Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level

Community Health Roadmap

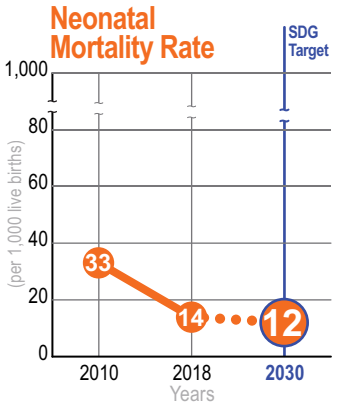
Democratic Republic of the Congo (DRC)

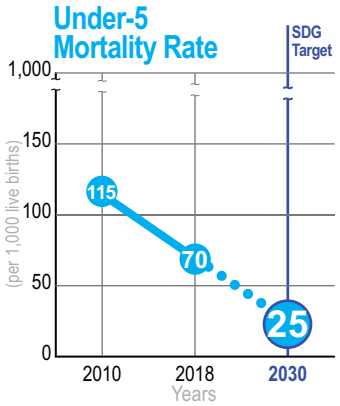
2021 Update

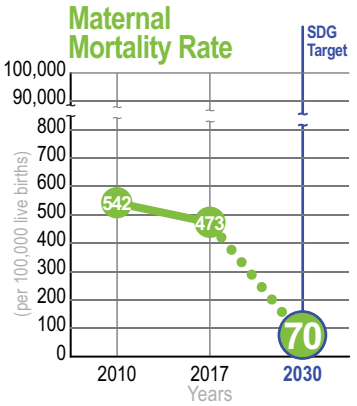
At a Glance: Country indicators

Population (2019):
86,790,567

Total number of community health workers (CHWs) *(relais communautaires)*:
520,678







Community Health Overview

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. Services 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.

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 (UHC) in line with the national reform agenda. DRC acknowledges the contribution of community participation to reductions in child mortality to date; it sees community health as a critical platform for accelerating progress towards the SDG targets.

Status of national plan:
Implementation of DRC's CHW strategy is guided by a National Community Health Strategic Plan 2019-2022, with the community outreach unit (CAC) at the centre of community health action.

Urgent Investment Actions:

1. Close the human resource gap: CHWs rely largely on external donors for support, including for non-monetary incentives; and as a voluntary workforce, CHWs often face high turnover. Stabilizing the CHW workforce, as well as strengthening and ensuring the quality of community health services, are national priorities.

2. Mobilize resources for implementation of the community health roadmap: The government must increase its financial support and domestic resource mobilization for community health. Cost share with partners is generally a more sustainable approach to stabilizing the CHW workforce than financial reliance on partners.

3. Issue national guidelines: DRC's National Health Development Plan 2019-2022 *(Plan National de Développement Sanitaire, PNDS)* emphasizes the role of community health systems in ensuring the health of all Congolese citizens. Both PNDS and the National Community Health Strategic Plan 2019-22 highlight the critical role of community-level structures – i.e., health area development committees (*comités de développement de l'aire sanitaire,* CODESA) and community outreach units (*cellules d'animation communautaire,* CAC) – in driving coordination and ownership of community-based service delivery through CHWs. PNDS is in alignment with the national CHW strategy, the national health security action plan, the national child health strategy and the Global Financing Facility (GFF) investment case.

Description of Community Health Structure

Cadres

In 2021 there were 520,678 active CHWs, including 15,750 *relais de site* dedicated to integrated community case management (iCCM) and 536,428 *relais promotionnels* who conduct health outreach and community mobilization activities. There are 2 CHWs per iCCM site.

Scale-up

Increase the number of community care sites (*soins de santé communautaires,* SSC) from 6,968 in 2017 to 7,875 in 2020; and increase the percentage of CACs receiving supervision from the health facility from 30% to 70%. The number of CACs has increased from 46,797 to 61,690 (2021).

