., SP, ITNs/LLINs) are distributed through existing national supply chain management channels • Updates on MiP programming in the country are placed on the agenda and discussed during national or subnational TWG meetings
Policymaker discussion and articulation of malaria's impacts and the benefits of C-IPTp	Commitment of policymakers to discussing and explaining the social and economic impacts of malaria and the benefits of C-IPTp	<ul style="list-style-type: none"> • Minutes of legislative meetings discussing C-IPTp • Policies formed supporting C-IPTp • Existing national ANC and MiP guidelines are updated based on latest WHO recommendations

Indicator	Definition	Means of verification
Policymaker commitment and funding for MiP intervention and C-IPTp	Commitment of policymakers to enabling the CDI process for MiP	<ul style="list-style-type: none"> • Inclusion of C-IPTp in national malaria strategic plan and MiP policy • Budget line item allocating funds to MiP (including C-IPTp) implementation • Logistical support/counterpart funds for MiP activities, including ensuring regular supplies of: <ul style="list-style-type: none"> - Quality-assured SP - ITNs/LLINs - ACT tablets
Knowledge and application of C-IPTp guidelines	C-IPTp focal persons' ability to facilitate communities in learning, understanding, and applying C-IPTp processes	<ul style="list-style-type: none"> • C-IPTp focal persons' minutes of community-wide meetings, including ratified resolutions • Completed maps of available resources in the community, facilitated by C-IPTp focal persons and created by the community
Healthy partnerships to increase/sustain intervention coverage	<p>Efforts to promote healthy partnerships and enhance intervention coverage through:</p> <ul style="list-style-type: none"> • Decentralization of decision-making • Information sharing • Collaboration and regular meetings among facilitation teams 	<ul style="list-style-type: none"> • Formation of functional TWGs at national and subnational levels • Reports of national and subnational TWG meetings • Minutes/reports from partner meetings • Publication/circulation of jointly made decisions

How to Use the *Implementation Handbook*

Please read this guide prior to starting project implementation and plan your activities with the tools and suggestions it contains. As you plan, revisit the contents to incorporate its guidance into your work.

Any country or district delivering malaria control interventions can use the *Implementation Handbook*, adapting the C-IPTp approach to its existing CHW service delivery platform for sustained high coverage of MiP interventions. The basic C-IPTp processes described in this guide (see Table 2 for overview) can also be adopted for use in other community-level programs for integrated disease control. For sustainability, countries are encouraged to harmonize the principles outlined in this guide with their existing MiP and CHW guidelines.

Table 2.

Overview of CDI and C-IPTp processes

Step	Who is responsible?	Action	Where can more detailed information be found?
1	National- to community-level C-IPTp facilitation teams	Organize and plan community entry	“Plan and organize community entry” section, <i>Implementation Handbook</i>
2	Community-level facilitation teams, including C-IPTp focal persons and, if available, onchocerciasis/C-IPTp coordinators	Conduct a community entry meeting with community leaders to: <ul style="list-style-type: none"> • Explain C-IPTp to community leaders • Get permission to involve the community • Organize a C-IPTp orientation and facilitation meeting (C-IPTp OFM) 	“Conduct a community entry meeting” section, <i>Implementation Handbook</i>
3	Community leaders, C-IPTp focal persons, and district-level facilitation teams	<ul style="list-style-type: none"> • Conduct C-IPTp OFM with community representatives • Discuss results of previous interventions/distributions 	“Facilitating a C-IPTp OFM” section, <i>Implementation Handbook</i>
4	Community representatives and community members	Conduct community-wide meetings to: <ul style="list-style-type: none"> • Discuss resolutions from C-IPTp OFMs • Decide which resolutions community members want to ratify • Introduce the following ideas, <ul style="list-style-type: none"> ○ Forming subcommittees, ○ Carrying out community mapping ○ Carrying out pregnant women registration ○ Deciding on criteria for CHW selection with guidance from the C-IPTp focal person and district health office representative ○ Planning for community self-monitoring 	“Conduct community-wide meetings” section, <i>Implementation Handbook</i>

Step	Who is responsible?	Action	Where can more detailed information be found?
5	Community representatives and community-level facilitation teams	<p>Conduct feedback meeting so community representatives can report on community-wide meetings, then all:</p> <ul style="list-style-type: none"> • Create action plans (including dates and approach) for C-IPTp implementation • Select CHWs based on agreed-on selection criteria • Plan CHW trainings 	<p>“Conduct feedback meeting” section, <i>Implementation Handbook</i></p>
6	Training facilitators	Train CHWs	<ul style="list-style-type: none"> • “Train community-selected CHWs” section, <i>Implementation Handbook</i> • <u>Training in Community-Directed Intervention to Address Malaria in Pregnancy: Facilitators' Guide</u> • <u>Module PowerPoints</u>
7	CHWs	<ul style="list-style-type: none"> • Collect and distribute intervention commodities • Refer adverse reactions 	<ul style="list-style-type: none"> • “CHWs carry out interventions” section, <i>Implementation Handbook</i> • Appendix A checklists, <i>Implementation Handbook</i>
8	CHWs and C-IPTp focal persons	<ul style="list-style-type: none"> • Meet for supportive supervision • Submit treatment records 	<p>“Meet for supportive supervision” section, <i>Implementation Handbook</i></p>

Roles and Responsibilities

This section identifies those involved in project implementation and their roles and responsibilities.

Who Needs to be Involved in the Partnership for Malaria Control?

The vital partners for the C-IPTp process include the following:

- Communities
- Health facilities
- Facilitation teams
- Relevant CSOs and external donors

In the C-IPTp process, it is essential that all partners:

- Be committed to the community empowerment process
- Try not to dominate, but rather contribute according to their roles and responsibilities
- Share a common objective
- Be effectively involved and function harmoniously to make project implementation a success

Partner activities may be coordinated by a national association of CSOs, or CSO coordinating bodies at subnational or district levels, if such exist. Partners should always remember that **in the C-IPTp process, the project belongs to the community and the health service**. Other partners are supporting the key players (community and health service) within a specified time period to establish commodity delivery, monitoring, recording, and reporting systems. The health service and community (Figure 6) should ultimately take over the long-term operation of the activities.

Figure 6.

Civil society organization representatives hold a community awareness meeting in DRC.



Photo by Fabrice Witanday, Jhpiego.

Community roles and responsibilities

- CHWs will execute the intervention
- Community members should collectively:
 - Discuss the health problem from their own perspective, as well as possible interventions, taking into account relevant community knowledge and additional information provided to them
 - Decide whether they want the health intervention (in this case IPTp) to be delivered at the community level and, if so, whether they want to take the responsibility for its implementation
 - Design the approach to implement the intervention in the community
 - Identify the resources needed within the community, including:
 - How, when, and where to implement the intervention and who will implement it
 - How the trained CHWs will be supervised
 - What support to provide to the implementers and how to monitor the process
 - Discuss results of CSM and adjust the implementation strategy accordingly

Health services roles and responsibilities

Health services, includes all health staff in the line of delivering the intervention, from the national-level malaria control or elimination program down to the HCW at the level of the frontline health facility. They should:

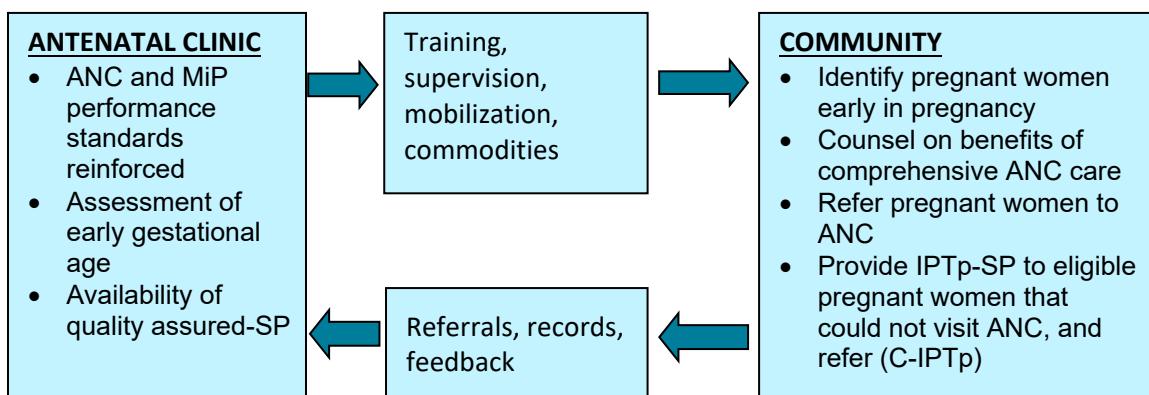
- Identify the community leadership structure and sociocultural organization and consider these in all interactions with the community
- Introduce to the community the concept of C-IPTp and technical aspects of preventing and controlling MiP
- Provide and facilitate capacity-building and technical support as required by the interventions
- Provide and support supervision based on procedures and criteria of the interventions that have been agreed upon with the community

The relationship between the facility-based HCWs and the community can be summarized in the Community-to-Clinic Continuum of Care Approach (Figure 7).

At the clinic level, ANC and MiP performance standards are reinforced while frontline HCWs are trained to conduct early gestational age determination. The health facility's supply chain management system is also strengthened to ensure regular availability of SP. The trained HCWs in health facilities stepdown C-IPTp training to community-selected CHWs and conduct monthly supervision visits. These HCWs also provide the needed SP doses for community distribution while partnering with the CHWs and CSOs to mobilize communities for appropriate health-seeking behavior.

In the communities, trained CHWs identify pregnant women in early pregnancy, counsel them on the benefits of comprehensive ANC, and refer them as needed. The CHWs are also trained to screen pregnant women for their eligibility to receive IPTp and then provide the SP doses by directly observed therapy to those found eligible.

Figure 7. Community-to-Clinic Continuum of Care Approach



C-IPTp facilitation teams' roles and responsibilities

The success of C-IPTp implementation is largely dependent on strong partnerships under the leadership of the country's MOH. Malaria in pregnancy technical working groups (MiPTWG) should be established or resuscitated to provide a platform for collaboration around the implementation of interventions to minimize the adverse effects of MiP while promoting increased coverage of IPTp. Membership should cut across the national malaria control program or national malaria elimination program and include representatives of the maternal and child health or reproductive health units of the MOH. Other illustrative members of the MiPTWG are listed below.

At the subnational level (regional or district offices), the MiPTWG should be replicated with additional stakeholders representing the primary health care development agency and other local agencies. At the district level, village heads, other community leaders, health facility managers, and CSOs should also be involved in community mobilization for control of MiP.

NATIONAL MiPTWG

Illustrative membership

- National malaria control or elimination program (or their representatives)
- Other government divisions or agencies such as:
 - Maternal and child health or reproductive health divisions
 - Department of health planning, research, and statistics
 - National agency for food and drugs administration and control
 - National primary health care (PHC) development agency

- Ministry of information and media organizations
- Ministry of education and other agencies concerned with human development
- National and international NGOs involved in malaria control (e.g., President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria)
- Multilateral agencies (e.g., WHO, UNICEF)

Figure 8.

