DRC Country Summary, March 2017

MCSP/Michel Pacque

Country - Selected Demographic and Health Indicators for DRC					
Indicator	**Data**	**Indicator**	**Data**	**Indicator**	**Data**
Population[2]	81,331,050	NMR (per 1,000 live births)[1]	28	Stunting (height for age <5)[1]	43%
% of household pop. <15 yrs old[1]	51%	TFR (births per woman)[1]	6.6	Care seeking for fever[1]	39.9%
Live births/year (thousands)[3]	2,840	CPR (modern methods)[1]	8%	Care seeking for pneumonia[1]	41.6%
MMR (per100,000 live births)[1]	846	ANC +4[1]	48%	Care seeking for diarrhea[1]	39.0%
U5MR (per 1,000 live births)[1]	104	% of facility-based deliveries[1]	80%		

Sources: [1]. DRC Demographic and Health Survey 2013-2014; [2].CIA World Factbook, 2016; [3]. UNICEF, 2012. Care seeking is the percentage of children sick in the previous 2 weeks (per mother's report) for whom advice or treatment was sought from a health facility or provider (this excludes pharmacy, shop, traditional practitioner, market, and other).

Strategic Objectives

1. To accelerate reductions in maternal and child mortality by strengthening national Ministry of Health capacity to strategically scale up cost-effective, evidence-based interventions.
2. To improve maternal and newborn survival by strengthening the capacity of Congolese health professional organizations at national level to provide quality in-service training and pre-service education on key maternal and newborn health and post-partum family planning interventions.
3. To improve child survival and uptake of family planning methods in under-served rural communities in Tshopo and Bas-Uele provinces by providing technical support for integrated community case management (iCCM), integrated management of newborn and childhood illness (IMNCI), and community- and facility-based family planning interventions.

Program Dates	January 1, 2015 – December 31, 2018
Funding Status	Expenditures thru PY2 [redacted]; PY3 Budget [redacted]; Total [redacted]
Geographic Scope	National, Tshopo and Bas-Uele provinces

	No. of provinces (%)	No. of health zones (districts) (%)	No. of communities
Geographic Presence	2 of 26 total provinces (8%) Target population: 3,708,475[2] (5%) National population: 81,331,050[1] [1] CIA World Factbook [2] Based on population projections.	8 of 34 total health zones across Tshopo & Bas-Uele provinces (24%) Population of health zones: 1,214,343	106 *aires de santé* 119 community care sites
Technical Interventions	 PRIMARY: Child Health, Malaria, Maternal Health, Newborn Health, Nutrition, Reproductive Health, WASH. CROSS-CUTTING: Community Health, HSS, Equity, Gender, SBCC.		

Key Accomplishments

In the Democratic Republic of Congo (DRC), MCSP works in close partnership with the Ministry of Health (MOH), USAID, and other stakeholders to improve planning, coordination, monitoring, evaluation, documentation, and scale-up of reproductive, maternal, neonatal, child and adolescent health (RMNCAH) activities at the national and provincial levels. The program benefits from MCSP's technical expertise in maternal, newborn, and child health (MNCH); family planning (FP); nutrition; water, sanitation, and hygiene (WASH); community engagement; health information systems and overall health systems strengthening; and innovation.

Objective 1: Strengthening Ministry of Health capacity

Strengthened institutions: MCSP works to strengthen the MOH's Directorate of Family and Specific Groups' Health, known as the 10th Directorate (D10), and its capacity to drive evidence-based policy development and implementation, build human resource capacity, foster partner coordination, improve monitoring, and mobilize financing. Building the MOH's, and specifically the D10's, technical and organizational capacity to lead the RMNCAH agenda in the DRC is vital to ensure that the Congolese government is able to meet the RMNCAH needs of its citizens. MCSP directly contributes to USAID's DRC Country Development Cooperation Strategy (CDCS) 2014-2019 which calls for *selected national level institutions to more effectively implement their mandates*. The Program's work is also in-line with DRC's National Health Development Plan (PNDS) 2016-2020; MCSP helped the RMNCAH Task Force to finalize and develop an associated monitoring and evaluation framework for the PNDS 2016-2020.

Improved MOH, donor and stakeholder coordination: MCSP, through its Coordination Unit, has helped D10 to revitalize the RMNCAH Task Force and its associated technical working groups (TWG); after not meeting for over two years, with MCSP's support, the Task Force met three times in 2016 and the TWGs are meeting regularly. DRC's RMNCAH Task Force and TWGs are once again key national fora for convening decision-makers, development partners, and other stakeholders to plan and coordinate interventions to improve RMNCAH. MCSP specifically supports the child health and family planning TWGs, and regularly hosts their meetings at the project office in Kinshasa.

