

DRC-IHPplus FACTS

Leadership Development Program

The Integrated Health Project Plus (IHPplus) was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. This USAID-funded project was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office’s five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high impact family planning, maternal, newborn, and child health (FP/MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision-making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase from the 78 health zones supported by IHP).

Integrated Health Project Plus in the Democratic Republic of Congo



This fact sheet describes the work of the Integrated Health Project Plus in the Democratic Republic of Congo, which was made possible by the generous support of the United States Agency for International Development (USAID), the United States President’s Malaria Initiative (PMI), and the United States President’s Emergency Program for AIDS Relief, under Subagreement Number OAA-A-11-00024-01-MSH under USAID Cooperative Agreement Number AID-OAA-A-11-00024. The contents are the responsibility of the Integrated Health Project Plus and do not necessarily reflect the views of USAID or the United States Government.



“ Thanks to the funding from USAID and the technical support of IHPplus, health workers have been trained on maternal, newborn, and child health care and are now able to conduct antenatal care (ANC) visits. The percentage of women coming in for four ANC visits in the health zone of Mpokolo increased from 59% to 73% from June to December 2017, thanks to the support of the project. This is why I would like for this support to continue for the good of the people.

—**Dr. Fernand Ntumba Kabombo**
chief doctor of the Mpokolo health zone

STRATEGY

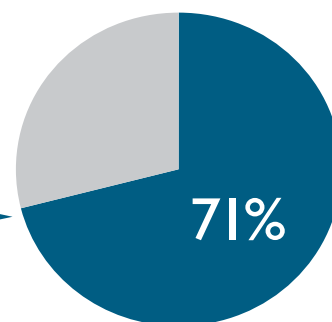
To deliver quality services to everyone takes more than pills and nurses: a functional health system requires financing, training, reliable data, equipped facilities—and the ability to get the services, commodities, and health workers where they’re needed, when they’re needed. All this requires **strong and nimble management and leadership**, which is where the Leadership Development Program (LDP) contributed to improving skills.

RESULTS

Between June 2015 and June 2018, IHPplus continued to support 78 health zones where health zone management teams (HZMTs) have graduated from the LDP.

197

service delivery improvement projects were implemented by HZMTs



47 (or 71%) of these teams reached 80% or more of their target



Leadership Development Program

Challenge: The Democratic Republic of Congo, gripped by poor governance and violence for years, is today building a health system to serve its people. This requires strong and responsive management and leadership.

DRC-IHPplus response: DRC-IHPplus assisted the Ministry of Health (MOH) to achieve its goals through the LDP—a team-based professional development program created by Management Sciences for Health (MSH) in 2002 and adapted for use in 40 countries.

A quantum leap to effective leadership and management of the health system

In the Leadership Development Program, participants work in teams for six to eight months, learning to lead and manage collaboratively and effectively. The teams develop a shared vision, identify long-term strategies, and commit to short-term results. They analyze what stands in the way of progress and create opportunities to practice their new skills at every step. Their superiors are fully aligned with the program and

hold the teams accountable for intended results. Teams receive support from facilitators and coaches.

Whether they are health officials, nurses, or volunteers, participants tend to emerge from the program with increased skills, commitment, confidence, and a sense of power.

Goals agreed on and achieved range from raising the number of women attending at least four antenatal care visits to increasing the percentage of notifications of presumed TB cases, raising service utilization rates at health centers, and many other pressing local issues.

DRC-IHPplus has helped the MOH achieve dramatic results in nearly 50 health zones throughout the country. The MOH has written a commitment to implement the LDP countrywide, in the National Health Development Plan. ■

Better teamwork leads to better facilities in Kayamba

The Kayamba Hospital is one of the newest hospitals in the Haut Lomami Province of the DRC. The Kayamba health zone was formed from the division of two neighboring health zones in 2002. Rather than build a new facility, health authorities renovated a small building to create a space with 25 beds.

In November 2013, the USAID-funded Integrated Health Project (IHP) launched a results-based financing (RBF) program (later continued by IHPplus) that offered financial incentives to improve health facility performance. These incentives were re-invested in the facilities and personnel, improving staff motivation and further increasing results. During the first year of contracting with the RBF program, Kayamba Hospital's overall quality score more than doubled, from just 17% to 35%.

The new score was still considered “low-functioning,” and service utilization rates remained low at 24%. To accelerate improvements, the Kayamba Hospital steering committee applied the LDP to help them set and achieve goals, including a construction project for a new facility. The hospital's medical director involved the village chief to mobilize, over



a period of three years, eight schools, two non-governmental organizations, and six local churches to help fabricate bricks and transport construction materials.

The medical director, Dr. Van Ngoy, explained, “We mobilized funding, 25% of which was allocated by the RBF approach investment funds and 75% from the hospital's own revenue.”

These new resources enabled the hospital leadership to construct a building to house the maternity ward and operating room, previously located in an office, increasing patient capacity from 25 to 80 beds. In April-June 2017, the hospital achieved an overall quality score of 84%—“completely functional”—and a service utilization rate of 44%.

Human, material, and financial resources did not achieve these results alone. Leadership and management capacity building from IHP and IHPplus—provided through the LDP, trainings, and supportive supervision—reinforced an improved work climate where individuals worked as a team to identify their sphere of influence and mobilize local resources.