Services offered

Preventive, promotional, curative and rehabilitative health services; integrated community-based disease surveillance. *Relais de site* provide iCCM of childhood illnesss (diarrhoea, pneumonia, malaria and malnutrition); *relais promotionnels* conduct sensitization activities and provide community-based family planning services. Both cadres help strengthen referral and counter-referral systems between community and facility levels.

User fees

Community health services and commodities are provided without fee to the user. Fees and provision of commodities are subsidized by the partners.

Supervision

Health staff at the health facility and health zone levels supervise the work of CHWs; peers also provide supervision and mentoring. Supervision and technical support are intended to strengthen CHW performance.

Description of Community Health Structure

Training

All CHWs receive pre-service training from the health facility and health zone staff before delivering any services. In-service follow-up helps the CHWs retain the skills acquired during their training and reinforces their capacity to deliver the services outlined in the National Community Health Strategy. Pre-service training is for 6 days for the CHW (iCCM), with follow-up in the field during the next 3 months. The health facility conducts monthly supervision. After 2 years, refresher training is organized to update CHW knowledge.

Compensation

CHWs are volunteers and may receive monetary incentives of 20,000 CFA (US$36) per month based on services provided. Non-monetary incentives may include CHW kits, credit for the use of personal phones (i.e., for making referral calls and data reporting), bicycles and certificates of achievement. The cost of monetary incentives is shared (i.e., 15,000 CFAs paid by the government; 5,000 CFAs paid by the Global Fund). Partners donate some non-monetary incentives (e.g., transportation) as an in-kind contribution and in some cases pay for outreach activities.

Data collection

Routine administrative data flows up from community-based points of service to the health centre, to the health zone (where data are entered into DHIS2) and to provincial and national levels. Data generated from surveys (e.g., MICS, DHS) are also used periodically to enhance programme monitoring for action and to improve the quality of care provided.

Description of Community Health Structure

Health system linkages

Community health services are linked to the broader health system through referrals to the health centre. CHWs are supervised by teams at the health centre and health zone and receive technical support (e.g., supply chain and data management) at health centre/zone, provincial and national levels.

Community engagement

Community engagement is driven by 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 and traditional leaders, faith-based organizations and traditional healers play an important role in strengthening social inclusion and cohesion for sustainable community development.

Primary Health Care Structure at Community Level: Supports service delivery, engagement and accountability

Ministry department responsible for community health: General Directorate for the Organization and Management of Health Care Services (*Direction Générale d'Organisation et Gestion des Services et Soins de Santé,* DGOGSS), Ministry of Health

CAC Operational Unit

Community (village/unit)

Primary Health Care Priorities and Progress at Community Level

Service delivery

Service delivery

© UNICEF/UN21571/Nybo

Progress (Sept. 2021)

Built CHW capacity to deliver health promotion services and disease prevention, diagnosis, treatment and care activities.

CACs supplied with the equipment, materials and health products needed for the delivery of the package of community activities.

CHWs participated in the following activities: population mapping, promotion of good family health practices, and demand creation for preventive and curative services at the health facility level.

7,875 CACs made fully functional to cover the needs of 24.5 million people in 431 health zones.

CHWs put in charge of malaria treatment in children under 5 years old and adults.

Health workforce

Recruitment and accreditation

Priorities (2021-2022)

Ensure the functionality of the existing 46,797 CACs according to national norms and policy.

Training

Priorities (2021-2022)

Transfer relevant skills from the national level to a pool of community coaches for 50% of participating community structures by the end of 2022.

Supervision

Priorities (2021-2022)

Supervise community CHWs at all levels; support the supervision of community-based activities through the coordinating MOH Directorate.

Remuneration/reward and advancement

Priorities (2021-2022)

Under development.

Health information systems

Data reporting and information systems

Priorities (2021-2022)

Strengthen community health information systems (CHIS) and integrate CHIS with the District Health Information System (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.

Progress (Sept. 2021)

Pilot project on digitizing information at the community level; electronic data registry through the use of tablets in two health areas in the Kinshasa and Nsele health zones.