A TWG meets in DRC.



Photo credit: Fabrice Lusungu Witanday, Jhpiego/DRC

Illustrative responsibilities or terms of reference

1. Identify key C-IPTp stakeholders.
2. Organize meetings of all national-level stakeholders (Figure 8):
 - a. If community-directed treatment with ivermectin (CDTI) for onchocerciasis has been taking place in the country, ask the national onchocerciasis coordinator to explain C-IPTp, its purpose, and its processes to stakeholders. Otherwise, bring in a facilitator with experience in integrated delivery of an intervention through the CDI approach to explain C-IPTp.
 - b. Discuss essential malaria services (sleeping inside ITNs/LLINs, giving IPTp with SP to eligible women, and prompt diagnosis and case management) and gain consensus on the role of the government in delivery of these services.

3. As part of the meeting, obtain a commitment to form a core C-IPTp team whose members will conduct the following:
 - a. Coordinate collection and analysis of malaria-related program coverage data from all sources and partners. Ensure baseline and follow-up surveys are conducted.
 - b. Conduct an inventory of health facilities:
 - Each country should have an MOH with a public health unit. This unit will serve as the base for organizing C-IPTp activities: mobilization, training, supply management, monitoring and evaluation (M&E), supportive supervision.
 - Make an inventory/list of MOH/public health unit staff who can take charge of malaria and C-IPTp activities.
 - c. Train national or subnational training facilitators who will in turn train district training facilitators to do the following:
 - Organize a 1-day review of basic malaria control activities for selected health facility staff.
 - Organize a 2-day training for a subgroup of those who participated in the 1-day review. Members of this subgroup will organize and supervise C-IPTp activities in their catchment area. The training may include:
 - Mapping a community's resources (see Figure 9).
 - Practicing outreach in a real village.

Figure 9. Trained CHWs draw a community map after a village walkthrough.



Photo by Enobong Ndekhedehe, Jhpiego.

4. Conduct a national inventory:
 - a. Visit the subnational comprehensive health center and work with facility staff to list the names of communities in the area.
 - b. Help the facility staff sketch a map if the subnational area does not already have a map of its catchment/service area.
 - c. Plan with the facility staff how they will visit each subnational area to introduce C-IPTp for MiP.
 - d. If CDTI for onchocerciasis is already being implemented, determine how many of the subnational areas intended to participate in C-IPTp have experienced CDTI and how many have not. Discuss with health facility staff how they will introduce C-IPTp in areas with CDTI experience and in areas without such experience.
5. Collaborate with the existing national malaria commodity supply management team to ensure SP availability in project sites.
6. Collaborate with the national malaria records system to ensure appropriate flow of malaria-related data.
7. Support existing supervisory systems from the national health team to subnational health teams.
8. Coordinate all activities related to implementation of C-IPTp, including review of policies and learning resource packages to support implementation.
9. Advocate with policymakers for their support and ownership of the C-IPTp program.
10. Develop, print, and disseminate a national strategy document for C-IPTp implementation.
11. Ensure sustained availability of commodities to subnational areas and districts, monitoring supply and distribution.
12. Assure quality of commodities supplied.
13. Monitor project implementation and adverse reactions to commodities.
14. Collate distribution reports from the subnational areas and submit to the MOH.
15. Collate, review, and use MiP-related data for decision-making at the national level and provide feedback to the subnational and district levels.

SUBNATIONAL MIPTWG

Membership

- Representatives of the subnational MOH (especially the malaria unit) and PHC development agency
- Reproductive health or maternal and child health division of the subnational MOH
- Representatives from ministries of
 - Education

- Information
- Women's affairs or equivalent
- Government agencies involved in human development activities
- Media organizations
- Subnational CSOs
- Other stakeholders

Responsibilities or terms of reference

1. Identify key C-IPTp stakeholders.
2. Organize a meeting of all subnational-level stakeholders, including all members of the subnational health team:
 - a. If CDTI for onchocerciasis has been taking place in the subnational area, ask the onchocerciasis coordinator to explain C-IPTp, its purpose, and its processes to stakeholders. Otherwise, bring in a facilitator with experience in integrated delivery of an intervention through the CDI approach to explain C-IPTp.
 - b. Discuss essential malaria services (ITNs/LLINs, case management with ACT, RDTs, and IPTp) and gain consensus on the role of the community in participating in delivery of these services.
 - c. As part of the meeting, obtain a commitment to form a core C-IPTp team whose members will: Coordinate collection and analysis of malaria-related program coverage data from all sources and partners.
3. Conduct an inventory of health facilities:
 - a. Ideally, each subnational area should have at least one central hospital/comprehensive health center. This facility will serve as the base for organizing C-IPTp activities: mobilization, training, supply management, M&E, supportive supervision.
 - b. If a subnational area has more than one comprehensive health center, each should organize C-IPTp with the districts within its catchment/service area.
 - c. If a subnational area has no facility, or is so big that existing facilities cannot reach all residents, identify alternative C-IPTp organizing points (e.g., a school or a private clinic).
 - d. Make an inventory/list of subnational health facility staff who can take charge of malaria and C-IPTp activities.
4. Train national or subnational training facilitators who will in turn train district training facilitators to do the following:
 - a. Organize a 1-day review of basic malaria control activities for selected health facility staff.

- b. Organize a 2-day training for a subgroup of those who participated in the 1-day review. Members of this subgroup will organize and supervise C-IPTp activities in their catchment areas. The training may include:
 - Mapping a community's resources.
 - Practicing outreach to a real village.
5. Conduct a subnational inventory:
 - a. Visit each district hospital and work with facility staff to list the names of each district in the facility's catchment/service area.
 - b. If the facility does not already have a map of its catchment/service area, help the staff sketch a map.
 - c. Plan with the facility staff how they will visit each district to introduce C-IPTp for malaria.
 - d. If CDTI for onchocerciasis is already being implemented, determine how many of the districts intended to participate in C-IPTp for MiP have experienced CDTI and how many have not. Discuss with facility staff how they will introduce C-IPTp in districts with CDTI experience and in districts without such experience.
6. Collaborate with the existing subnational malaria commodity supply management team to ensure SP availability in project sites.
7. Collaborate with the subnational malaria records systems to ensure appropriate flow of malaria-related data.
8. Support existing supervisory systems from subnational health teams to district health teams.
9. Coordinate all activities related to implementation of MiP control, including activities of CSOs in the subnational area.
10. Advocate with policymakers for their support and ownership of the C-IPTp program.
11. Adapt the national C-IPTp strategy document for implementation at district level.
12. Write terms of reference for district-level facilitation teams.
13. Disseminate the adapted C-IPTp strategy document to districts and health facilities.
14. Ensure sustained availability of commodities to districts and health facilities.
15. Monitor CHW training and supply of commodities to CHWs.
16. Assure quality of commodities supplied.

- 17.** Use the supervisory checklists (Appendix A) to conduct quarterly on-the-job supportive supervision of CHWs.
- a. Monitor implementation and adverse reactions to commodities.
 - b. Report health facility data to district, subnational, and national health authorities, including specific programs (e.g., malaria, maternal and child health), as appropriate.
 - c. Collate distribution reports from the districts and submit to the national core C-IPTp team.

DISTRICT MALARIA CONTROL TEAM

Membership

- District health manager
- District PHC staff
- Staff from district-level education and information departments
- District CSOs

Responsibilities or terms of reference

The roles and responsibilities at district and provincial levels are similar to those at the subnational level.

COMMUNITY MALARIA CONTROL TEAM

Membership

- PHC clinic staff
- Teachers, agriculture extension agents, and other stakeholders with an interest in malaria-related work
- Local CSOs
- Community opinion leaders

Responsibilities

1. Identify key C-IPTp stakeholders.
2. Organize a meeting of all community-level stakeholders, including all members of the community health team:
 - a. If CDTI for onchocerciasis has been taking place in the area, ask the onchocerciasis coordinator to explain C-IPTp, its purpose, and its processes to stakeholders. Otherwise, bring in a facilitator with experience in integrated delivery of an intervention through the C-IPTp approach to explain C-IPTp.
 - b. Discuss essential malaria services (ITNs/LLINs, case management, and IPTp) and gain consensus on the role of the community in participating in delivery of these services.

3. As part of the meeting, obtain a commitment to form a core C-IPTp team whose members will:
 - a. Conduct an inventory of health facilities:
 - a. Ideally, each community should have at least one health facility. This facility will serve as the base for organizing C-IPTp activities: mobilization, training, supply management, M&E, supportive supervision.
 - b. If a community has more than one facility, each should organize C-IPTp with the sub-communities within its catchment/service area.
 - c. If a community has no facility, or is so big that existing facilities cannot reach all residents, identify alternative C-IPTp organizing points (e.g., a school or a private clinic).
 - d. Make an inventory/list of frontline health facility staff who can take charge of malaria and C-IPTp activities.
4. Train frontline staff:
 - a. Organize a 1-day review of basic malaria control activities for selected frontline health facility staff.
 - b. Organize a 2-day training for a subgroup of those who participated in the 1-day review. Members of this subgroup will organize and supervise C-IPTp activities in their catchment areas. The training may include:
 - Mapping a community's resources.
 - Practicing outreach to a real village.
5. Conduct a community inventory:
 - a. Visit each health facility and work with facility staff to list the names of each village, kin group, or sub-community unit in the facility's catchment/service area.
 - b. If the facility does not already have a map of its catchment/service area, help the staff sketch a map.
 - c. Plan with the facility staff how they will visit each village/unit to introduce C-IPTp for malaria.
 - d. If CDTI for onchocerciasis is already being implemented, determine how many of the community units intended to participate in C-IPTp for MiP have experienced CDTI and how many have not. Discuss with health facility staff how they will introduce C-IPTp in communities with CDTI experience and in communities without such experience.
6. Collaborate with the existing community malaria commodity supply management team to ensure SP availability in project sites.
7. Collaborate with the community malaria records systems to ensure appropriate flow of malaria-related data.
8. Support existing supervisory systems from the frontline health facility teams to CHWs.
9. Encourage community ownership of MiP interventions.

- 10.** Design social and behavior change communication materials (or adapt existing materials) with the input of community members.
- 11.** Create awareness by sensitizing communities to the rationale and process for implementing the adapted C-IPTp strategy.
- 12.** Participate in establishing and facilitating community-based committees for health development/CHW support.
- 13.** Ensure that CHWs carry out C-IPTp in accordance with national guidelines.
- 14.** Network with CSOs in the community or district to strengthen implementation of the national MiP strategy and adapted C-IPTp strategy.
- 15.** Monitor implementation and adverse reactions to commodities.
- 16.** Identify barriers to the implementation of C-IPTp and share them with the community to elicit solutions.
- 17.** Ensure that CHWs prepare good-quality data with approved data capture tools and submit the data to the C-IPTp focal person.
- 18.** Collate distribution reports from the frontline health facilities and submit to the district core C-IPTp team.

