

DRC-IHP EFFECTIVE INNOVATIONS

Bringing essential care close to home Integrated Community Case Management



Photo by Rebecca Weaver

Integrated Health Project in the Democratic Republic of Congo



In the Democratic Republic of Congo (DRC), 320,000 children under five die every year—104 per 1,000 live births. The vast majority of these infants and children succumb to neonatal complications, malaria, respiratory infections, or diarrhea—all preventable or treatable at a health facility. But millions of people live far from facilities or cannot afford them. IHP therefore developed 766 Integrated Community Case Management (i-CCM) sites to provide life-saving treatments for common childhood illnesses in communities with difficult access to health facilities.

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.

Finally, we gratefully acknowledge the support of PEPFAR, USAID, PMI, and the American people for funding this important project, with special recognition to the USAID/DRC Mission for its dedication to strengthening the DRC health system and improving the health of the people of the DRC.

i-CCM: An internationally proven approach, scaled up in DRC

Integrated community case management is an equity-based strategy to bring services closer to the people, particularly those who live far from health centers or cannot afford care. In i-CCM, community health care workers (CHWs) are trained, equipped, and supervised to deliver life-saving treatments for pneumonia, malaria, and diarrhea—the three largest killers of children under five. Based in the village or neighborhood, the CHWs also treat neonatal infections, deliver some family planning services, detect child malnutrition—and refer children in need of more in-depth care to hospitals. Clients pay a minimal fee or nothing at all.

I-CCM is one of the proven health system innovations that IHP has developed on a large scale. Both the World Health Organization and UNICEF promote the strategy to improve access to essential treatment services for children.

In partnership with the Ministry of Health, IHP developed 766 fully operational i-CCM sites in 59 health zones. Some of these IHP launched; others functioned in previous years but had fallen into disuse before IHP revitalized them.

Each site now provides services to about 500 children under five. In all, i-CCM sites have brought health services to 2.5 million young children across the country.

The actual “sites” are humble—a well organized cabinet in the CHW’s home. But the sites house vital equipment and supplies provided by IHP: acute respiratory infection timers, child-weighting scales, rapid malaria tests, antibiotics, anti-malarial drugs, zinc, and oral rehydration salts. The project also furnishes bicycles so that volunteer health workers can ride to the nearest health center to pick up medicines—and pedal the very ill to a health center.

With an i-CCM site nearby, a mother can rush her feverish child to the CHW’s house for a malaria test instead of waiting for days hoping she’ll get better and then setting out on a long, risky journey.



“Computer models (e.g, Lives Saved Tool) tell us that the DRC-IHP has contributed to saving 150,000 lives of children under five. The i-CCM approach accounts for many of those, and that gives me great joy. It has also saved families untold worry, since people no longer have to choose between making a difficult journey or risking death from something treatable.”

—Narcisse Naia Embeke, senior technical advisor for maternal and child health, DRC-IHP

What's new

Most other i-CCM programs target only malaria, but the IHP sites offer testing and treatment for all three diseases most deadly to children-- diarrhea and pneumonia as well as malaria.

In addition, all IHP sites have strong links with the public health facilities--for referrals but also commodities and

coaching. The facility nurse provides supportive supervision to the CHWs in her area, aided by supervision tools and a coaching system developed by IHP. Monthly meetings with community members reinforce the relationships between clients and the CHWs.

I-CCM brings results and visits soar

In the first year of IHP, parents and guardians brought only 514 children to i-CCM sites for diarrhea. But word spread and community health committees promoted the sites through meetings, mass text messages, and other media. By year three, close to 16,000 children were tested and treated for diarrhea at i-CCM sites. By year five, over 63,000 were treated. The total number treated for this disease over the five years of the project reached nearly 130,000.

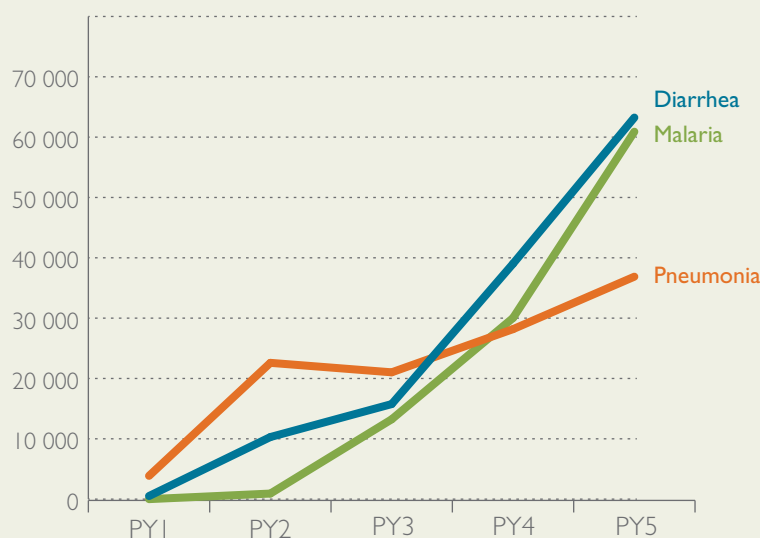
The results using i-CCM for malaria have been particularly impressive. In the second year of implementation, frontline health workers at i-CCM sites treated 924 episodes of malaria. Two years later, workers at these sites treated over

30,000 episodes. In year five, i-CCM sites treated over 60,000 children for malaria. The total number of children treated over the five years of the project reached more than 105,000.

