

## Measuring Quality: FOSACOF

### The Integrated Health Project in the Democratic Republic of Congo (DRC-IHP)

has been working since 2010 to improve the health of the Congolese people in 78 health zones in four provinces. Funded by USAID and led by Management Sciences for Health, with partners International Rescue Committee and Overseas Strategic Consulting, Ltd. (OSC), the project focuses on maternal, newborn, and child health; family planning; nutrition, malaria, and tuberculosis; HIV and AIDS; and water, sanitation, and hygiene (WASH)—applying many proven, low-cost, high-impact innovations on a large scale.

DRC-IHP stresses low-cost, high-impact innovations that can be used by providers at all levels of the health system. This project has improved health services for more than 12 million people—17 percent of the Congolese population. Data modeling shows that DRC-IHP interventions saved the lives of more than 150,000 children over just three years.

Now replaced by DRC-IHPplus, the project has recently been expanded to 83 health zones through June 2016, with partners OSC and Pathfinder/Evidence to Action (E2A).

### Integrated Health Project in the Democratic Republic of Congo



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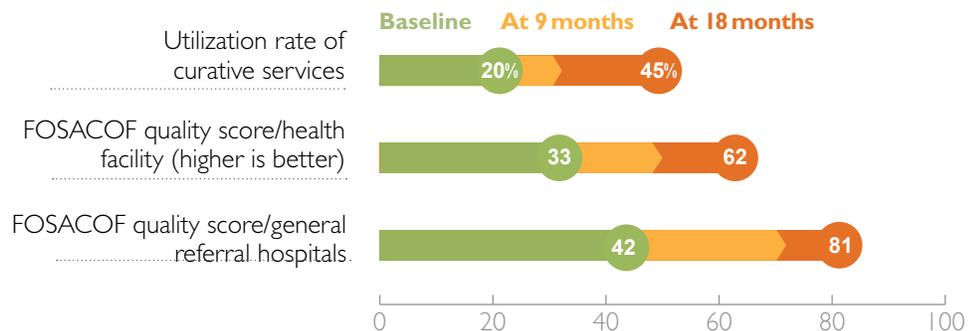
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### STRATEGY

DRC-IHP's “fully functional service delivery point” approach (“FOSACOF” for its French acronym) gives health facilities a yardstick to measure the quality of care they provide. FOSACOF ratings on nine key criteria allow managers to see what most needs improvement—and, importantly, measure increases in the quality of service.

### RESULTS

There are nine criteria of quality that a FOSACOF evaluation—always performed with the Ministry of Health—measures. The evaluation team rates a facility on each criterion, then compiles a score that indicates whether a facility is weak, functional, or high-functioning. Facility managers can easily see where improvements need to be made.



**DRC-IHP**

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# Measuring Quality to Improve Services

**Challenges:** DRC is rebuilding its health system at every level in the wake of decades of turmoil and in the face of low health indicators, dilapidated structures, and often demoralized health providers. The challenge is not simply extending services to the whole population: it is also to make sure those services are high quality and improving.

**DRC-IHP response:** IHP’s “fully functional service delivery point” approach (“FOSACOF” for its French acronym) is another innovation adapted from MSH work tested and proven in other countries. FOSACOF gives health centers a yardstick to measure quality of care from multiple viewpoints. IHP and MOH staff rate the facility on nine FOSACOF criteria, then calculate an overall score. The FOSACOF criteria reflect standards established by the Ministry of Health (MOH).

Since 2012, IHP has assisted 730 health facilities to implement the FOSACOF system of scoring and Improvement—giving them a method to measure quality and progress.

## FOSACOF ratings and Results-Based Financing (RBF)

Meanwhile, in close collaboration with the Ministry of Health the project also integrated results-based financing into health centers and hospitals in seven health zones. Under RBF, facilities are paid according to how well they perform and the improvements they achieve, not just for remaining open. The providers, community health committees, and other stakeholders agree on goals to improve infrastructure and services; get training on leadership and management, and receive a sum to start improvements. The data the facility presents on its progress is verified by IHP staff as well as nongovernmental organizations trained in data verification. ■

## How RBF can influence the quality of facilities and care:



Photo by Rebecca Weaver

In November 2013, the health center in the village of Kakala, near the city of Luiza in Kasai Occidental, was in a sorry state. Villagers in need of health services had to travel, either by bike or on foot, 15 kilometers to the closest health center in Luiza.



Photo by Rebecca Weaver

Today, the health center has been renovated and can receive patients. The change is a result of DRC-IHP-supported RBF, whereby incentives are offered as certain goals are achieved.