Establishing C-IPTp for Control of MiP

This chapter provides facilitation teams with advice and guidance on the best ways to establish a successful and sustainable C-IPTp for control of MiP. It describes in detail how to carry out and monitor the various processes involved in the overall approach.

Plan and Organize Community Entry

Identify intervention communities and plan timing

1. Identify the communities that will be facilitated. In collaboration with the national and subnational stakeholders, A maximum of five communities per facilitator is recommended for program effectiveness.
2. Establish contact with the relevant authority at the district council:
 - a. Get them involved.
 - b. They are stakeholders and should be represented.
 - c. They can also facilitate entry into the community.
3. Assess community logistics:
 - a. Number of villages and communities involved
 - b. Accessibility
 - c. Transportation
 - d. Usual timing for delivery of malaria control commodities (especially SP)
 - e. Community health management information system (HMIS)
4. Based on communities' commodity delivery schedules, prepare a schedule for community sensitization.

Approach the health service

The main goal of this component of the C-IPTp process is to **build a partnership between community members and HCWs** in the facility nearest to the community. C-IPTp benefits the health system by reducing HCW workload when communities take responsibility for an intervention. Increased contact between community members and HCWs improves human relations and increases utilization of health services. The implementation team is responsible for the following:

1. Train all HCWs in the district and communities where the intervention is implemented on all aspects of malaria control using the C-IPTp process. Use the [Training in Community-Directed Intervention to Address Malaria in Pregnancy: Facilitators' Guide](#) and [14 PowerPoint modules](#) aimed at HCWs (see Appendix B). Choose and assign C-IPTp focal persons to facilitate C-IPTp rollout within their respective catchment communities.

2. Enumerate the roles of C-IPTp focal persons in C-IPTp processes for malaria control, including:
 - a. Mapping facility catchment areas
 - b. Ensuring that all communities in the facility's catchment area participate in C-IPTp for MiP
 - c. Reaching out to community leaders
 - d. Organizing meetings to mobilize support and commitment for C-IPTp
 - e. Facilitating community census and mapping of pregnant women exercises
 - f. Reviewing census and mapping results to estimate needed commodities (especially SP) and other supplies
 - g. Coordinating:
 - C-IPTp training: training community-selected CHWs and providing retraining as needed to refresh CHWs and replace dropouts
 - Supervision: conducting monthly supportive supervisory visits at the facilities and in the community
 - Supply chains: overseeing commodity storage and maintaining stock of basic health commodities for C-IPTp
 - Recordkeeping: ensuring communities and CHWs collect and submit data in a timely manner and incorporating community data with facility data for onward transmission

C-IPTp Focal Person Conducts a Community Entry Meeting

C-IPTp focal persons are trained to undertake this task. Hold informal meetings or otherwise make contact with leaders and health personnel to gather some basic and unbiased knowledge of the community and its characteristics and to seek advice on how to succeed. If necessary, ask for assistance from a respected community leader based at the district headquarters to get to know the community's terrain and its members' outlook.

Approach community leaders to orient them, explain C-IPTp, and gain support

1. Visit the communities or send a message through the community's local health facility and/or C-IPTp focal person:
 - a. Inform them of your intention to visit.
 - b. Send word that you would like to meet with leaders to introduce the program.
 - c. Ask the town crier and other information agents be involved to create awareness.

2. Identify those who should be present at the initial meeting (see Box 2). This meeting may have four or five key leaders whose support is needed to proceed.
3. The C-IPTp focal person should discuss with community leaders and choose a convenient day and time to secure a suitable appointment.

Meet with the community leaders

The C-IPTp focal person should lead the discussion on C-IPTp, the process of carrying out the C-IPTp OFM, and any other issues community leaders may want to include. The meeting format should include:

1. Make sure that the invited community leaders are in attendance.
2. Greet and thank them for honoring the appointment despite their tight schedule.
3. Commend them for the great effort to get rid of malaria in their community.
4. Be conscious of the politics of development/problems of the community:
5. Do not get involved but try to enlighten where necessary.
6. Respect the sensitivities and culture of the people.
7. Explain to the leaders the burden of MiP and role of C-IPTp and your mission to the community:
8. Inform them about available services.
9. Define the magnitude of the problem in the community with the leaders' consensus.
10. Present the advantages of using the C-IPTp approach to address MiP and other pressing health and developmental problems.
11. Identify the roles and responsibilities in using the C-IPTp approach, including:
 - a. Community roles in accessing the available services
 - b. Reasons the community needs to take the lead in the campaign
 - c. Leaders' responsibilities
 - d. Contributions of other partners
12. Answer leaders' questions.

Box 2. Possible community leaders to approach for entry

- Village chief/head
- CHWs and healers
- Leaders of CSOs
- Community secretary
- Teachers, school heads
- Religious and opinion leaders
- Women leaders
- Other gatekeepers

Organize a C-IPTp orientation and facilitation meeting (C-IPTp OFM)

1. Get permission to assemble community representatives for a C-IPTp OFM:
 - a. Explain that it is necessary to find a way for all those involved in the campaign to talk freely with each other for better understanding and program success.
 - b. Explain that a way to facilitate communication among partners is to hold a C-IPTp OFM (“**big malaria meeting**”) that would include all the partners involved in malaria control programs:
 - A good representation of the community’s social structure
 - Health service providers
 - Policymakers
 - CSOs
 - Educational institutions
 - Religious leaders
2. Enumerate the benefits that would accrue to all the partners including the community when a successful meeting is organized.
3. Highlight the decisions leaders need to make in organizing the C-IPTp OFM:
 - a. Whether to have a separate C-IPTp OFM or share a C-IPTp OFM with two or three other communities with close social and cultural affinities. Suggest the other communities and the benefits of having a shared meeting.
 - b. The number of community representatives who should attend the meeting and their representation of the community social structure
 - c. Venue
 - d. Logistics
 - e. Entertainment
4. Obtain a clear sense of commitment from the leaders.
5. Assist the community leaders to draw up an agenda. The agenda does not necessarily have to be written on paper. Listen, advise, and accept their decisions—the meeting is theirs. Example agenda items:
6. Community member introduces the reason for the meeting.
7. Community member introduces the C-IPTp focal person and any other people who have come from the district health office.
8. Community leader leads the discussion of key issues, such as community health priorities to be discussed.
9. Any other issues they may want to include.

At the end of the community entry meeting, decisions should have been reached on the following:

1. The date of the C-IPTp OFM
2. Venue of the C-IPTp OFM
3. Whether the C-IPTp OFM will include multiple communities
4. Who should attend the C-IPTp OFM, including representatives of the sociocultural dynamics of the communities, such as:
 - a. Community leaders
 - b. Health facility in-charges
 - c. District health office representatives
 - d. CSO representatives
 - e. Association of market women
 - f. Sociocultural groups
 - g. Religious leaders
5. Other partners expected at the C-IPTp OFM (e.g., the health service personnel, community representative to the local government council, food supplier if any)
6. Agenda (should be flexible to reflect main issues affecting malaria control in the community)

C-IPTp Focal Person Facilitates a C-IPTp OFM

This section provides C-IPTp focal persons advice and guidance on best practices for conducting C-IPTp OFMs. The goals of this meeting are to build partnership with community members and ensure stakeholder participation in malaria control activities. It may not be possible to do everything at one meeting.

1. Reach out to the **entire community through representatives**. Leaders should invite representatives for all villagers: men, women, youth, and even “visitors,” such as farm laborers.
2. Let community members select who is to preside or get a knowledgeable and respected community member to do so. The community should be in charge. Do not interfere with any of the arrangements.
3. The meeting atmosphere should be democratic. Participants should be encouraged to speak their minds and to be frank in their contributions.
4. Language of communication should be mutually agreed upon.
5. Arrive early on the agreed-on day.
6. Remain at the background during the meeting:

- a. Dress simply and neatly to show respect to the community members.
 - b. Wait for facilitators to call you to speak.
 - c. Make contributions but do not impose ideas.
 - d. Be frank and objective.
 - e. Do not promise what you cannot provide and do not comment on any issues you do not have full knowledge of.
 - f. Praise participants where necessary and further encourage them.
7. Ensure that there is someone in the community to take notes of the discussion:
 - a. The community should take its own notes.
 - b. You also take notes during the discussion.
 - c. Members of the relevant community, health service, and other partners are expected to create a report on the outcome of the C-IPTp OFM and share it with all levels.
 8. **Preferably**, have a community member:
 - a. Introduce the reasons, topic, and agenda for the meeting.
 - b. Introduce and usher in members of the high table.
 - c. Introduce other participants, including the C-IPTp focal person, any additional facilitators from the health service, other partners.
 - d. Conduct prayers.
 9. **When** you are given the opportunity to talk, please note the following:
 - a. Concept of C-IPTp for MiP programming: community ownership and sustainability
 - b. Responsibility of the community
 - c. Duration of the new program you represent and long-term benefits
 - d. Contribution of other partners to prevention and control of MiP by your assessment of the community (refer to partners' strengths and highlight the aspects that still require greater commitment by the community)
 - e. Encourage participants to agree on measures to improve malaria control in their community

Conducting the meeting

1. Greet the community leaders and representatives.
2. Briefly commend them for their effort to get rid of the health problem in the area and their support for the intervention activities.
3. Mention that it is necessary to understand how satisfactory the last intervention period was.

4. Discuss:
 - a. Awareness of the program
 - b. Need to assess the performance of the community
 - c. Community responsibility to ensure individual and community compliance
 - d. Booster program to improve health of everyone in the community
5. Explain that it is not necessary for you, the C-IPTp focal person, or anyone outside the village to come and find out these things before community members do so themselves. They can collect information that will help them find out how well they did in the last distribution of malaria control commodities and how they can improve future rounds.