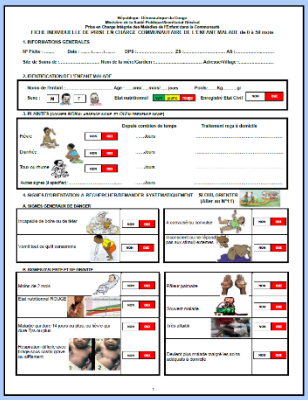
Updated national child health policies and programming: In 2016, with MCSP support, the Integrated Management of Neonatal and Childhood Illness (IMNCI) TWG updated, pre-tested, revised and validated iCCM and IMNCI guidelines and tools to reflect new international guidance on drug adverse events surveillance, waste management, updates in pediatric HIV care and treatment and other evidence (see Box 1). In late 2016, the IMNCI TWG started the process of developing an IMNCI strategic plan 2016-2020. MCSP is working with the MOH and other partners to conduct a situational analysis of clinical IMNCI and iCCM

implementation in the country as the first step of this process. The final, costed IMNCI strategic plan will outline DRC's vision for the management of newborn and child illness at all levels of the health system and support resource mobilization.

Strengthened national family planning policies and programming: MCSP has also worked since its start-up in early 2016 to strengthen family planning strategies and programming through its support to the National Program on Reproductive Health (PNSR) and the permanent multi-sectorial technical committee (Comité Technique Multisectoriel Permanent, or CTMP). Given the high rate of facility deliveries in the DRC (80%), postpartum family planning (PPFP) represents an excellent strategy to increase FP access and uptake. With MCSP's technical expertise, the PNSR developed PPFP guidelines and integrated PPFP indicators and reporting into the routine health management information systems (HMIS); both are being piloted in 30 facilities in Tshopo province. MCSP also supported a training of trainers' workshop to develop a skilled cadre of national FP trainers. MCSP also works with the CTMP at the national level to strengthen its role in promoting and monitoring the FP goals outlined in DRC's FP2020 plan as well as establishing CTMPs in each of DRC's 26 provinces. MCSP provided financial and technical support to the national CTMP to complete an FP stakeholder mapping exercise in 2016, and contributed technical expertise for FP-related components of the PNDS 2016-2020.

Box 1: Leadership in iCCM and IMNCI Scale-up: Updating guidelines and tools

With MCSP technical leadership, 23 iCCM implementation guidelines and tools and 16 IMNCI clinical guidelines and tools have been revised and validated to reflect the latest scientific evidence and international guidelines. These updated tools have already been used in training of health providers and community health workers as part of iCCM and IMNCI scale-up in the two MCSP-supported provinces and in health districts supported other partners (see objective 3).



Objective 2: Strengthening Congolese professional health associations

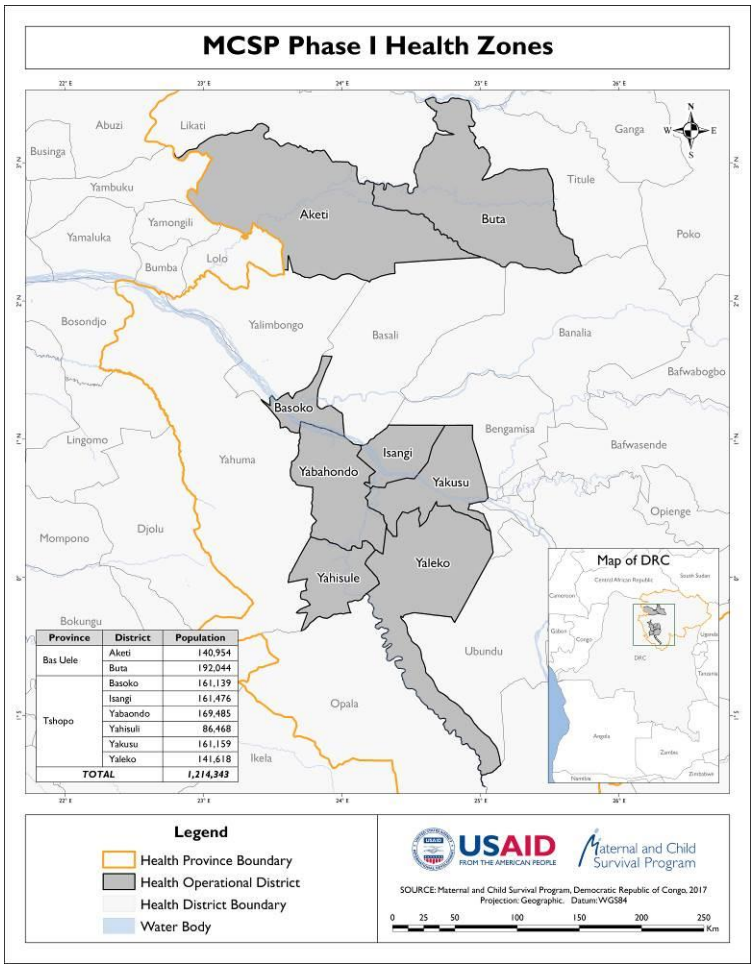
Professional health associations can play a critical role in improving the delivery of high-quality health services and advocating for the needs and trust of member professionals and the clients they serve. MCSP is strengthening the organizational and technical capacity of four national-level Congolese professional associations—birth attendants/midwives (UNAAC), pediatricians (SOPECOD), nurses (ANIC), and obstetrician/gynecologists (SCOGO)—whose members will serve as a cadre of national level trainers for pre-service and in-serve education, as well as technical resource persons and mentors at the reference hospitals and clinics where they work. MCSP is working through these associations to improve care for the mother and newborn on the day of birth, and to adapt and introduce the Helping Babies Survive (HBS) curriculum into pre-service and in-service training.