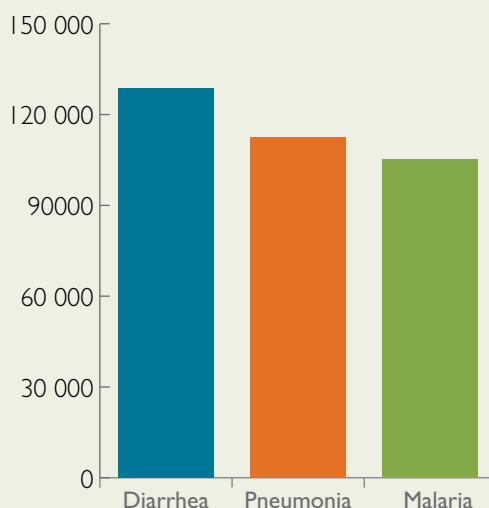
CHWs at the community sites give all feverish children a rapid diagnostic test for malaria, and provide anti-malarial medication only if appropriate—a marked contrast to many providers in the DRC, who treat all fevers as malaria, thus often missing the real cause.

In total, for the three major diseases, i-CCM sites tested and treated more than 346,000 children over five years.

Number of cases treated by project year



Total number cases treated, by disease, 2010-2015



i-CCM in Action



“In January 2010, a measles epidemic killed many children under age five in our village. I felt very touched by this epidemic and wondered how I could contribute to reducing if not completely ending these problems,” says Justine Mbombo, 38.

“Later, a nurse told me that we could avoid these diseases by educating the population and helping them to adopt health-friendly practices, including visiting a health center quickly under certain conditions.”

This conversation was the first step in Mbombo’s evolution from seamstress to community health worker. The second came in April 2012, when the USAID-funded DRC-IHP arrived in her area with a mandate to revitalize health centers. IHP was engaging local residents to help with health education and basic care. Justine, along with other volunteers, was trained in management of common childhood illnesses including malaria, diarrhea, and pneumonia as well as the promotion of positive family health practices.

“With the skills I have learned, I now care for about 40 children each month who have uncomplicated cases of pneumonia, diarrhea, and malaria. I guide all cases with critical symptoms to health facilities for appropriate care. I also conduct home visits to 18 families each month,” says Mbombo.

Training volunteers like Mbombo is critical to getting health services to a large, dispersed population. Health facilities can be 20 miles or more from a village, and transport is difficult and irregular; having local community health workers and basic supplies close by can be a life-saver.

Mbombo is unusual, though, as more than 90% of her volunteer peers are men. In the DRC, gender roles typically relegate women to home and family, depriving them of opportunities such as CHW training. This is particularly true in Kasai Occidental Province, Mbombo’s home province, where less than 5% of health workers are women. The DRC-IHP project is working to change that by promoting gender equality in all four provinces where the project works.

A new approach: “Improvement collaboratives” and healthy competition

Of the 766 i-CCM sites where IHP works, nearly half, 345, had been set up previously. But many of these were functioning minimally, if at all. For instance, a 2011 evaluation showed that two-thirds reported stock-outs of essential medicines, and only a third were receiving supervisory visits from nurses. Community trust in the services was low.

The project staff therefore pioneered a collaborative approach—unique to DRC-IHP—to test at 49 sites (serving about 30,000 people) for 18 months during 2012-13. The approach brought together community health workers, community members at large, and staff from a nearby facility. In addition to discussions, needs assessments, and health education sessions involving all

stakeholders, health center nurses took on the role of direct supervisor and coach to reinforce the skills of the CHWs.

IHP provided technical and financial support to the MOH to form “improvement collaboratives” consisting of CHWs and community leaders working in teams to improve agreed-on indicators. They are coached by a head nurse from a health facility and engage in a healthy competition for the best results. Each quarter, all the teams meet to share experiences and best practices.

After 18 months, the 49 pilot sites reported:

- Use of curative services tripled, from an average of one case every three days, to one a day;
- Referrals of severe cases from CHWs to the health facilities increased by 100%;
- Supervision doubled from an average of 0.7 visits per month to 1.8;
- Percent of i-CCM sites experiencing stock-outs of diarrhea medication decreased from 45% to 13%, and of malaria medication from 91% to 23%;
- Five pilot health zones expanded coaching methods beyond i-CCM sites to health centers;
- The approach fostered more frequent communication and increased trust between the community and i-CCM sites, as well as among CHWs, and between CHWs and head nurses as the various stakeholders shared experiences and knowledge.

Because of these dramatic results, the Ministry of Health is promoting the improvement collaborative approach throughout the project area and beyond.

Lessons learned

- **Cooperation** between health centers and i-CCM sites greatly increases both quality of care and demand for services;
- **Lowering fees** also increases use of services;
- **Friendly competitions** among health workers can significantly boost health indicators;
- **When local leadership is involved** in setting up the community care sites, the community takes greater ownership--increasing the likelihood of services being sustained over the long run.

Challenges

- A lack of financing for supervision of the i-CCM sites, coupled with long distances, make it difficult for facility nurses to conduct regular, monthly supervision visits;
- CHW jobs are unpaid, reducing the applicant pool;
- There are not enough CHWs to reach everywhere and provide universal coverage.

“Having rapid diagnostic tests for malaria at the community care sites is wonderful. It reassures the population to use community-based services. From this rapid diagnostic test, I can identify children with malaria and those that do not have the disease,” said a community health worker at the i-CCM site in Tshambula Dilala. “Since the establishment of community care sites in our village, we now record fewer deaths of children under five years of age—unlike previous years when every month we saw tears because we’d lost another child in the village.”



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.

Pierre Ngandu, a health worker at a DRC-IHP supported i-CCM site in Tshiebue, Kasai Occidental, is shown here after he's ridden his bike to visit a family whose children need treatment (see cover photo). At some sites (but not this one), DRC-IHP purchases the bike for the health worker.



Photo by Rebecca Weaver

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

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