DISCUSS RESULTS OF PREVIOUS CDI INTERVENTIONS IN THE COMMUNITY

1. Greet and commend community leaders and representatives for their effort to wipe out malaria from their community.
2. Explain the need to learn about past efforts at community development and why these succeeded or failed:
 - a. The only way to assess how well things are done is to review the distribution of intervention commodities themselves.
 - b. The community needs to meet to:
 - Decide on methods to assess previous performance
 - Discuss the previous commodity delivery
 - Prepare for the next intervention
3. Collect information on the status, strengths, and weaknesses of malaria control activities in the community.
4. Remind them that it is not enough that an individual has received the intervention commodity but has used it as recommended. It is also important to ensure that one's family members and neighbors also do so.
5. Obtain information about the performance of the community in a previous distribution exercise:
 - a. Number of people in the village
 - b. Number of people in the village that received the intervention commodities
 - c. Number of people in the village who were absent during the distribution of the intervention commodities or refused
 - d. Number of CHWs and community support

PLANNING FOR C-IPTP

1. Allow meeting participants to discuss and decide the indicators of interest to them. Ask if there are other indicators besides the ones they mention. If they do not mention the following indicators, prompt by asking them whether they should also know:
 - a. How many people are in the village including children, young people, and women. Everyone should be counted.
 - b. How many people received malaria control commodities and services.
 - c. How many people refused the commodities or were absent during mass distribution.
2. Define the problem of MiP with input from the community.
3. Inform the community about available services for the prevention and control of MiP.
4. Identify community roles in accessing the available services.
5. Request community representatives meet with all community members to:
6. Ensure participation of all segments of the community
7. Discuss community implementation plan (CHW selection, census, distribution of commodities).
8. At the end of the meeting, encourage participants to form small working groups to deliberate on the major issues highlighted in the presentations/discussions. Allow them to brainstorm on the issues raised; you should contribute information about:
 - a. The roles of the health service
 - b. Any other partner involved
 - c. Other issues that might require further clarification from you
9. Representatives should share with their respective stakeholders the resolutions reached
 - a. Evaluate how well the C-IPTp OFM turned out

Reporting on the C-IPTp OFM

- Members of the relevant community, health service, and other partners are expected to create a report on the outcome of the C-IPTp OFM and share it to all levels. The following information is expected in the report:
 - Introduction
 - Process
 - Agenda
 - Experiences of implementation by partners (strengths and weaknesses)
 - Major issues discussed
 - Resolutions
 - List of participants

Conducting Community-Wide Meetings

After the C-IPTp OFM, community representatives are required to hold community-wide meetings with all members of their respective constituencies. These follow-up meetings are intended to engage everyone in the C-IPTp process. It may not be possible to do everything at one meeting.

Discuss resolutions from C-IPTp OFMs

All C-IPTp OFM participants should debrief their constituency members on the deliberations, resolutions, and outcomes of the C-IPTp OFM.

Decide which resolutions community members want to ratify

- The wider community should meet to decide which ideas from the C-IPTp OFM it wants to ratify.
- Brainstorm and ratify the resolutions of the C-IPTp OFM.
- If the community decides an idea from the C-IPTp OFM will not promote or sustain C-IPTp, it can reject the idea.

Introduce community actions and form subcommittees

Discuss with community members their roles in C-IPTp, get commitment, and carry out the following activities.

COMMUNITY MAPPING

Value of community mapping

Mapping is a very important component of almost all practical situation assessments. All programs need to have a sense of:

- Where do people live?
- Where are the pregnant women?
- Where are the problem areas?
- Where are the community resources?
- Where are other organizations carrying out similar interventions?

Mapping is not just about locations. It is a joint activity with the community where all can learn more about their community. When community members are involved in mapping, they learn more about the problems and resources in their community (Figure 10). They can more clearly see service quality issues, such as access and equity.

How to map a community

1. Map health and development resources:
 - a. Ask people to name and describe the location of key health and development resources that the community values, such as:
 - Health facilities
 - Traditional healers
 - Opinion leaders
 - Medicine shops
 - Local CSOs
 - b. Ask people about major subdivisions of the community, such as wards and clans.
 - c. Ask the group to mention key persons and organizations in the community that can help promote the program.
 - d. Identify any possible opposing people or roadblocks.
2. Map resources (people and organizations) that women, especially pregnant women, go to for advice and help (Table 3) (Figure 11-12):
 - a. Where do they get advice?
 - b. Are there women who regularly deliver babies, such as traditional and modern birth attendants?
 - c. Where do they get medicines?
 - d. From whom do they get financial, emotional, and other support?
 - e. Identify women's associations and support groups.
3. Take notes of the mapping activities and chart the results (see Table 3).
4. If there is time, help the community draw an actual map to be kept in the community.

Figure 10.

Completed community map showing geographic features, gathering places, and community resources in a village in Nigeria.

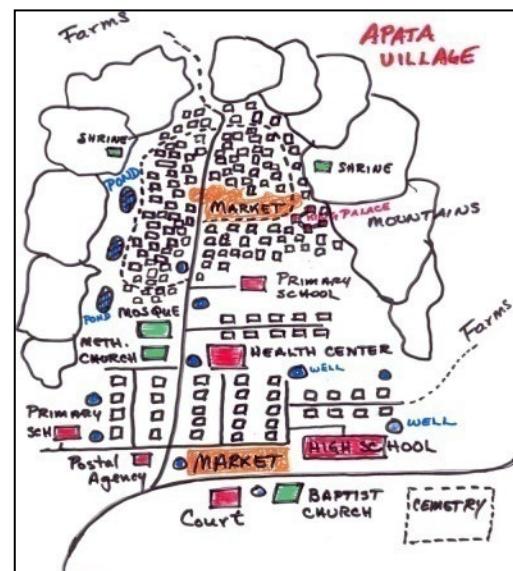


Figure 11.

Women at an ANC clinic listen to a health talk on the dangers of MiP.



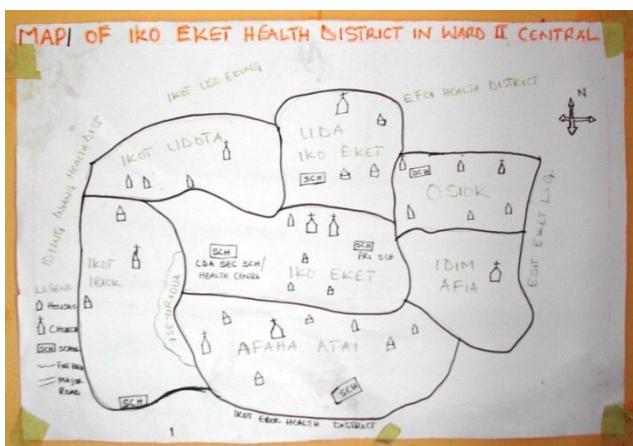
Fabrice Witanday, DRC/Jhpiego

Table 3. Template chart of mapping results

Community resource	Specific examples
Names of women leaders	
Names of community subsections (e.g., wards)	
Names and locations of health resources—public, private, indigenous	
Names of key women's social groups	
Other special resources for pregnant women	

Figure 12.

Sample of community map



REGISTRATION OF PREGNANT WOMEN

1. Conduct community census to aid in estimating commodity needs.
2. Develop and help maintain a village register of pregnant women.

DECIDING CRITERIA FOR CHW SELECTION

1. Community members decide on criteria for CHW selection with guidance from C-IPTp focal persons and district health office representatives (see Box 3).
2. Advise community members to use the information generated from community mapping to help develop the criteria for types of people best suited to serve as CHWs for MiP programming.
3. Identify sub-communities (wards, clans, families, neighborhoods) from which CHWs could be selected.

PLAN FOR COMMUNITY SELF-MONITORING

Find out if the community members know why community self-monitoring (CSM) is necessary.

Box 3. Selection criteria for community health workers (CHWs)

Required

- Resident in the study community
- Nominated by study community's leaders
- Agrees to participate
- Accepts nonmonetary incentives
- Literate enough to:
 - Complete CHW register, antenatal care card, and referral form
 - Use [Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart](#)

Preferred

- Previous training as a CHW

What is CSM?

The CSM process empowers a community to oversee and monitor the performance of a program (in this case, malaria control activities) and ensure that it is being implemented according to plan. CSM enhances C-IPTp by encouraging the community to take full control. On the basis of feedback from the reports of the community-appointed monitors, community members can take appropriate steps to remedy problems and perpetuate best practices.

The **objective is to enhance community participation in malaria control** using the C-IPTp approach by empowering the community members to take on the responsibility of assessing the malaria control basic package in their communities (see Figure 13).

Figure 13.

Maguimba Health Committee members in Nhamatanda District in Mozambique.



Photo by Emmanuel Otolorin, Jhpiego.

The CSM process requires regular interaction between C-IPTp focal persons and the community. This interaction provides the opportunity for the C-IPTp focal person to support the community in providing solutions to unforeseen problems as soon as they arise. CSM includes an **ongoing dialogue between the C-IPTp focal person and the community**. The C-IPTp focal person should inquire about reasons behind implementation problems and the community should help explain, then all should work together to form action plans to address problems.

Good monitoring practices involve the submission of all reports on time. All persons involved in the monitoring process should be encouraged to keep adequate reports. To illustrate this to community members, show an image of villagers with writing materials in front of a home talking. They could be having such as: “Your wife did not go for her second dose of malaria medicine?” or “Now that you have a net, how many members of your household sleep inside it?”

Review other programs using the C-IPTp approach. An example would be projects in other sectors such as onchocerciasis, fertilizer distribution, or HIV/AIDS saying to an HCW, “Can we borrow that guide, please? We would like to use it too for our new project.”

Minimum requirements for CSM

Who should be the monitor?

The community may select anyone provided that:

- There are at least four monitors per community of 500 people and more.
- There are equal numbers of male and female monitors.

Which indicators should be included in CSM?

Important indicators to include are those decided upon by the community at the C-IPTp OFM meeting as part of the discussion on results of previous interventions/distributions.

When should CSM be done?

- A community monitoring exercise should be held every 3 months during an ongoing intervention to ensure community members recall the delivery of the intervention.
- Evaluation of the monitoring exercise, which is based on the monitor's report and its analysis, is the key to understanding what needs to be done to improve malaria control activities. To effectively monitor the implementation process, community monitors and C-IPTp focal persons should frequently interact with the community. At every available opportunity, they should provide feedback on the program's progress and allow community members to express opinions and suggest improvements.

Must there be a meeting after the monitors have collected the information?

Yes, there must be a meeting of the community, monitors, and C-IPTp focal person. The meeting's purposes are to:

- Discuss the information collected by the monitors.
- Give feedback to the community on what the monitors found.
- Provide feedback by discussing the findings of the monitoring exercise. For example, the C-IPTp focal person can ask the community: "Now what do you intend to do since the CHWs are overwhelmed with the workload?"

Must there be a report?

- There must be a written report from the monitors to the district health office after each meeting between the monitors, community members, and C-IPTp focal person.
- The report may be in the local language. Do not insist on it being typed.

Conduct feedback meeting

- Community representatives should report back from the community-wide meetings.
- C-IPTp focal persons and facilitation team members should:
- Reiterate the importance of community members playing their roles
- Follow up on any action delegated to the health service as resolved by the C-IPTp OFM and ratified in the community-wide meetings

Create action plans for C-IPTp implementation

The community and the health service personnel should follow up by turning ideas into action plans, including deciding on convenient days, times, and means for distribution of health commodities:

1. For C-IPTp, the CHW could go from house to house or hold a distribution in a central place for all identified pregnant women.
 - Alternatively, pregnant women could seek these services when needed, and go to the CHW's house to receive the commodities.
2. Document the community action plan.
3. The C-IPTp focal person should follow up with communities to:
 - a. Make sure action plans are being implemented
 - b. Resolve any conflicts or problems that may have arisen
 - c. Agree on interventions to address challenges identified
 - d. Discuss any challenges and success stories

Select CHWs based on agreed-on selection criteria

The C-IPTp focal person or the health facility-community liaison makes a list of selected CHWs. Check with selected CHWs to make sure they are interested in participating and willing to accept nonmonetary incentives.

