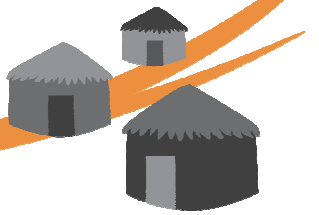
Institutionalizing Community Health Conference



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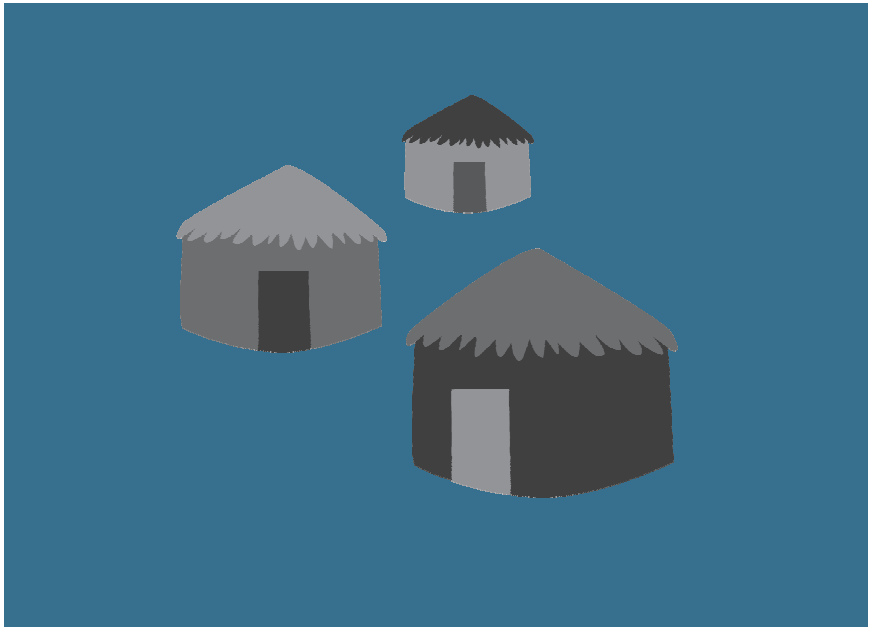

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Supporting CHW Performance: Supervision Systems and Performance Management

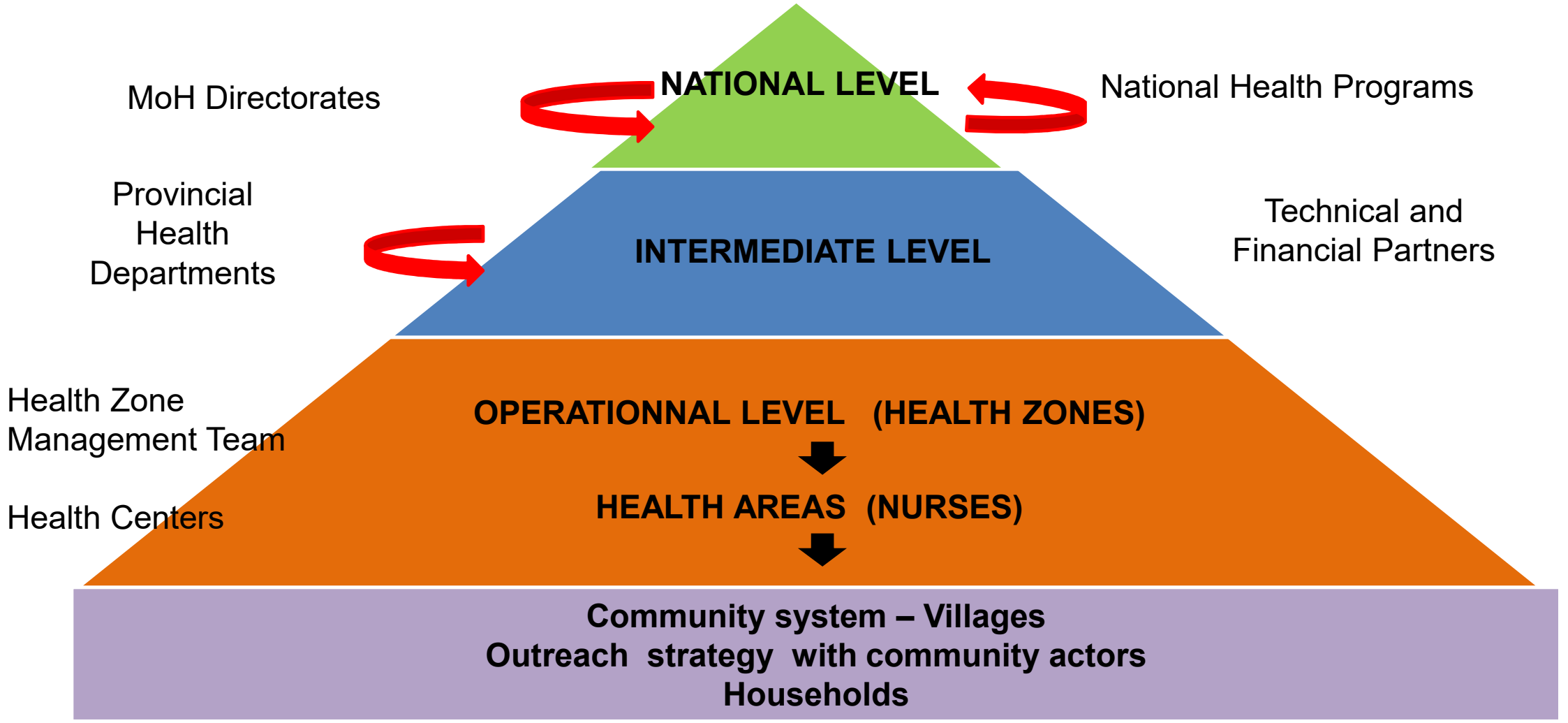
Integrated Community Case Management of Childhood Illness (iCCM) in the Democratic Republic of Congo

