



DRC-IHP EFFECTIVE INNOVATIONS

Champion Communities

Neighbors mentoring neighbors for better health



Photo by Warren Zelman

Integrated Health Project in the Democratic Republic of Congo



Improving the quality and increasing the use of essential health services are key components of the Government of the Democratic Republic of Congo's (DRC) strategy to reduce maternal, newborn and young-child illness and mortality through the initiative A Promise Renewed. Community participation is also a Ministry of Health (MOH) principle for revitalizing health zones. In addition, the MOH developed and approved a National Strategic Plan for Family Planning 2014-2020 to increase access to and use of family planning. DRC-IHP addresses all of these priorities through Champion Communities.

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

DRC-IHP works closely with the Government of the Democratic Republic of Congo to strengthen the country's health system at every level and achieve the Ministry of Health's targets of saving 437,000 lives of children and mothers over five years.

Data modeling using the Lives Saved Tool (LiST) shows that DRC-IHP interventions saved the lives of more than 150,000 children over just three years. The project has improved health services for more than 12 million people—17 percent of the Congolese population.

DRC-IHP 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.

Funded by the U.S. Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and the President's Malaria Initiative (PMI), DRC-IHP works in 78 health zones in four provinces: Kasai Oriental, Kasai Occidental, Katanga, and Sud Kivu. The project has upgraded the quality of services at more than 2,000 locations—from community sites to local health centers to regional hospitals.

Management Sciences for Health (MSH) implements DRC-IHP with partners International Rescue Committee and Overseas Strategic Consulting, Ltd. (OSC). Activities continue through June 2016 under DRC-IHPplus with partners OSC and Pathfinder/Evidence to Action (E2A). DRC-IHPplus has expanded to cover 83 health zones.

In conjunction with the Ministry of Health, DRC-IHP achieved the following results in project health zones between 2010 and 2015:

- *increased the proportion of women who delivered babies in a facility with a skilled birth attendant from 73% in 2010 to 89% in 2015*
- *increased the percent of newborns receiving essential newborn care from 67% in 2010 to 88% in 2015*
- *inspired new mothers to breastfeed newborns in their first hour, increasing the rate from 2% in 2010 to 96% in three years*
- *vaccinated over 97% of children under the age of 12 months (more than 2 million) in project areas with DPT-HepB-Hib3*
- *detected and treated nearly 60,000 cases of TB*
- *provided more than 1.5 million pregnant women with at least two doses of sulfadoxine pyrimethamine (SP) for IPTp to prevent malaria*
- *enabled 2.4 million people to adopt a modern family planning method*
- *provided more than 2.9 million people in target areas with first-time access to improved drinking water supply*
- *enabled more than 868,000 people with first-time access to improved sanitation facilities (from a baseline of 124,000 in 2010)*

ACKNOWLEDGMENTS:

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In addition, we recognize the Ministry of Health in DRC for its close partnership in making the Integrated Health Project an outstanding and sustainable success.

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The Champion Community: An internationally proven approach

Champion Communities grew from a successful mid-1990s program in Madagascar which was based on the idea that families and villages have a critical role to play in solving pressing health problems.

The Champion Community approach recognizes that a local community knows best how to meet its own challenges. Champion Communities improve the health of Congolese families by promoting new, healthier behaviors as well as the use of health services. Members of a Champion Community are local leaders as well as teachers, clerics, grandparents, parents, farmers, traders—and they call it an honor to join a Champion Community. Champion Communities

are located in 27 health zones in the four provinces where DRC-IHP works. Each Champion Community covers a geographic area with approximately 40,000 people.

With health zone officials and the DRC-IHP, each Champion Community selects health priorities to address and commits to a plan of action in their village or area. Health zone and project staff jointly monitor the plans and activities. They also train Champion Community members in health issues and community mobilization, and provide funding and operational and technical guidance.

In 2012, the project started developing Champion Communities in 27 health zones.

How do Champion Communities work in the DRC?

DRC-IHP applied this innovation in the DRC and, in partnership with the Ministry of Health, adapted it to the hierarchy of the health system. Champion Communities work together with local health committees (CODESAs, for the French acronym) as well as health zone officials.

In conjunction with local health centers, members of Champion Communities set out to educate their neighbors about testing and treatment for TB, promote the use of prenatal care and family planning, or foster awareness about water and sanitation, even helping residents build latrines. Their focus depends on the community's action plan. Champion Communities also collect pertinent data for their health centers.