Plan CHW trainings

The C-IPTp lead trainer with support of community leaders support and sponsor CHWs to attend C-IPTp training. Such support may include reimbursement of their transportation and communication expenses to the training venue and any lodging expenses where necessary, allowances for meals and incidental expenses, and provision of free training materials.

MAKE A TRAINING PLAN FOR CHWS (see Table 4 for template)

1. Select venue:
 - a. Accessible location within the community, not in a classroom (see example in Figure 14)
 - b. Large enough for CHWs and other interested persons to attend
 - c. Accessible toilet facilities
 2. Choose times that are convenient for the trainees and training facilitators, as all have work and family responsibilities.
 3. Involve community leaders in the training (e.g., in opening or closing ceremonies for training sessions).
 4. Identify training requirements and materials, including sources for commodities (e.g., quality-assured SP) for demonstration.
 5. Gather relevant information, education, and communication materials, including SP packaging and inserts.
 6. Plan for refreshment (tea/coffee breaks).
 7. Create a friendly learning environment.
 8. Make training lively, interactive, and supportive (review Module 10 PowerPoint on effective teaching skills).
 9. Give information on the training (timing, venue, requirements) to CHWs and training facilitators.

Table 4.

Training plan template

Figure 14.

The C-IPTp trainer from the health facility holds a training session in the community, Nhamatanda District, Mozambique.



Photo by Samuel Mabunda, Jhpiego.

C-IPTp Lead Trainer Trains Community-Selected CHWs

The C-IPTp lead trainer is responsible for the following (See *Training in Community-Directed Intervention to Address Malaria in Pregnancy: Facilitators' Guide* for training contents):

1. Emphasize importance of keeping within CHW scope of work.
2. Use adult learning approaches.
3. Make sessions interactive, starting with CHWs' knowledge of MiP (prompt for issues not mentioned):
 - a. Start with general discussion on participants' experience with malaria, especially MiP.
 - b. Build on existing community knowledge.
 - c. Discuss experience with severe malaria in the community.

- d. Discuss the management of malaria in the community. Note the different modes of management, for example:
 - Prevention by sleeping inside ITNs/LLINs
 - Provision of the recommended minimum of three monthly doses of SP to all pregnant women, starting from as early as the 13th week of pregnancy
 - Early detection of clinical malaria and treatment with appropriate antimalarial drugs in accordance with the national guidelines
- e. Target all segments of community separately (including men).
- f. Discuss drug availability within the community.

Skills training for CHWs

- Skills training for CHWs will include:
 - Identifying eligible pregnant women and administering IPTp
 - Health education and counseling on ITNs/LLINs, IPTp, and case management
 - Provision of commodities
 - Referral
 - Record keeping and data entry in community HMIS tools
 - Data-use posters and decision-making

HEALTH EDUCATION ON ITNS/LLINS

It is not enough to give people an ITN/LLIN, they also need to know:

- How to effectively set up the nets in their homes
- To sleep inside the nets regularly so that they will benefit from the net's protection
- That nets are the only safe protection they can use against mosquitoes

HEALTH EDUCATION ON IPTP

The CHW should:

- Collect SP doses from agreed-on point (usually the designated health facility).
- Inform the community leader of drug availability for the CHWs.
- Give health education on IPTp to the pregnant woman and their families.
- Discuss eligibility criteria for pregnant women to receive SP doses.
- Issue drug to eligible pregnant woman and ensure they swallows full dose by directly observed therapy.
- Record the information about giving IPTp in CHW register and in the patient's ANC card.

- Refer pregnant woman to ANC clinic for:
 - Comprehensive ANC
 - Follow-up SP doses
 - ITN/LLIN if she has not already received one
- Review malaria treatment drugs available and treatment modes, regimen, requirements, possible adverse reactions, and reaction management.
- Review role of ITNs/LLINs.

HEALTH EDUCATION ON CASE MANAGEMENT

- Even with efforts to protect people, some may be exposed to mosquitoes and come down with malaria.
- As soon as a person is starting to feel sick with fever, they should immediately go to the health facility for treatment with the correct drug.
- Stress the importance of taking all doses of the recommended antimalarial drug to ensure that it removes all the malaria parasites from the person.

PROVISION OF COMMODITIES

- Malaria diagnosis tools in the health facilities (e.g., RDT kits)
- Malaria prevention drugs including SP for IPTp
- ITNs/LLINs: There are two possible modes of distribution:
 - CHWs collect nets from nearest facility and distribute for free, directly to households.
 - Start with small supply.
 - If CHW is found capable, increase supply.
- CHWs collect ITN/LLIN coupons from the health service and give to pregnant women in the community to redeem at dedicated health facilities:
 - CHW maintains village register of pregnant women.
 - CHW records delivery of ITN/LLIN or coupon for each woman who received one.

REFERRAL

- Conditions for referral
- Referral facilities
- Use of appointment cards and referral forms

Focal Person Prepares for C-IPTp

- Conduct advocacy visits to health facilities and district medical stores to ensure adequate and timely supplies of ITNs/LLINs and ACTs.
- Ensure that quality-assured SP and other commodities (e.g., malaria RDTs) are transported from the subnational or national medical stores to the health facility.
- Provide drug box so CHWs can keep commodities safely.
- Buy supplementary medicines (e.g., analgesics) for the community.

CHWs Carry Out Interventions

Collect and distribute intervention commodities

STEP 1: PREPARE FOR HOME VISIT

1. Request a meeting with the community leader. Announce your readiness to commence C-IPTp distribution and request the leader notify community members.
2. Review village register of pregnant women:
3. Update as needed by adding names and addresses of newly identified pregnant women and crossing out names of those who have already given birth.
4. Select pregnant women to visit.
5. Meet with the C-IPTp focal person in the health facility:
6. Review your plan to commence C-IPTp implementation in your community.
7. Collect intervention materials and, on receipt, sign an inventory register at the health facility confirming collection:
 - ANC cards, appointment cards, CHW or community HMIS register, and referral forms
 - *Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart* and patient education materials (if not given at time of training)
 - Lockable SP storage box (if not provided during training)
 - ITNs/LLINs (where available); give ITNs/LLINs to all households in the community. If only one ITN/LLIN is available per household, give to pregnant woman and her children.
 - Stock of quality-assured SP commodities based on estimates of pregnant women in your community
8. Assemble contents of the project bag (see Appendix A).
9. Maintain commodities safely; keep quality-assured SP locked in a safe place.

STEP 2: VISIT PREGNANT WOMAN'S HOME

Introduction

On arrival at the home of the pregnant woman:

1. Introduce yourself.
2. Ask to see the head of the family or the head's representative and brief them on the purpose of the visit.
3. Ask for permission to talk briefly with family members about the health challenges posed by malaria, especially in children and pregnant women.

Counseling on MiP

- If the head of the family agrees, use the [*Transforming Intermittent Preventive Treatment for Optimal Pregnancy \(TIPTOP\) Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart*](#) to educate the pregnant woman and her family members about the effects of MiP.

Figure 15.

CHW counseling pregnant woman in Akure South District in Nigeria



Photo by Emmanuel Otolorin, Jhpiego.

4. Give patient education handouts on MiP (Appendix C) to pregnant woman and her family.

5. Counsel about the benefits of ANC for all women.
 - All pregnant women, irrespective of gestational age (age of pregnancy), should be referred to the health facility for comprehensive ANC. Ideally, every pregnant woman should visit the health facility in the first trimester (i.e., before 13 weeks gestation) for early care.

Provision of ITNs/LLINs

- If only one ITN/LLIN is available per household, give to pregnant woman and her children.
- Educate the household members on how to set up and maintain a net according to type of sleeping arrangement pregnant woman and/or other household members have (bed, mat, other).
- Help the pregnant woman to hang her own net and advise her to sleep inside the net every night.
- Plan to visit the woman again in 4 weeks to check whether she has been sleeping inside the net each night.

Provision of IPTp with SP (see IPTp job aids in Appendix D)

1. Determine the eligibility of the pregnant woman to receive C-IPTp (using the following inclusion criteria):
 - Woman is **13 or more weeks** pregnant:
 - Ask about the date of the first day of the last normal menstrual period and use a pregnancy wheel to determine the gestational age.
 - If woman is unsure of last normal menstrual period or gestational age, ask if **quickenings** has occurred (i.e., the baby has started to move in the womb), which suggests a pregnancy of 16 or more weeks.
 - Woman has not taken a sulfa-containing drug in the last 4 weeks, for example:
 - SP
 - Septrin
 - Bactrim
 - Fansidar
 - Co-trimoxazole
 - Woman:
 - Has no allergies to sulfa-containing drugs
 - Has not had an adverse reaction to any sulfa-containing drugs
 - Has not had a severe adverse reaction to any previous medication

2. Review woman's history for any **exclusion criteria** such as:
 - Woman is less than 13 weeks pregnant: If last normal menstrual period is unknown, has not yet felt the baby moving in the womb (quickenings), which occurs from 16 weeks of pregnancy.
 - Woman received a sulfa-containing drug (including SP or co-trimoxazole) in the last 4 weeks.
 - Woman has an allergy to sulfa-containing drugs, has experienced an adverse reaction to a sulfa-containing drug, or has experienced a severe adverse reaction to any previous medication.
3. **If you determine the pregnant woman is eligible** for the first dose of quality-assured SP and the national policy allows community distribution of the first dose of IPTp with SP by CHWs, as in DRC and Nigeria, then:
 - a. Have a cup of clean water available.
 - b. Give a dose of SP (three tablets) as IPTp.
 - c. Watch the woman swallow the three tablets (directly observed therapy) (Figure 15).

Figure 16.

A community health worker directly observes a pregnant woman taking her SP dose.



Photo by Enobong Ndekhedehe, Jhpiego/Nigeria.

- d. Keep the used SP blister packs for record purposes and future re-stocking.
- e. Remind woman to go to the nearest health facility to get her second dose in 4 weeks' time.

4. Document and refer.
 - a. Complete an ANC appointment card for the pregnant woman and refer her to the nearest health facility for comprehensive ANC.
 - b. Fill in the CHW register with the name of the woman, ANC card number, and the medication given, if any.
 - c. Also **refer woman to health facility** if she reported a previous adverse reaction to a sulfa-containing drug.
5. Plan to visit the woman again in 4 weeks to follow up on her health-seeking behavior: did she go to the health facility for ANC and IPTp? If your national policy allows you to provide follow-up doses, provide next IPTp dose if necessary.