Presented by Elysé Zambite, USAID-DRC

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)

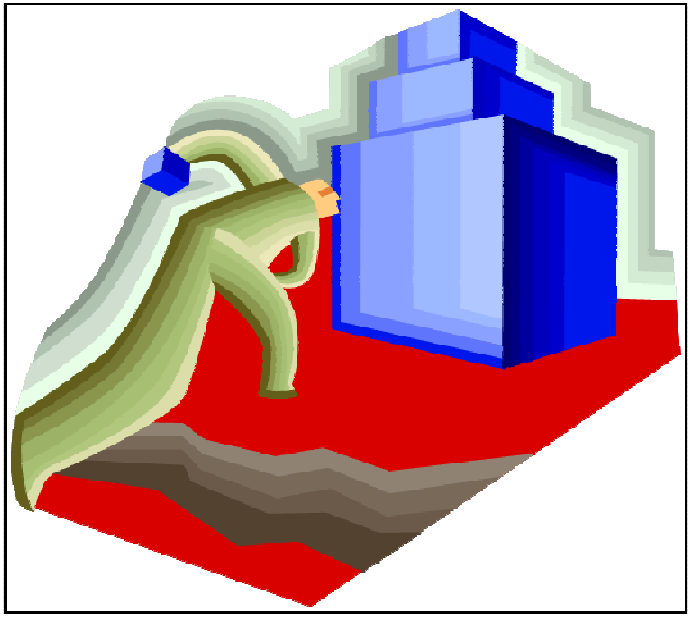
BACKGROUND: iCCM in DRC Health System



CONCEPTS OF SUPERVISION

A complex managerial intervention with many cultural, social and behavioral dimensions

Task



Supervision

iCCM SUPERVISORY PROCESS IN DRC (DRC iCCM implementation guide)

Activity	Frequency	Person in charge
Post training follow up	Once/month during the first quarter	Provincial Trainers
Routine supervision	1 time/month	Health Center Nurse
Quarterly supervision	1 time/quarter	Health Zone Staff
Joint supervision	1 time/quarter	National, Provincial, Health Zone, Partners, Health Center, Community representative