Champion Communities mobilize and educate via mass text messages, radio spots, and by working with schools, sports groups, women's and other organizations. To complement this outreach, members also literally walk door-to-door to screen for TB, advise pregnant women to get checkups and deliver at a clinic, talk to couples about family planning, and provide other health education.

“Learning by Listening” is a key strategy. Based on behavior-change theory, it follows specific steps (knowledge, approval, intentional practice, advocacy) to help individuals make their own choice to adopt positive changes.



Photo by Warren Zelman

What's new?

DRC-IHP has developed a number of variations on the Champion Community and its methods.

For instance, the project has developed specialized, related groups, such as “Champion Men” and “Champion Youth.” Today, more than 1,000 Champion Men speak out at churches and meetings to educate peers on health issues. Since men in the DRC are often reluctant to try family planning, many Champion Men focus on family planning and reproductive health.

As one DRC-IHP technical advisor put it, “We grab men who show interest in family planning and give them lots of information. They share it with their wives. Then we invite them to go to places where men gather, like bars or sports events and talk to them about the advantages of family planning. They convince each other that this is a good idea.”

Champion Youth reach out to young people on reproductive health and other matters. One group helped organize an SMS campaign urging parents to use insecticide-treated bed nets to protect children against malaria.

Champion Communities in DRC are also taking advantage of contemporary media. They help organize mHealth campaigns, sending health messages, vetted by the Ministry of Health, to community members via SMS. They also collect mobile numbers to enable the mass messaging. In local languages,

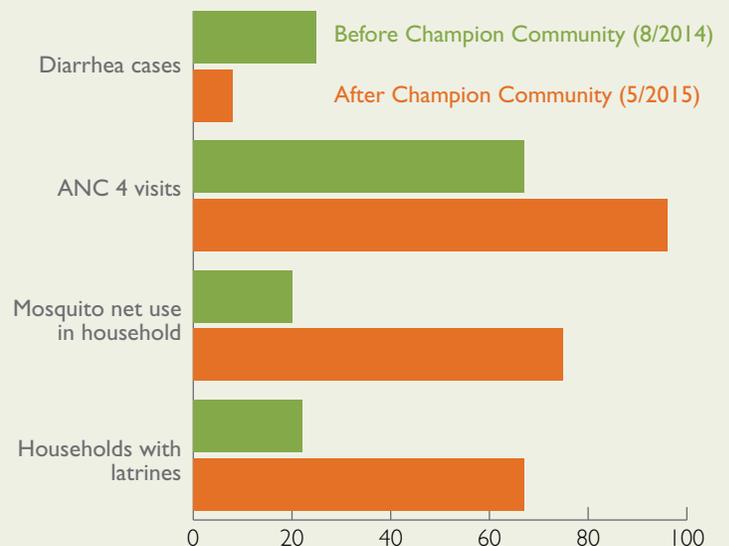
messages cover a spectrum of issues: family planning, insecticide-treated bed net use, vaccines, child health, breastfeeding, HIV, TB, prenatal care, and WASH. The project pays for sending the messages.

Recipients often share the mHealth messages widely. For instance, a 30-year-old man in Bilomba told an evaluator: “I saw a message about washing our hands after going to the toilet. In my church, I shared the message during announcements; now everyone in the church is washing their hands after the toilet. We also decided to put a washing station beside the church toilet. We have several groups within our church including the Deacons group, Evangelical group, ladies group, and singers; they also pass the message to the community about washing hands.”

Another strategy being developed is the “closed user group,” or CUG. The project distributed 85 telephones in 7 health zones, to members well placed to answer health questions and connect to other peer groups for discussions. The CUGs connect to the local health center for accurate information, support, training, and to answer questions that Champion Community members cannot. Seeing great utility in this approach, one community, Bilomba, self-funded 10 more phones for use in the CUG.



% change in priority health indicators,
Kanda Kanda Community, Kasai Oriental



A baseline study in the Dibaya health zone in Kasai showed that only around 3,500 families were using family planning. Two years later, after the Tuibake Champion Community organized a family planning campaign, more than 7,000 couples in the health zone were using contraception.

Champion Communities: Getting results

Evaluations from the Kanda Kanda Champion Community in former Kasai Oriental and Tuibake Champion Community in former Kasai Occidental show that Champion Communities can have a powerful effect on changing behavior for the better.