Home management of malaria where country policy permits

- Educate community members on need to promptly report to the health facility if they experience fever.
- If someone reports fever, ask about other signs and symptoms to ensure person has malaria and not another illness with fever.
- If the country policy does not allow the CHW to identify and manage uncomplicated malaria, the CHW should immediately refer the person with suspected malaria to the nearest health facility.
- If the country's policy allows CHWs to perform these tasks, then:
 - Use an RDT to diagnose malaria:
 - This can be done before referral to a health facility.
 - If an RDT performed on a pregnant woman with fever is negative, the woman should be referred to the health facility for detection and treatment of other causes of fever.
 - Identify and manage uncomplicated malaria:
 - Select correct drug packet for person's age.
 - Watch the person swallow the first dose.
 - Remind the person to take remaining doses at the right time.
 - Explain that the drug will not cure the disease unless all doses are taken.

Meeting for supportive supervision

There will be three occasions for supportive supervision:

- The C-IPTp focal person will facilitate monthly meetings with CHWs at the health facilities (see Appendix E for checklist).

- The C-IPTp focal person will be visited by CHW supervisors from the district health office to review the project (see Appendix F for checklist). Afterward, they will jointly visit CHWs in the community.
- The CHW supervisors from the district health office will embark on a quarterly supportive supervision visit to all CHWs in a community.

MEET WITH C-IPTP FOCAL PERSON MONTHLY

1. Contact the health facility to find out the day and time for the monthly CHW C-IPTp supportive supervision meeting.
2. Prepare for the meeting by assembling the following:
 - Stock card for quality-assured SP
 - Blister packs of consumed quality-assured SP
 - CHW register
3. Record and report C-IPTp treatment:
 - a. Use the country's standard operating procedures that describe recording and reporting practices for C-IPTp to track SP doses, ANC referrals, ANC contacts, and SP stock and stock-outs. Please refer to country-specific standard operating procedures to review descriptions of:
 - Data recording and monthly reporting tools used by CHWs
 - Data recording and monthly reporting tools used by ANC providers
 - Monthly review of ANC and CHW data by facility staff
 - Data quality checks for ANC and CHW data
 - Data-use posters by health facility (Figures 16-17)
 - Monthly reporting schedule
 - b. Both the health facility and the CHW will maintain records related to SP provision.
 - The CHW:
 - Maintains SP distribution records and summarizes these in a monthly report to the health facility
 - Shares the CHW register data with the C-IPTp focal person and compares it with the health facility's data on referrals and IPTp
 - Collects the list of pregnant women in the community who missed their ANC visits and makes a plan to visit them at home to encourage them to go to the ANC clinic and, where appropriate, to assess them for eligibility to receive the next dose of IPTp
4. Replenish stock of quality-assured SP and other commodities used in the previous month.

Figure 17.

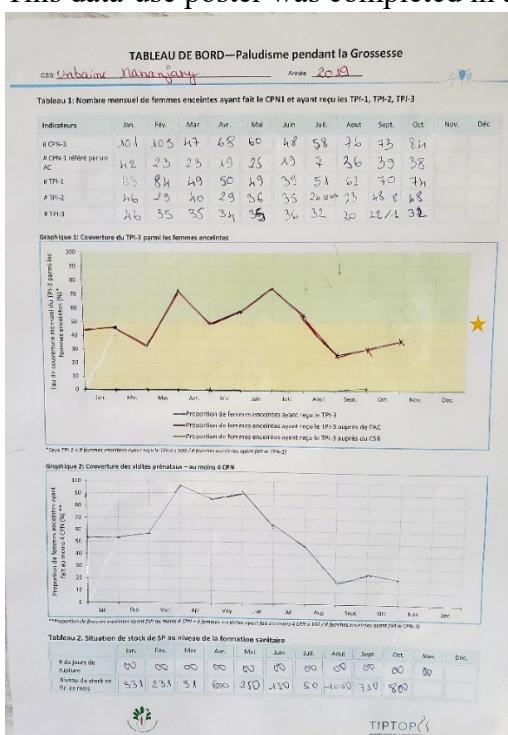
A HCW facilitates a training in Mozambique on the data-use poster, which is used to visualize performance trends.



Photo by Samuel Mabunda, Jhpiego.

Figure 18.

This data-use poster was completed in a village in Madagascar.



TIPTOP®

Appendix A. Checklists for Community Health Workers (CHWs) Providing Intermittent Preventive Treatment in Pregnancy With Sulfadoxine-Pyrimethamine (IPTp with SP)

Instructions

These checklists can be used:

- To help CHWs remember the steps they are to take during home visits
- As observation checklists:
- For classroom practice during training
- During supportive supervision in the field

If using as observation checklists, place a “Y” in the case column if the step is **performed satisfactorily**, an “N” if it is **performed unsatisfactorily**, or an “N/O” if it is **not observed**.

- Satisfactory: Performs the step according to the standard procedure or guidelines (Y)
- Unsatisfactory: Performs the step but does not meet standard procedure or guidelines (N)
- Not observed: Step not performed by participant during observation (N/O)

Checklist 1. For CHW interaction with pregnant women to give first IPTp dose

Step	Cases
Prepare for home visit	
1. Review community map and register of pregnant women.	
2. Check contents of project bag for completeness: <ul style="list-style-type: none"> • <i>Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart</i> [Counseling Flip Chart] • Patient education handouts • Blister packs of quality-assured SP tablets • CHW register • Antenatal care (ANC) cards, appointment cards, and referral forms • Pregnancy wheel • Notebook and pen • Optional: sachets of drinkable water and paper cups 	

Step	Cases				
3. Review record of previous visits to the area (where applicable).					
4. Put on branded attire of the project, if applicable (T-shirt, cap, etc.).					
Visit pregnant woman at home					
5. Knock on the door of selected household.					
6. Greet the household member respectfully and kindly.					
7. Introduce yourself and ask for the head of the household.					
8. Ask to confirm that there is a pregnant woman in the household.					
9. Ask head of household for permission to discuss the burden of malaria in pregnancy (MiP) with the pregnant woman and her family.					
Use the <i>Counseling Flip Chart</i> to counsel on MiP					
10. Ask to sit in a convenient spot where all household members can see the <i>Counseling Flip Chart</i> .					
11. Present the content of the <i>Counseling Flip Chart</i> , including: <ul style="list-style-type: none"> • Effects of malaria in pregnant women and unborn children • Importance of ANC attendance as early as possible before 13 weeks (3 months) of pregnancy • Benefits of comprehensive ANC (nutritional supplements, early detection and management of pre-existing problems, early detection and management of complications of pregnancy, etc.) • Interventions for the prevention and control of MiP: <ul style="list-style-type: none"> - Sleeping inside an ITN/LLIN - Taking a minimum of three doses of IPTp with SP - Prompt diagnosis and treatment of women with symptoms and signs of MiP 					
12. Encourage listeners to ask questions and provide answers.					

Step	Cases				
Assess pregnant woman for eligibility to receive the first dose of IPTp with SP (in countries where CHWs are allowed to give medicines)					
13. Ask the pregnant woman about the date of the first day of her last normal menstrual period.					
14. Use a pregnancy wheel to determine gestational age (age of pregnancy) if trained to do so. If the woman is 13 weeks pregnant or more, she is eligible for SP.					
15. If woman is unsure of her last normal menstrual period, ask if quickening has occurred (i.e., the baby has started to move in the womb), which suggests a pregnancy of 16 or more weeks. If YES, the pregnant woman is eligible for SP.					
16. Ask if the pregnant woman has received SP or any other sulfa-containing drugs (e.g., Septrin, Bactrim, Fansidar) in the last 4 weeks. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).					
17. Ask if the pregnant woman is taking co-trimoxazole medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).					
18. Ask if the pregnant woman has had any severe adverse reaction to a medication taken, especially a sulfa-containing medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).					
19. Based on the history taking outlined in Steps 13–18, determine whether woman is eligible for SP at this home visit (≥ 13 weeks pregnant, no history of allergy or adverse reaction to sulfa-containing drugs including SP or co-trimoxazole, has not taken sulfa-containing drugs in last 4 weeks). If so, provide SP.					
Provide first dose of IPTp with SP to an eligible pregnant woman (in countries where this is allowed)					
20. Inform the pregnant woman that she has a right to refuse any medication. Request her verbal consent to give her SP medicine.					
21. If pregnant woman agrees, ask her to get a cup of clean drinkable water.					
22. Give woman three tablets of SP to swallow.					

Step	Cases					
23. Observe woman swallowing the SP with water (directly observed therapy).						
24. Keep the blister packs of consumed SP in a safe place in your bag.						
Provide post-IPTp counseling						
25. Advise the woman not to take folic acid for 7 days to avoid its interaction with SP. She can resume taking her folic acid after 1 week.						
26. Remind woman to get her second dose of SP in 4 weeks' time at the nearest health facility. Inform her of the date when she should get the next dose.						
Carry out documentation						
27. Complete an ANC card for the woman indicating first dose of IPTp was given, if so. Give the pregnant woman an appointment card to go to the ANC clinic to receive other benefits of comprehensive ANC.						
28. Complete the CHW register to indicate first dose of IPTp given (if so), ANC card and appointment card given, and referral form completed and given (if so) to the woman.						
29. Ask woman if she has any questions and provide answers. If unable to provide an answer, tell woman to ask the health care worker when she gets to the ANC clinic.						
30. Thank the woman and her family for their time and wish the woman an uneventful pregnancy and safe delivery in a health facility.						
31. Invite the pregnant woman and her family to any upcoming community activity on MiP (e.g., village drama or talks).						
32. Depart from the home.						

Checklist 2. For CHW to conduct a follow-up visit with a registered pregnant woman

Step	Cases
Prepare for follow-up home visit	
1. Review community map and register of pregnant women.	
2. Check contents of project bag for completeness: <ul style="list-style-type: none"> • Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart [Counseling Flip Chart] • Patient education handouts • Blister packs of quality-assured SP tablets • CHW register • Antenatal care (ANC) cards, appointment cards, and referral forms • Pregnancy wheel • Notebook and pen • Optional: sachets of drinkable water and paper cups 	
3. Review record of previous visits to the area.	
4. Put on branded attire of the project, if applicable (T-shirt, cap, etc.).	
Visit pregnant woman at home	
5. Knock on the door of selected household.	
6. Greet the household member respectfully and kindly.	
7. Introduce yourself and ask for the head of the household.	
8. Ask to confirm that the registered pregnant woman is at home.	
9. Ask head of household for permission to follow up with the pregnant woman.	
Assess pregnant woman for eligibility to receive a follow-up dose of IPTp with SP	
10. Ask to see the ANC card of the pregnant woman.	
11. Review the ANC card to confirm the number of doses of IPTp with SP the woman has received.	
12. Ask if the pregnant woman has received SP or any other sulfa-containing drugs (e.g., Septrin, Bactrim, Fansidar) in the last 4 weeks. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).	