A mobile health (mHealth) system has been implemented in six districts as of July 2019; scale-up is subject to the mobilization of additional resources.

Digital apps are used by community nurses to supervise the iCCM site and by CHWs in support of CHW performance management and supervision. Real-time or near-real-time monitoring tools for data reporting are embedded in national CHW programmes and policies.

Supply chain management

Supply chain management (including commodities)

Priorities (2021-2022)

Strengthen the supply chain management capacity of community-based service providers and improve supply chain management systems (including in terms of commodities availability) at the levels of health zone, health centre and SSC.

Health products

Priorities (2021-2022)

Improve the coverage and functionality of SSC (e.g., for iCCM) to cover at least 50% of needs.

Progress (Sept. 2021)

Products to treat diarrhoea and pneumonia stocked at community care sites, through the support of the partners (SANRU and UNICEF).

Improved quality of reference at children's homes with rectal artesunate for malaria (CARAMAL project)

Finance

Finance

Priorities (2021-2022)

Close financing gaps in community health and community-based delivery of PHC services; develop advocacy and resource mobilization plans; pool financial and other resources from the government, donors and communities.

Progress (Sept. 2021)

Fragmented funding for donors/partners in their geographical interventions settings.

Leadership and governance

System design and policies

Priorities (2021-2022)

Consolidate a multi-sectoral system that addresses diversified basic needs and helps ensure the well-being of the population.

System management and leadership

Priorities (2021-2022)

Strengthen leadership at the national and provincial levels. At the national level, DGOGSS leads coordination efforts for community health. At other levels, leadership is provided by the Provincial Health Directorate (*Direction Provincial de la Santé,* DPS), health zone management teams and community structure focal points.

Progress (Sept. 2021)

Development of PSNSC 2019-2022 with the CAC at the centre of community action.

Development of the community health roadmap towards commitments made in Johannesburg in 2017.

Leadership and governance *(continued)*

Political priorities

Priorities (2021-2022)

Advocate to national political authorities for a more enabling governance environment (political, legal and public affairs) in support of community work towards UHC and people's right to health (e.g., advocate for clearly articulated delegation and division of CHW roles and responsibilities).

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 Sub-Committee) and community-based organizations.

Progress (Sept. 2021)

Advocacy and dissemination of the PSNSC:

- Advocacy with the Ministry of Health to secure the financial support needed to implement the community health roadmap
- Dissemination of the community health roadmap with MoH Directors, specialized programme directors, and technical and financial partners, with financial support from UNICEF
- Dissemination of the National Strategic Plan for Community Health in 18 out of 26 provinces (in progress)
- Consultation framework established at the national level: Community Health Sub-Committee; Benefits, implementation and monitoring and evaluation commission; National Committee for Health Sector Piloting
- Community health focal point established within DGOGSS

Community engagement

Community engagement

Priorities (2021-2022)

Strengthen CAC managerial and resilience capacities: strengthen referral systems between facility and community levels; build household and community capacity to prepare for, respond to and recover from emergencies (e.g., disease outbreaks); and strengthen communities in their contribution to national health security priorities.

© UNICEF/UN0438724/Tremeau

Progress (Sept. 2021)

CAC revitalized to ensure implementation of health activities at the community level in 319 out of 519 health zones (61%).

The revitalized CACs have contributed positively to:

- The response to the 10th Ebola virus outbreak in eastern DRC (Ituri and North Kivu provinces)
- The fight against the COVID-19 pandemic in Kinshasa (epicentre) and affected provinces
- Demand creation for routine vaccination in the context of COVID-19
- In war-affected parts of the country, outreach to ensure children receive their immunizations according to the national calendar (with the support of Gavi and SANRU)
- Pre-positioning within households of health kits containing oral rehydration salts, zinc and paracetamol, so families can manage their children's diarrhoea and fever before they have to go to the health centre
- Individual follow-up with children under 5 years old and pregnant women to encourage them to use the services offered to them, within the "Child-friendly communities" initiative (CFC) in seven health zones

