Supporting CHW Performance: Supervision Systems and Performance Management

Integrated Community Case Management of Childhood Illness (iCCM) in the Democratic Republic of Congo
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CONTEXT

- **Population**: 77,800,000  
  (DRC DHS 2013-2014)
- **26** provinces
- **516** Health Districts
- **Geographical access barrier**: 38,9%  
  (17,5%-76,3%) (DRC DHS 2013-2014)
- **Population living within 5 kms** of a medical facility: 35% (NHDP 2011-2015)
- **Under 5 child mortality**: 104 deaths per 1,000 live births  
  (DRC DHS 2013-2014)
BACKGROUND: iCCM in DRC Health System

NATIONAL LEVEL
- MoH Directorates
- National Health Programs

INTERMEDIATE LEVEL
- Provincial Health Departments
- Technical and Financial Partners

OPERATIONNAL LEVEL (HEALTH ZONES)
- Health Zone Management Team
- Health Centers

HEALTH AREAS (NURSES)
- Community system – Villages
- Outreach strategy with community actors
- Households
CONCEPTS OF SUPERVISION
A complex managerial intervention with many cultural, social and behavioral dimensions

Task

Supervision
<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Person in charge</th>
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<tbody>
<tr>
<td>Post training follow up</td>
<td>Once/month during the first quarter</td>
<td>Provincial Trainers</td>
</tr>
<tr>
<td>Routine supervision</td>
<td>1 time/month</td>
<td>Health Center Nurse</td>
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<tr>
<td>Quarterly supervision</td>
<td>1 time/quarter</td>
<td>Health Zone Staff</td>
</tr>
<tr>
<td>Joint supervision</td>
<td>1 time/quarter</td>
<td>National, Provincial, Health Zone, Partners, Health Center, Community representative</td>
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DRC iCCM uses a joint problem solving strategy which includes:

- the MOH at the national and provincial levels
- the partners supporting the health zones
- the health zone team
- the nurses in the health center
- the community teaming up to conduct the supervision
Observations during iCCM site visit in Lualaba province in June 2016

- Low utilization of service in iCCM sites

- Accessibility barriers to service (geographical)

- Frequent stock out of drugs and medical supplies

- Poor quality of supervision from the health centers and health zones to the iCCM sites
Recommendations made during an iCCM site visit in Lualaba province in June 2016

- Strengthen the supply chain to ensure a continuous service delivery
- Apply supportive supervision to iCCM by the health center, health zone, and implementing partners
- Ensure the continuity of service through referral
- Use social and behavior change techniques to promote care-seeking behavior in communities
Follow up visit in Lualaba province in March 2017
Malaria intervention quality of service

Malaria case management improved in iCCM

Correct case management: 98%
Correct and prompt case management: 55%
Correct and prompt case management with follow up visit: 49%

Number of malaria case received = 253
Follow up visit in Lualaba province in March 2017: Malaria intervention quality of service

CU 5 consulting CHW = 407

CU 5 complaint for Fever = 347

Excluded: CU 5 with Signs of Dangers = 6

CU 5 include in analysis = 341

CU 5 Receiving RTD = 321

CU 5 with RTD positive = 253

ACT treated = 247

ACT prescribed within 24-48 hours of fever onset = 139

Visited 48 hours after treatment = 125

ACT prescribed over 2 days after fever onset = 108

No home visit after 2 days of treatment = 14

No ACT received = 6

No ACT treated = 48

ACT treated = 48

ACT treated = 20

CU 5 don’t receive RTD = 20

ACT Treated = 12

No ACT Treated = 8

Best practice

Needs improvement
1. Fragmented support to iCCM program from donors

2. Diversified and missing tools still used in iCCM sites

3. Geographical barrier to health service

4. Putting in place a national guide to motivate the community service providers to serve the underserved population

5. Referral and counter referral not sufficiently documented
## Lessons Learned

- Start follow up/supervision soon after training of CHWs to guide appropriate practices

- Continue linkage between the health facility and the community to improve service uptake at the community level

- Improve the quality and frequency of supervision and peer-to-peer support in the iCCM program to ensure sustainable results

- Prepare to take immediate actions to solve any problems encountered during the supervision

- Support MoH to set up and operate an effective iCCM Task Force/Technical Working Group and develop a national strategic plan

- Develop a plan for service coverage completing the existing service package prior to scale up
THANK YOU