Step	Cases				
13. Ask if the pregnant woman is taking co-trimoxazole medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).					
14. Ask if the pregnant woman has had any severe adverse reaction to a medication taken, especially a sulfa-containing medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).					
15. Based on the history taking outlined in Steps 10–14, determine whether the woman is eligible for SP at this home visit (≥ 13 weeks pregnant, previously received SP dose, no history of allergy or adverse reaction to sulfa-containing drugs including SP or co-trimoxazole, has not taken sulfa-containing drugs in last 4 weeks). If so, provide SP.					
Provide follow-up dose of IPTp with SP to an eligible pregnant woman					
16. Inform the pregnant woman that she has a right to refuse any medication. Request her verbal consent to give her SP medicine.					
17. If pregnant woman agrees, ask her to get a cup of clean drinkable water.					
18. Give woman three tablets of SP to swallow.					
19. Observe woman swallowing the SP with water (directly observed therapy).					
20. Keep the blister packs of consumed SP in a safe place in your bag.					
Provide post-IPTp counseling					
21. Advise the woman not to take folic acid for 7 days to avoid its interaction with SP. She can resume taking her folic acid after 1 week.					
22. Remind woman to get her next dose of SP in 4 weeks' time at the nearest health facility. Inform her of the date when she should get the next dose.					
23. Update the ANC card for the woman to indicate IPTp with SP dose given.					
24. Update the CHW register to indicate IPTp with SP dose given					

Step	Cases				
25. Ask woman if she has any questions and provide answers. If unable to provide an answer, tell woman to ask the health care worker at the ANC clinic.					
26. Thank the woman and her family for their time and wish the woman an uneventful pregnancy and safe delivery in a health facility.					
27. Invite the pregnant woman and her family to any upcoming community activity on MiP (e.g., village drama or talks).					
28. Depart from the home.					

Appendix B. Learning Objectives for Community Intermittent Preventive Treatment for Malaria in Pregnancy Implementation Handbook

Module #	General objective	Specific objectives	Target audience	
			Community health workers (CHWs)	Health care workers
0. (Introductory module)	Get an overview of the Community Intermittent Preventive Treatment of Malaria in Pregnancy (C-IPTp) Workshop	Get to know each other	X	X
		List the project's goal and the workshop learning objectives	X	X
		Discuss the course schedule and learning materials	X	X
		List expected outcomes of the workshop	X	X
		Identify skills participants wish to share with others	X	X
		Decide on the workshop norms	X	X
1.	Outline the global recommendations for antenatal care (ANC) for a positive pregnancy experience	Recognize pregnant women in the community	X	X
		Assess gestational age in pregnant women		X
		Educate pregnant women about the benefits of ANC	X	X
		Describe recommended timings for ANC visits	X	X
		Enumerate the nutritional recommendations for quality ANC	X	X
		List recommended approaches for maternal and fetal assessment in pregnancy		X
		Describe recommended preventive measures for best pregnancy outcome	X	X
		List interventions for common physiological symptoms in pregnancy		X
		Describe health system interventions to improve ANC utilization and quality		X

Module #	General objective	Specific objectives	Target audience	
			Community health workers (CHWs)	Health care workers
2.	Discuss why it is important to prevent malaria in pregnancy (MiP)	Describe the global burden of MiP	X	X
		Enumerate the adverse effects of MiP	X	X
		List the recommended approaches to prevent MiP	X	X
		Counsel pregnant women about MiP	X	X
3.	Describe the C-IPTp process	Define the C-IPTp approach	X	X
		Describe program coverage benefits of using C-IPTp	X	X
		Explain the role of the health facility in the C-IPTp process	X	X
		Outline the steps to establish a C-IPTp program	X	X
		List key approaches in gaining community commitment for a C-IPTp program	X	X
		Describe the steps in selecting and training CHWs	X	X
		Explain how C-IPTp can be adapted for use in controlling MiP	X	X
4.	Describe the role of the C-IPTp focal person	Define who may be a C-IPTp focal person	X	X
		Describe the roles of the C-IPTp focal person	X	X
		Explain how the health facility as a whole supports the C-IPTp focal person and C-IPTp activities	X	X
5.	Map community structures, networks, and organizations	Define the term “community” in the context of “community-directed interventions (C-IPTp)”	X	X
		Describe the purpose of community mapping in building support and solving problems	X	X
		Explain the value of involving community members in mapping their own community	X	X
		List the steps and activities needed to map the organizations and resources in a community	X	X
		Facilitate a community census	X	X
		Use and update the village register of pregnant women	X	X

Module #	General objective	Specific objectives	Target audience	
			Community health workers (CHWs)	Health care workers
6.	Use the C-IPTp process to deliver intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP)	Describe their country's specific malaria data	X	X
		Identify special IPTp target groups	X	X
		Describe the basis for IPTp and the use of SP for IPTp	X	X
		State the difference between chemoprophylaxis and IPTp	X	X
		Identify who should be given IPTp	X	X
		Identify who should not be given IPTp	X	X
		Describe when and how to give IPTp	X	X
		Describe the benefits of IPTp	X	X
7.	Apply the C-IPTp process to distribute insecticide-treated bed nets and long-lasting insecticidal nets (ITNs/LLINs)	Explain how to obtain and safely maintain stocks of ITNs/LLINs	X	X
		Estimate ITN/LLIN needs based on community census	X	X
		Discuss the need to educate community members on the importance of sleeping inside ITNs/LLINs every night (especially for children and pregnant women)	X	X
		Discuss the need to encourage pregnant women to collect and use ITNs/LLINs as soon as they realize they are pregnant	X	X
		Outline the process of teaching community members how to use the nets	X	X
		Outline follow-up procedures for facility staff and CHWs to encourage continued ITN/LLIN use	X	X
		Discuss the importance of making sure that all women of reproductive age have and use an ITN/LLIN so that they will be protected at the beginning of their next pregnancy	X	X

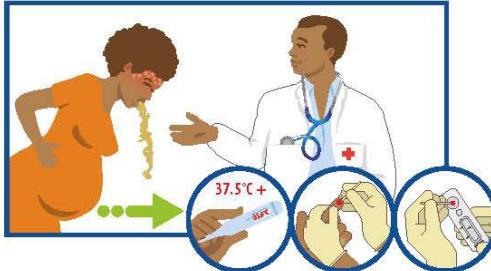
Module #	General objective	Specific objectives	Target audience	
			Community health workers (CHWs)	Health care workers
8.	Describe the importance of recordkeeping, monitoring, evaluation, and community health management information systems	Define “community-based information system” and state why such a system is important	X	X
		Describe the importance of recordkeeping	X	X
		Define basic monitoring and evaluation concepts and state the differences between monitoring and evaluation		X
		State why monitoring and evaluation are important in programming	X	X
		Differentiate between data and information	X	X
		Describe the qualities of good data	X	X
		Identify sources of data (facility and community)	X	X
		Demonstrate how to fill out the CHW register and the referral form	X	X
9.	Use effective teaching skills to build the capacity of CHWs	List principles and approaches of adult education to be used in training CHWs		X
		Describe a conducive learning environment that enables active skills practice and learning		X
		Identify locally appropriate learning aids		X
		Provide examples of interactive training methods and experiences		X
		Explain the need to monitor, evaluate, and revise training		X
10.	Use supportive supervision skills to monitor performance of trained CHWs	Differentiate between traditional and supportive supervision		X
		Define supervision		X
		Describe who may be a supervisor and the supervisor's responsibilities		X
		Describe the skills and personal characteristics expected of a supervisor		X
		Define desired performance		X
		Assess current level of performance		X
		State the relationship between training and supervision		X

Module #	General objective	Specific objectives	Target audience	
			Community health workers (CHWs)	Health care workers
11.	Describe supply chain management for C-IPTp	Describe the use of checklists during supervision and assessment for quality improvement		X
		Describe the process of root cause analysis and selection of problem-solving interventions		X
		Develop action plans to address root causes of gaps in performance		X
12.	Describe the roles of the district C-IPTp team members	Describe the processes of procuring and storing antimalarial drugs		X
		Explain how to estimate the community's commodity needs	X	X
		Outline the stock recording method and reporting format	X	X
		Describe the distribution process for antimalarial medicines and other malaria commodities (e.g., ITNs/LLINs, rapid diagnostic tests [RDTs])		X
		State how to monitor and report adverse drug reactions	X	X
		Discuss the role of patent medicine vendors in malaria commodity management		X
13.	Describe the components of a work plan for C-IPTp implementation	Describe district core C-IPTp team members and their roles		X
		Explain the division of labor among various core C-IPTp team members		X
		Define a program coordinator and a facilitator—who they are and what they do		X
		Describe components of a work plan and its development process		X

Module #	General objective	Specific objectives	Target audience	
			Community health workers (CHWs)	Health care workers
13.	Describe the use of social and behavior change communication (SBCC)	Identify reasons why people change or do not change behavior easily		X
		Define SBCC		X
		Differentiate between SBCC and information, education, and communication (IEC)		X
		Discuss: <ul style="list-style-type: none">• Basic SBCC concepts and methods• Key messages related to C-IPTp that can be promoted through SBCC• Ways to use SBCC to promote acceptance of C-IPTp among target audiences		X

Appendix C. Patient Education Handout

**Take SP
for your and
your baby's
health**



If you get fever or signs of malaria, seek diagnosis immediately and, if tested positive for malaria, take effective treatment.



Protect yourself - and later also your newborn - from malaria by sleeping under a bednet each night.



Take iron and folic acid each day to prevent anaemia.

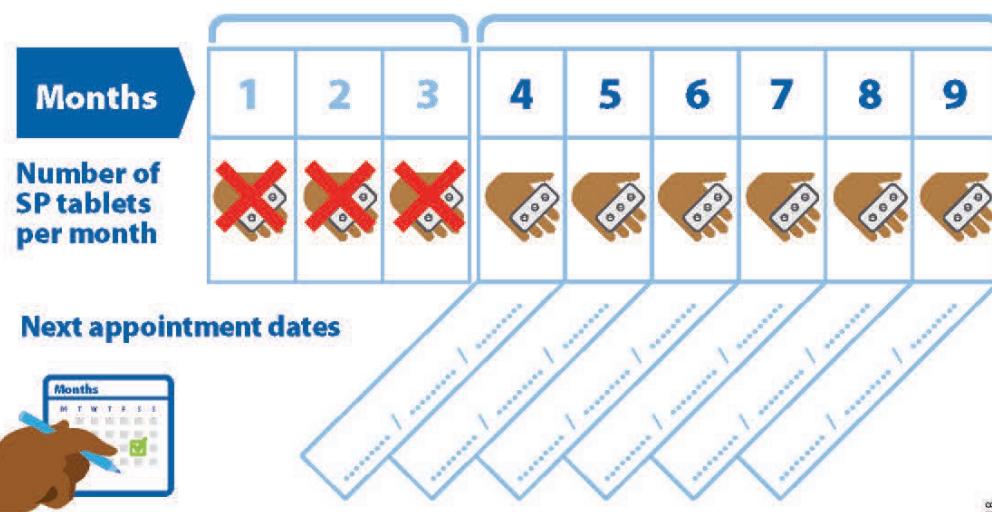


Usually SP is very well tolerated. If, however, you feel adverse drug reactions, consult your health worker.