Mother and her infant receiving services at MCSP-supported facility in Tshopo. Photo: MCSP/Michel Pacque.

Identified organizational strengthening needs and initiated action planning: As a first step in 2016, MCSP facilitated self-assessments of the organizational and technical capacity of three professional associations (ANIC was not initially included). Thereafter, SOPECOD was selected to receive organizational capacity strengthening support to meet the expectations expressed in the PNDS and ensure community dynamics, good governance and accountability. Support will be provided to SOPECOD in 2017/18 in partnership with a Canadian development organization, the Canadian University Services Overseas International

(Cuso International). MCSP will also provide technical capacity building support in maternal and newborn health to all four professional organizations, as appropriate.

Promoting evidence-based human capacity development: In 2017, MCSP is introducing a core package of integrated services for care on the day of birth and during the postnatal period and is training professional association members and national trainers in this package using evidence-based approaches to human capacity development. MCSP is also working with the MOH to evaluate three health facilities and will select and equip one as a model training center and a site for training students and providers in different aspects of maternal and neonatal health and postpartum-postabortion family planning. The training center will serve as a model that can be adapted and replicated by other partners, as part of MCSP's legacy.



Objective 3: Improve child survival and uptake of family planning methods in under-served rural communities in Tshopo and Bas-Uele provinces

MCSP is working in eight health zones in the northeastern provinces of Bas-Uele and Tshopo (see map), building on the President's Malaria Initiative Expansion Project's (PMI-EP) existing malaria-focused activities. These activities aim to strengthen the Provincial Health Office (*Division Provinciale de Santé* or DPS) and health zone teams, health facilities and community care sites and to improve and expand the population's access to child health, family planning, nutrition and WASH services.

MCSP launched the program in the two provinces in 2016, preparing for iCCM and family planning activities by carrying out assessments of services in both provinces and evaluating the functionality of existing community care sites. MCSP team also completed a rapid assessment of WASH needs in ten selected health centers and established CTMPs in both provinces to monitor FP progress and compliance with USG FP rules and regulations.

Increased access to integrated child health services in facilities and communities: In late 2016, MCSP launched training efforts to scale-up IMNCI and iCCM. In a cascaded series of trainings for trainers, providers and community health workers, a total of 789 people including 718 men and 71 women were trained. Those trained included 238 community health workers (relais) who will provide preventive and curative child health services at 119 community care sites. MCSP also procured and distributed essential child health and family planning commodities to all program-supported health centers and community care sites.

Child being weighed during nutrition study.
Photo: MCSP/Michel Pacque.

Program learning on the integration of nutrition and iCCM: MCSP is working to expand and improve the continuum of care for malnourished infants and young children by strengthening existing services and fostering linkages between iCCM and efforts to prevent and treat malnutrition. Within this context, and after discussions with national- and provincial-level MOH representatives and USAID/DRC, MCSP has included an innovative learning activity that will answer the question, 'What are the best approaches for integrating preventative and curative aspects of nutrition into iCCM to improve health and nutritional outcomes?' This learning activity is timely, as the national iCCM guidelines are expected to be revised once again in the coming months and the study's findings will influence the revisions. After finalizing the qualitative nutrition/iCCM implementation research, study findings will be disseminated in-country and will be used to design an integrated iCCM and nutrition pilot approach. In 2016, MCSP developed and finalized the protocol, data collection tools and consent forms for this study and local researchers were identified and engaged. In 2017, MCSP has initiated data collection and analysis to develop the final report which will inform future nutrition/iCCM activities.