iCCM SUPERVISORY PROCESS IN DRC

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

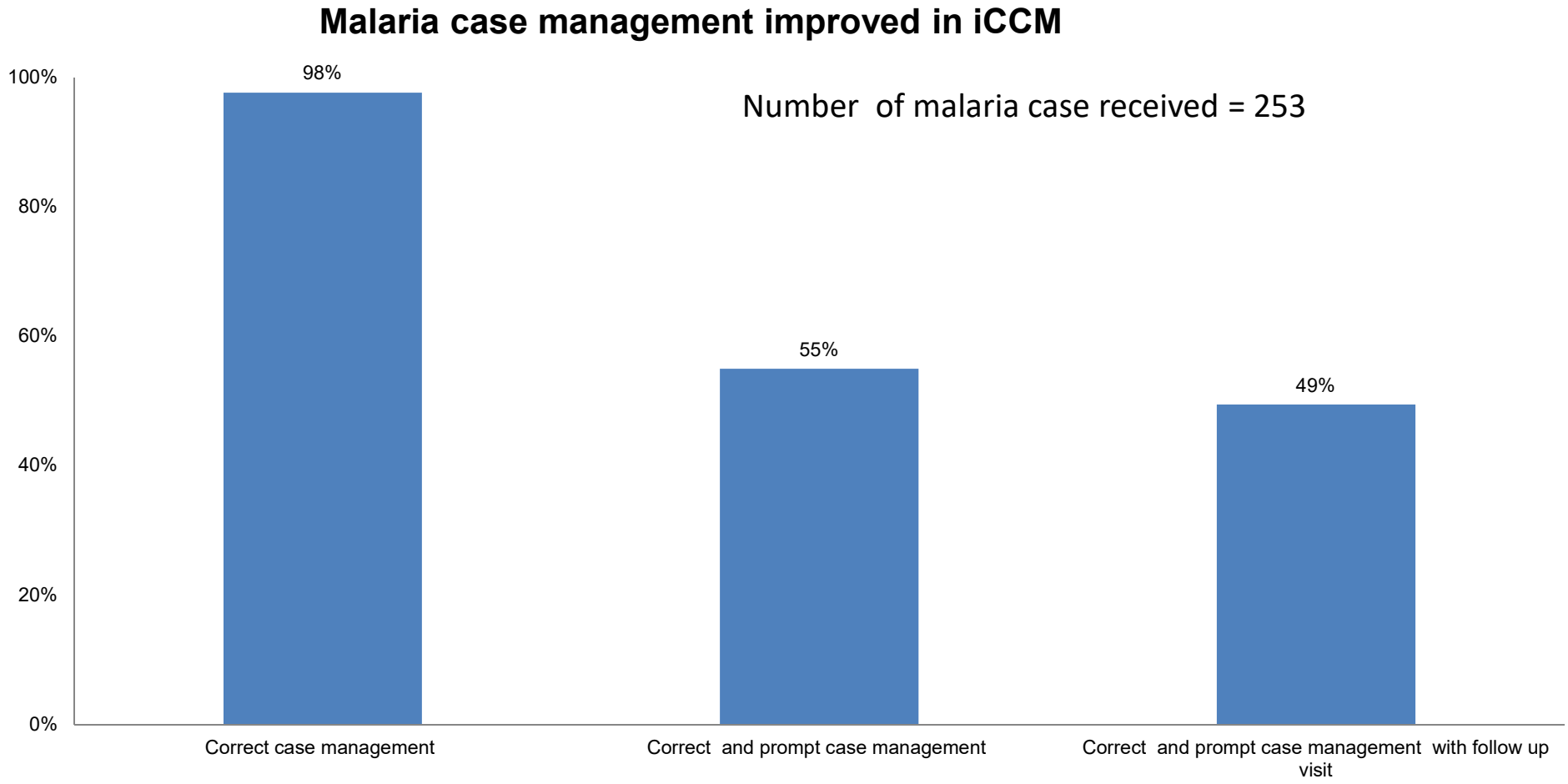
Observations during iCCM site visit in Lualaba province in June 2016