IMPORTANT FOR PREGNANT WOMAN

Regularly take SP to protect yourself and your baby from malaria.

- From the 2nd trimester, have regular antenatal care contacts.
- Take a full 3-tablet dose of SP to prevent a malaria infection, starting as early as possible in the second trimester, and at least three times during your pregnancy with individual doses given at least one month apart.



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TIPTOP
ADVANCING PREVENTION OF MALARIA IN PREGNANCY

Appendix D. Job Aids for Providing Intermittent Preventive Treatment in Pregnancy (IPTp) with Sulfadoxine-Pyrimethamine (SP)

MALARIA-FREE PREGNANCY

SP
SULFADOXINE/
PYRIMETHAMINE

Regularly give SP to pregnant women to protect them and their babies from malaria

This treatment can be safely administered until the time of delivery. Give a full 3-tablet dose of SP to prevent malaria, starting as early as possible in the second trimester, and at least three times during pregnancy, with individual doses given one month apart.

Months	1	2	3	4	5	6	7	8	9
Number of SP tablets per month	X	X	X	3	3	3	3	3	3

If the pregnant woman presents with fever or signs of malaria, test for malaria... ...and if she is positive, administer effective treatment.

Ask if the pregnant woman has ever reacted to any medication. If yes and the medication contains sulphur, consult the healthcare worker.

Women receiving cotrimoxazole should not take SP due to a higher risk of adverse events.

Do not administer SP before week 13 of pregnancy (3 months).

Make sure the pregnant woman has not received SP in the past 4 weeks (individual doses must be given at least one month apart).

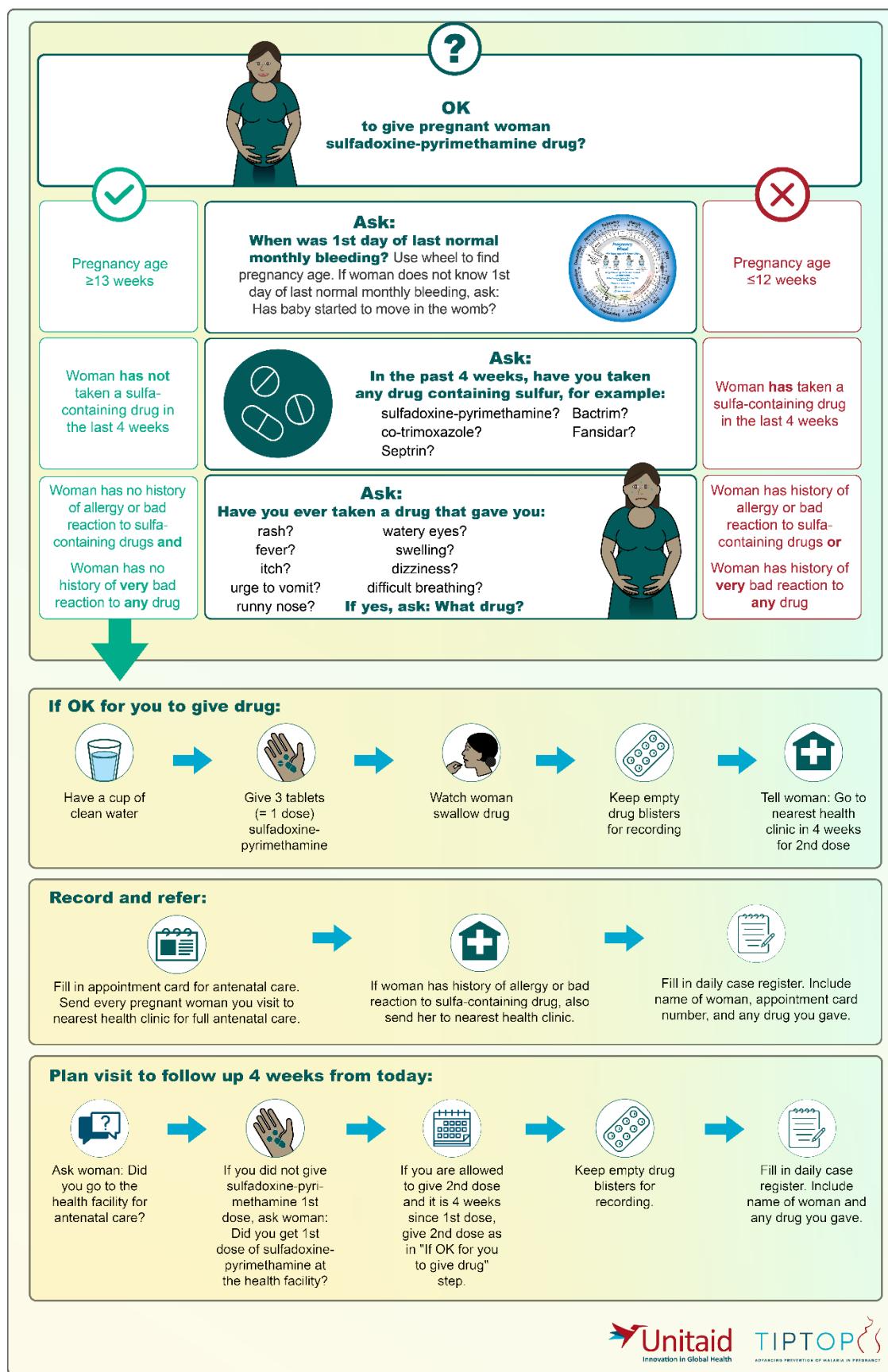
Provide the pregnant woman with a glass of clean drinking water and observe her swallowing the 3 SP tablets.

Indicate the date which the pregnant woman took the required dose on the register and the patient card.

Pregnant women should be given iron and folic acid each day to prevent anaemia.

Set a date for the next required dose and write it down on the patient card.

Explain the importance of returning for a subsequent dose in one month.



Appendix E. Checklist for Monthly Supportive Supervision of Community Health Workers (CHWs)

This checklist is to be completed during supportive supervisory visits and after a review of CHWs' registers and forms. The focal person for the community-directed intervention should have the CHWs participate in completing the checklist. Do not complete the checklist without first checking your country's supportive supervision guidelines. The checklist consists of a list of close-ended items (yes and no questions) meant to systematically observe the CHWs' activities. Provide feedback to the CHWs after administering the checklist.

Name of community: _____ District: _____ Date: _____

Names of focal persons for community-directed intervention and CHWs:

	Issues/activities	Yes	No	Comments
1	Are CHWs organized into a group?			
2	Do the CHWs attend monthly meetings with health facility workers?			
3	Are CHWs organizing with each other to conduct community outreach and mobilization activities?			
4	Do CHWs have copies of the pregnant women register and community mapping results?			
5	Do the CHWs lead the community in undertaking periodic mapping/census/registration updates?			
6	Have the required number of CHWs been trained?			
7	Are all trained CHWs working/active on the project?			
8	Are CHWs collecting commodities from an agreed-on point?			
9	Do CHWs have the required recordkeeping registers?			
10	Do CHWs have the required reporting forms?			
11	Are CHWs skillful in completing the registers?			
12	Are CHWs skillful in completing the monthly summary form?			

	Issues/activities	Yes	No	Comments
13	Do CHWs have an adequate stock of quality-assured sulfadoxine-pyrimethamine (SP)?			
14	Do CHWs have an adequate stock of insecticide-treated bed nets or long-lasting insecticidal nets (ITNs/LLINs)?			
15	Do CHWs have an adequate stock of artemisinin-based combination antimalarial (ACT) drugs?			
16	Has the community made a decision on mode of distribution?			
17	Has the community made a decision on period of distribution?			
18	Are the knowledge and skills of CHWs on dosing of SP for IPTp adequate?			
19	Do CHWs follow up with pregnant women who are absent for intended home visit? Households that refuse to participate?			
20	Do the CHWs refer pregnant women to the health facility?			
21	Do CHWs refer women who have adverse reactions to SP?			

Appendix F. Supportive Supervision Checklist: Prevention of Malaria in Pregnancy (MiP) in Health Facilities

Name of facility: _____ Type of facility: _____ District: _____ Subnational area: _____ Name of assessor: _____ Date: ____ / ____ / ____ Name of client observed: _____ ID number: _____		
Health facility infrastructure and supplies (complete this column once per facility)	Interpersonal communication (complete this column for each health care provider observed)	
<p>Check availability of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of national MiP guidelines in antenatal care (ANC) clinic <input type="checkbox"/> MiP posters and job aids in ANC clinic <input type="checkbox"/> ANC and/or MiP counseling flip chart <input type="checkbox"/> Pregnancy wheel to calculate gestational age <input type="checkbox"/> Tape measure to check symphysio-fundal height <input type="checkbox"/> Source of drinkable water <input type="checkbox"/> Suitable cups for patient use <input type="checkbox"/> Prenatal drugs (iron, folic acid) <input type="checkbox"/> Quality-assured sulfadoxine-pyrimethamine (SP) in stock in pharmacy and/or ANC clinic <input type="checkbox"/> ANC register <p>Observe whether the facility provides the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ANC services <ul style="list-style-type: none"> <input type="checkbox"/> If yes, how frequently? Daily [__], weekly [__], other [__] <input type="checkbox"/> Intermittent preventive treatment in pregnancy (IPTp) with SP is provided routinely <input type="checkbox"/> Long-lasting insecticidal nets (LLINs) or insecticide-treated bed nets (ITNs) are provided routinely 	<p>Observe whether the health care worker:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Greets the client respectfully <input type="checkbox"/> Introduces self and tells the pregnant woman what he/she is about to do <input type="checkbox"/> Asks woman about her current pregnancy (gestational age, fetal movements, any problems) <input type="checkbox"/> Asks whether woman is sleeping inside an ITN/LLIN <input type="checkbox"/> Asks whether woman has received any dose of SP <input type="checkbox"/> Checks whether woman is eligible for SP dose (≥ 13 weeks pregnant or feels baby moving; no sulfa-containing drugs in last 4 weeks; no history of allergy to sulfa drugs; not on co-trimoxazole) <input type="checkbox"/> If woman is eligible, checks expiry date of available SP <input type="checkbox"/> Provides drinkable water in a cup <input type="checkbox"/> Gives the three tablets of SP to woman <input type="checkbox"/> Observes woman swallow tablets with water (directly observed therapy) <input type="checkbox"/> Records IPTp dosing in woman's card and case notes <input type="checkbox"/> Gives woman appointment for next dose of IPTp with SP <input type="checkbox"/> Asks whether woman has had any of the known symptoms and signs of malaria <ul style="list-style-type: none"> <input type="checkbox"/> If yes, refers her for rapid diagnostic 	
A. Total observed (14) =	B. Total observed (14) =	
Total percentage score = $(A+B) / 28 \times 100$ =		

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