- After a year of Champion Community activity, Kanda Kanda reported a 55% increase in the number of households using mosquito nets; a 29% increase in women who attend four prenatal visits; a 45% percent increase of homes with latrines; and a 17% decrease in diarrheal episodes.

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Snapshots of Champion Communities in action:

Family planning

Marie Odia, a member of the Tuibake Champion Community in Kasai Occidental, explained why family planning is so important to her. Her six children—now aged 8 to 17—were born so close together that she had little time to look after herself let alone her community as she would have wished. Marie now uses contraception and has not had a child in eight years. Pleased to help other women, she now provides information about family planning at the local health center and in the homes of people in her community.

Reproductive health

Helene Tshidibe's specialty is speaking with mothers about the importance of visiting their health center at least four times during pregnancy. When the project started in the Dibaya health zone where Helene lives, no women were recorded as having attended four antenatal visits. Within a year, over 800 women went to all four visits the second year. And more than 3,000 attended them in 2014, the fourth year of DRC-IHP.

Tuberculosis

Four members of the Tuibake Champion Community also belong to the local Club des Amis Damien (CAD)—men who have been cured of TB. They reach out to their neighbors with clear, simple messages:

“If you’ve been coughing for more than two days, you need to go to the health center for a spit test. If you’re too sick to go, we’ll take the test to the hospital for you. If you need medicine, we’ll help you get it. If you can’t go yourself to the hospital to get your medicine, we’ll bring it to you.”

In part thanks to their efforts, the number of people testing positive for TB in Dibaya Health Zone fell from 144 the first year of the project to 82 by the end of 2014.

Champion Communities and WASH

Led by “Mama” Alice, the Tudisange Champion Community in Luiza, Kasai Occidental, helps build latrines, organizes health-related SMS campaigns, has renovated the local health center, and provides family planning advice. They also grow crops near the Luiza health center, and profits fund health care projects. The Tudisange Champion Community has received NGO status, so this group can raise funds and function as an autonomous organization.

“We want men to respect our ladies....it used to be that men in our community hid their money from their wives and used the money to drink alcohol, now we have changed some of the men to stop doing this and to treat their wives with respect” says a Champion Man in Bilomba.

Lessons learned

- The leaders of Champion Communities can determine success. The most successful leaders are vibrant, imaginative, well-liked, committed, and self-motivated.
- Buy-in from community leaders is a must. This should also include buy-in from traditional and religious leaders.
- All decisions made by the Champion Communities need to be approved by the community, and any problems in implementation are best discussed with the community as a whole.
- Champion Communities are most effective when paired with mHealth to reinforce health messages transmitted in home visits and community mobilization.

Challenges

- Strong collaboration between health centers and the Champion Communities must continue in order to sustain motivation and correct messaging.
- The concept of Champion Men could expand into other more neglected groups such as young men and women, widows and female-headed households, and the elderly.
- Legal status as an NGO is a slow process that requires significant mentoring and partnering with local NGOs. Obtaining funding as an NGO is also likely to take longer than desired, but is necessary for long-term sustainability.



“I saw a message about washing our hands after going to the toilet. In my church, I shared the message during announcements; now everyone in the church is washing their hands after the toilet.”

—Bilomba man



The role of health system innovations

To extend high-quality health services to more people than ever before in the DRC, DRC-IHP has drawn on a number of innovations and scaled them up to make a major difference. The project defines health system innovations as new ways of organizing people, processes, and resources:

- that improve delivery of proven health practices, products, and technologies—licensed, approved, and/or registered as required.
- to achieve greater scale, value, and impact.

By starting with proven methods, health system innovations therefore help close the gap between knowledge and action in public health.

DRC-IHP focuses on securing adoption, ownership, and predictable uptake for successful scale up. This addresses the key enabling factors and constraints to getting the innovation institutionalized—including regulatory, policy, and capacity building requirements, plus change management, demand creation, and funding.



About the Effective Innovations Series

This brief is part of a series highlighting health system innovations that DRC-IHP has adapted and implemented on a large scale in the DRC:

Champion Communities

Helping Babies Breathe

Integrated Community Case Management

Infant and Young Child Feeding

Results-based Financing

Together, these approaches have saved tens of thousands of lives in the DRC over the past few years. We hope these publications will inspire others to use these proven approaches in their own context.

For more information, see:
[www.msh.org/our-work/projects/
integrated-health-project](http://www.msh.org/our-work/projects/integrated-health-project)

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