

DEMOCRATIC
REPUBLIC OF
THE CONGO



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Summary of National Priorities - DRC

DEMOCRATIC REPUBLIC
OF THE CONGO



OVERVIEW OF COMMUNITY HEALTH SYSTEM AND SCALE-UP PLAN

Community health is a prerequisite for primary health care (PHC), with strong ownership from the Ministry of Health:

It is a public health problem-solving approach based on community engagement that integrates promotional, preventive, curative and rehabilitative health services for communities that are delivered by trained *relais communautaires*, or community health workers (CHWs), and linked to the broader health system through supportive supervision, supply chain management, health information, and other processes and systems.

The child mortality declined by 30% between 2007 to 2014 (Unicef 2015) with several contributing intervention including community participation. Innovative and consolidated efforts are needed to accelerate the process, meeting the Sustainable Development Goal 3 targets. Community health systems are hence a critical platform for accelerating reduction in child mortality.

Scale-up plan and vision:

By scaling up community-based health services, communities will have increased access to basic social services as a step toward achieving Universal Health Coverage in line with the DRC Government's reform agenda.

Linkages with the broader primary health care (PHC) platforms:

CHWs deliver diversified services, with oversight and support from health facility and health zones teams (e.g., for supervision and supply chain and data management).

NATIONAL PRIORITIES

Closing human resource (HR) gaps:

While CHWs play a key role in community-based service delivery, they rely largely on external donors for support, including for non-monetary incentives. As a voluntary workforce, CHWs often face high turnover. Stabilizing the CHW workforce, as well as strengthening & ensuring the quality of community health services, are therefore national priorities.

Updating CHW roles & responsibilities to reflect changing needs:

The Government of the DRC must increase its financial support and domestic resource mobilization for community health, including by promoting cost share with partners as a more sustainable approach to stabilizing the CHW workforce than financial reliance on partners as a rule.

National guidelines:

The realigned **National Health Development Plan (PNDS) 2019-2022**, harmonized with the **Global Financing Facility (GFF) investment case**, the national CHW strategy, the national health security action plan, and the national child health strategy emphasize the role of community health systems in ensuring the health of all Congolese citizens. The PNDS and **National Community Health Strategic Plan 2018-2020** both highlight the critical role of community-level structures such as Health Area Development Committees (CODESAs) and Community Outreach Units (CACs) to drive coordination and ownership of community-based service delivery through CHWs.

MAIN DEVELOPMENT PARTNERS

DONORS:



IMPLEMENTING PARTNERS:



BOLD THINKERS
DRIVING
REAL-WORLD
IMPACT



Overview of Community Health System - DRC



COUNTRY INFORMATION



Population:
85,026,000



Under 5 mortality rate:
91/1,000 live births



Maternal mortality ratio:
693/100,000 live births

KEYS FACTS

- **Cadres and #/cadre:** Curative CHWs (*relais de site*), promotional CHWs (*relais promotionnels*)
- **Status of national plan:** National Community Health Strategy 2018-2020 (implementation; validated by Technical Coordination Committee, or CCT/CNP/SS)
- **Ministry department responsible for community health:** Ministry of Health, General Directorate for the Organization & Management of Health Care Services (DGOSS)

DESCRIPTION OF COMMUNITY HEALTH SYSTEM BY MAIN CADRES

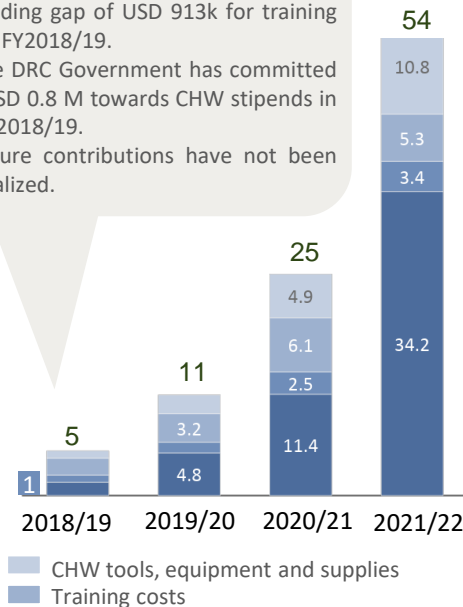
Element	
Services offered:	Community health includes delivering preventive, promotional, curative and rehabilitative health services for communities. For example, <i>relais de site</i> provide iCCM services (including case management of diarrhea, pneumonia, malaria, and malnutrition), while <i>relais promotionnels</i> provide sensitization and community-based family planning services; both cadres help strengthen referral and counter-referral systems between the community and facility levels.
User fees:	At community level, all fees are subsidized by partners, and user fees are removed to facilitate community access to services. This includes the provision of free commodities.
Supervision:	Community-based health service delivery as a frontline service is supervised by health staff at the health facility and health zone levels. Supervision is also conducted through peer supervision and mentorship. Supervision aims to strengthen CHW performance through technical support.
Training:	All CHWs receive preservice training from health facility and health zone staff prior to delivering services. Post-training follow-up is conducted to reinforce in-service capacity and skills retention to deliver services outlined in the National Community Health Strategy.
Compensation:	Non-monetary incentives/in-kind donations, such as CHW kits, phone credit for referrals and data reporting, bicycles, certificates of achievement.
Data collection:	Flow of routine administrative data is from community-based points of service to the health center, health zone (into DHIS2), and provincial and national levels. Surveys (e.g., MICS, DHS) are also periodically used to generate data to enhance program monitoring for action and to provide information to inform improved quality of care.
Health system linkages:	Community-based health services are linked to the broader health system through referrals to the health center, supportive supervision by the health center, health zone, and provincial and national levels, supply chain management, and health information systems.
Community engagement:	Community engagement is driven by community structures that offer a broad range of services within the community. Civil society organizations help deliver basic social services for health, education, social protection, food security, emergency support, and housing. Community/traditional leaders, faith-based organizations, and traditional healers play an important role in strengthening social inclusion and cohesion for sustainable community development.