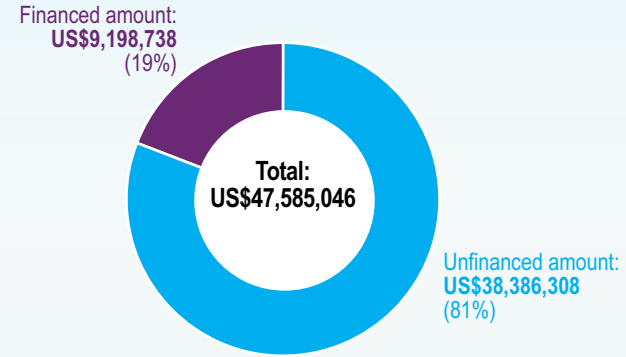
Roadmap Implementation: Costs and Resource Gap

Community Health Strategy implementation, 2019-2022: US$190.3 million

Resource gap: US$38.3 million (FY 2021-2022)

DRC has estimated its total cost of implementing its National Community Health Strategic Plan 2019-2022 over a four-year period at US$190.3 million, or US$47.5 million per year on average. To date, donors have shared the costs of user fees and commodities, and have provided non-monetary incentives as in-kind contributions. Based on funder commitments to date, DRC estimates the resource gap to be US$38.3 million in FY 2021-2022 and has prioritized resource mobilization planning.

Annual cost of implementation, Community Health Strategic Plan, with financed amount in FY 2021-2022*



*Financed amount includes donor commitments as of Sept. 2021 (from UNICEF, USAID and WHO).

Exchange rate: 550 francs CFA = US$1

Development Partners and Coordination Mechanisms

Funders

Belgian Government Cooperation
Bill and Melinda Gates Foundation
Gavi
The Global Fund
U.K. Department for International Development (DFID)
UNICEF
USAID
The World Bank
World Health Organization

Implementing partners

Abt Associates
CRS
Humana People to People Congo
PATH
SANRU
Save the Children
UNFPA
UNICEF
World Health Organization

Coordination mechanisms

- Community Health Sub-Committee (at central level)
- Communication Task Force (at provincial level)
- Health zone team (BCZS)
- Health area development committee (CODESA)
- Health Facility Team
- Community outreach unit (CAC)

Acronyms and Sources Used

Acronyms:

BCZS	Health Zone Central Office *(Bureau Central de Zone de Santé)*
CAC	community outreach unit *(cellule d'animation communautaire)*
CFA	Central African francs
CFC	child-friendly community
CHIS	community health information system
CHW	community health worker
CODESA	health area development committtee *(comité de développement de l'aire sanitaire)*
DGOGSS	General Directorate for the Organization and Management of Health Care Services *(Direction Générale d'Organisation et Gestion des Services et Soins de Santé)*
DHIS2	District Health Information System, version 2
DPS	Provincial Health Directorate *(Direction Provincial de la Santé)*
GFF	Global Financing Facility
iCCM	integrated community case management
mHealth	mobile health
MoH	Ministry of Health
NGO	non-governmental organization
PHC	primary health care
PNDS	National Health Development Plan *(Plan National de Développement Sanitaire)*
SSC	community care site *(site des soins communautaire)*
UHC	universal health care

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

'Progrès realizés dans l'institutionalisation de la santé communautaire en République Democratique du Congo du 2017 à 2020', PowerPoint presentation, ICHC Pre-Conference, 25 March 2021.

Modèle des structures de développement communautaire: Ministère de Santé, République Democratique du Congo, *Manuel des procédures d'organisation et de fonctionnement des structures de participation et approches communautaires,* 2016.

Mortality: United Nations Inter-Agency Group on Child Mortality Estimation, www.childinfo.org.

Population: Primary Health Care Performance Initiative, https://improvingphc.org/indicator/population#?loc=&viz=0&ci=false, accessed 18 Aug. 2021.