- 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

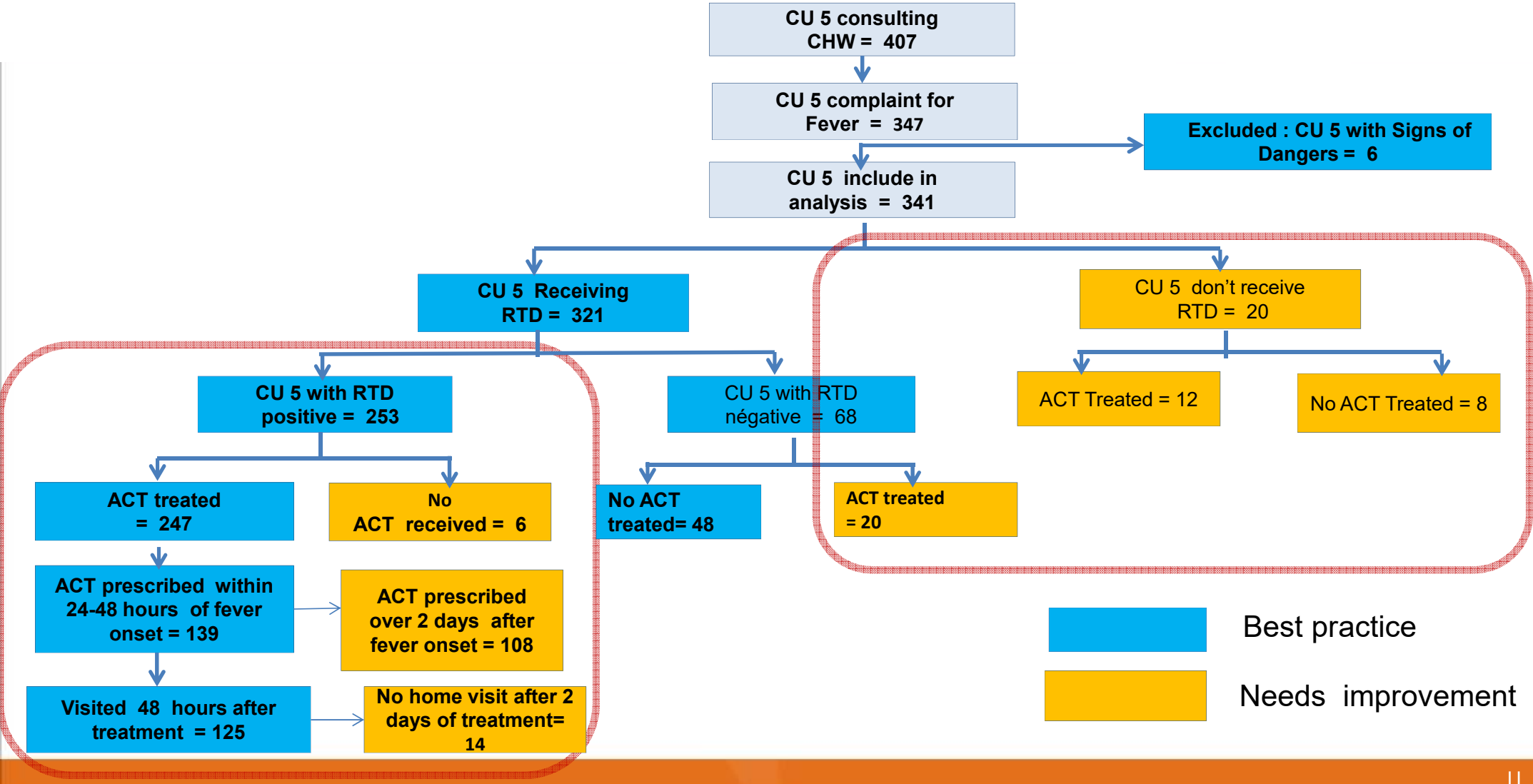
Recommendations made during an iCCM site visit in Lualaba province in June 2016

- 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



Follow up visit in Lualaba province in March 2017: Malaria intervention quality of service



CHALLENGES

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

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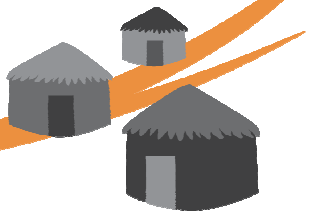

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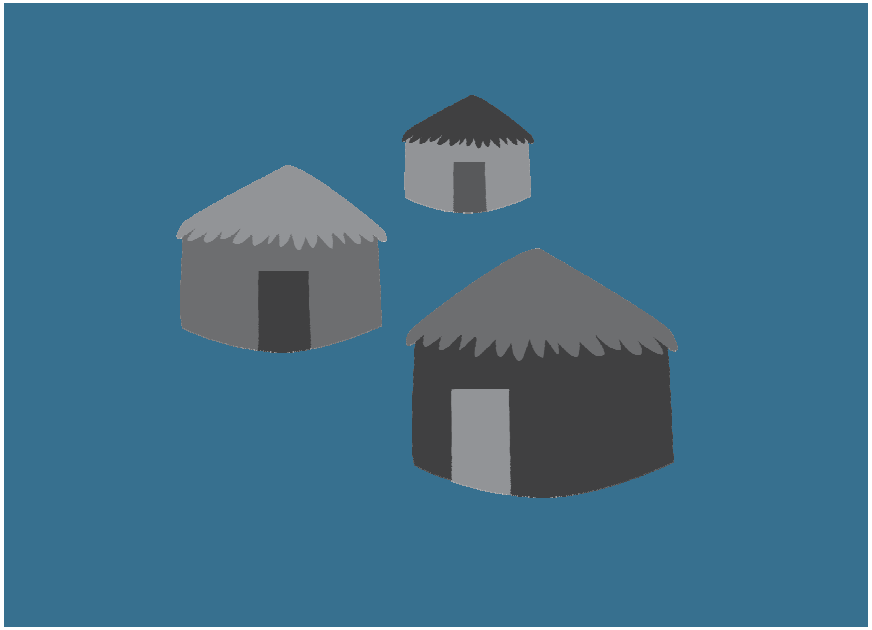

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