Scale-up plans	From	To (by 2021/2)
Number of CHWs	226,235 CHWs (active)	
Functional linkages from community- to facility-based PHC services established (Supervision, service utilization, referrals)	30% (e.g. % of CAC receiving supervision from a health facility)	70%
Maternal mortality ratio (MMR) /100k	693 / 100,000 live births (2015)	Target TBD, noting rise in MMR due to changing nature of DRC conflict
Under-five (U5) mortality rate / 1k	91 / 1,000 live births (2017)	70 / 1,000 live births (projected)
Avg. total fertility rate	6.6 children / woman (DHS 2013-14)	
TB detection rate	80% (bacteriologically confirmed, 2017)	
Malaria cases per 1k	Thick blood smear Positive: 22.6%; Rapid diagnostic test: 31%	
HIV+ women receiving ARVs for PMTCT	84% (2017)	
Children U5 stunted	43% (DHS 2013-14)	
Children 12-23 months fully vaccinated	45%	80% by 2024 (2019 Kinshasa Declaration target)

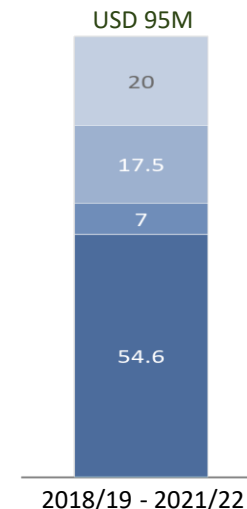
Financing for Scale-Up of Community Health Strategy

Cost of Implementing
Community Health Strategy
FY 2018/19-2021/22 (in USD millions)

- Donors have committed USD 1.3M towards CHW training. There is a funding gap of USD 913k for training for FY2018/19.
- The DRC Government has committed ~USD 0.8 M towards CHW stipends in FY 2018/19.
- Future contributions have not been finalized.



Community Health Strategy
Cost Disaggregation
FY 2018/19-2021/22



- Coordination and supervision costs
- CHEW consolidated allowance



National levels	Finance	Financing gaps in funding community health; advocacy and resource mobilization plans needed to fill these gaps. Pooling financial and other resources from the government, donors, and communities to contribute to community health and community-based delivery of PHC services.
	System design and policies	A multisectoral system that addresses diversified basic needs and helps ensure the well-being of the population. The community health system is rooted in the <i>Cellule d'Animation Communautaire</i> (CAC) that promotes community participation in community health.
	System management and leadership	At the national level, the DOGGS Directorate (for primary health care) at the Ministry of Health leads coordination efforts for community health. At the provincial level, the Provincial Health Directorate (DPS), health zone management teams, and community structure focal points ensure leadership at different levels of the health system.
	Health products	Improving the coverage and functionality of community care sites (e.g., for iCCM) to cover at least 50% of needs, and adding at least 3,484 additional community care sites across the country by 2022.
	Political prioritization	Advocate to national political authorities for a more enabling political, legal, and public affairs governance environment (e.g. to ensure clearly articulated delegation and division of CHW roles and responsibilities) for community health rights and duties. By 2022, develop and/or leverage national-level coordination mechanisms for community health and other relevant sector stakeholders (e.g., iCCM Task Force, Community Health Commission), community-based organizations.



Needs	
Program Delivery	<p>Community engagement</p> <p>Strengthen managerial and resilience capacities of Community Outreach Unit (CAC), including to strengthen referral systems between facility and community levels, and to help households and communities better prepare for, respond to, and recover from emergencies (e.g., disease outbreaks) and contribute to national health security priorities.</p>
	<p>Recruitment & accreditation</p> <p>Ensure the functionality of the existing 46,797 CACs according to national norms and policy.</p>
	<p>Training</p> <p>Transfer relevant skills from national level to a pool of community coaches for 50% of participating community structures by the end of 2022.</p>
	<p>Supervision</p> <p>Supervision of community CHW at all levels; supportive supervision of based activities by the coordinating MOH Directorate.</p>
	<p>Remuneration & Advancement</p> <p>Under development.</p>
	<p>Supply chain management</p> <p>Strengthening the supply chain management capacity of community-based service providers and improving supply chain management systems (including in terms of commodity availability) from the health zone to health center to community care site levels.</p>
	<p>Data reporting and information systems</p> <p>Strengthen community health information systems (CHIS) and integration of CHIS with the DHIS2; strengthen monitoring and evaluation and operational research mechanisms in 100% of functional CACs and coordination structures at all levels by 2022; strengthen community surveillance.</p>

Landscape of Main Development Partners



	Thematic Area:	Donors Include:	Partners Include:	UN Agencies Include:
National levers	Finance	USAID, DFID, GLOBAL FUND, THE WORLD BANK, COOPERATION SUISSE, GAVI, BELGIAN GOVT, GIZ, BILL & MELINDA GATES FOUNDATION	DRC Government, SANRU, Save the Children, Abt Associates, JSI, HPP-Congo, IRC, CRS, PATH	WHO, UNICEF (active) (UNFPA, UNHCR)
	System design and policies	USAID, DFID, GLOBAL FUND	DRC Government, SANRU, Save the Children, Abt Associates, JSI, HPP-Congo, IRC, CRS, PATH	WHO, UNICEF
	System management & leadership	USAID, DFID, GLOBAL FUND	DRC Government, SANRU, Save the Children, Abt Associates, JSI, HPP-Congo, IRC, CRS, PATH	WHO, UNICEF
	Health products	USAID, DFID, GLOBAL FUND, Gavi	DRC Government, SANRU, Save the Children, Abt Associates, JSI, HPP-Congo, IRC, CRS, PATH	WHO, UNICEF
	Political prioritization	USAID, DFID, GLOBAL FUND	DRC Government, SANRU, Save the Children, Abt Associates, JSI, HPP-Congo, IRC, CRS, PATH	WHO, UNICEF
Program Delivery	General	USAID, DFID, GLOBAL FUND	DRC Government, SANRU, Save the Children, Abt Associates, JSI, HPP-Congo, IRC, CRS, PATH	WHO, UNICEF



Existing coordination mechanisms:

CENTRAL LEVEL:
DGOSS &
Community Health
Commission

PROVINCIAL LEVEL:
DPS/BISRC,
Communication Task
Force

**HEALTH ZONE
LEVEL:**
Health Zone Team
(BCZS)/AC &
UCODESA

HEALTH AREA LEVEL:
Health Facility Team &
CODESA

**COMMUNITY LEVEL
(VILLAGE):** CAC

Type of integration	Ongoing efforts	Other opportunities
Community health integration with broader health system	<ul style="list-style-type: none"> The PNDS 2016-2020 and recadré (refined) PNDS 2019-2022 emphasizes community health development Development of Community Engagement Strategy and manual of procedures and organization of community participation structures Development of the National Community Health Strategic Plan (2019-2022) (awaiting the final Endorsement by the CCT) Coordination of community health led by DGOSS, Ministry of Health Functioning coordination of integrated clinical and community-based case management (IMCI and iCCM) Development of community HIS 	Ongoing Ministry of Health reforms (including for universal health coverage); elevation of community health through current Ebola outbreak response/Ebola Strategic Response Plan; National Health Security Action Plan implementation; National Child Health Strategy implementation; 2019 Presidential Kinshasa Declaration for Revitalizing Routine Immunization & Polio Eradication
Integration across health programs, partners, & other community health services	<ul style="list-style-type: none"> Ongoing projects/programs that support community health : Gavi-OSC, Global Fund/malaria, DBC for family planning, CFC-RTM Community health partners : WHO, UNICEF, Global Fund/SANRU, USAID, Save the Children Community case management of childhood illness (IMCI). 	Rollout of new community-based projects, such as: GAVI-SRSS 3, World Bank multi-sectorial project, Global Fund-Malaria -TB-HIV, USAID-IHP, UNICEF (initiative CFC-RTM), World Bank (REDISSE- 4), regional surveillance project, including for Ebola
Integration with different sectors & agencies	<ul style="list-style-type: none"> Multi-sectorial CAC: Birth registration promotion, WASH, school attendance promotion, nutrition, promotion of health-seeking behaviors, demand generation Development of participatory structures in other social sectors (e.g., education) 	Decentralization