Strengthening provider and facility capacity for family planning: MCSP has worked closely with the provincial health authorities in Tshopo and Bas-Uele to plan for the roll out of family planning activities and services by: 1) estimating current and future contraceptive commodity needs; 2) mapping FP consumables and equipment needs; and 3) selecting facilities for implementation of post-partum family planning (PPFP) activities (facilities with at least 30 deliveries per month). In addition, MCSP has worked with the provincial health authorities, in coordination with the national level, to update the FP training plan for the eight MCSP health zones.

Introducing the Clean Clinic Approach: The Clean Clinic Approach fosters an enabling financial, behavioral, and political environment for facilities (and their catchment communities) to improve their own WASH and environmental conditions, and thereby increase patient confidence and reduce the risk of infection in these facilities. Preparations for WASH training are being made early in 2017. Following the training, the Clean Clinic Approach will be pilot-tested in ten facilities. The Clean Clinic Approach encourages health facilities to establish WASH goals and make incremental improvements to achieve Clean Clinic status. MCSP is co-convening (with UNICEF) the national WASH sector to establish and test the national Clean Clinic program. After an initial pilot year, partners will reconvene to share lessons learned and to finalize the national Clean Clinic strategy.

Contributing to Innovations through Learning Questions

Several learning activities are being launched this year. These include the qualitative study described above to assess the integration of preventative and curative aspects of nutrition and iCCM; a baseline study to document household knowledge, practices and intervention coverage for child health, nutrition, and family planning; a facility assessment to determine factors affecting the quality of care at health facilities and community care sites in the two MCSP-supported provinces; and, a core-funded study to assess the careseeking choices of women of childbearing age along the continuum for ANC, childbirth and PNC, and PPFP services in Tshopo province.

Challenges

Political violence and unrest in the fall of 2016 significantly delayed activities, as the MCSP staff was unable to travel to the office or to the field during much of the period. With the signing of an agreement between the current government and opposition, promising elections in the near future, the violence subsided and the team continues its work at national and provincial level. A recent announcement that elections will again be delayed until April 2018 is worrisome. MCSP is watching the situation carefully and taking all precautions to ensure the safety of its staff and property.

MCSP's activities to improve child health are built on the PMI-EP platform in Tshopo and Bas-Uele provinces. PMI-EP will closeout by September 2017, at which time the Global Fund/SANRU have agreed to begin providing malaria commodities. MCSP is coordinating with Global Fund/SANRU and planning with USAID/DRC to help smooth the transition once PMI-EP is closed.

Way Forward

At the national level, MCSP will continue providing organizational and technical support to the D10 to strengthen its leadership in the areas of policy-setting and coordination. MCSP will work closely with the MOH and partners to ensure that updated national protocols, standards, and guidelines are widely distributed and in use and will support the MOH to mobilize additional global and domestic financing to expand access to RMNCAH and FP services, including PPFP. MCSP will also continue to build the MOH's capacity to use the DHIS-2 platform and to improve the quality and use of available data for planning and monitoring purposes. Through MCSP's evidence-based human resource capacity development approach, a cadre of professional association members and national trainers will serve as champions for the best in clinical practice, as advocates for reform in professional nursing and medical education, and as a resource pool of national trainers. Finally, the MCSP-equipped model training center will complement these efforts, providing a dedicated site for pre-service and in-service clinical training in an integrated RMNCAH package of interventions.

Priorities in Bas-Uele and Tshopo provinces through the end of MCSP include completion of the baseline household survey and facility assessment; improving the coverage and quality of iCCM, IMNCI and FP interventions within the eight health zones that are the target of the program's work through post-training follow up and supervision of providers and relais (community health workers); finishing the qualitative study on nutrition/iCCM integration and disseminating and using its findings in revision of iCCM guidelines; documenting and using results of the Clean Clinic Approach to inform the National Clean Clinic Strategy; and expanding access to FP products and services in the two provinces. When MCSP ends in March 2019, USAID is unlikely to continue support to these two provinces, which are not priority geographic areas for the 2016-2020 CDCS. In addition to planning for the PMI/EP closeout in September 2017, MCSP will work in close collaboration with the provincial health authorities and other partners to consolidate gains in the eight focal health zones and develop in-depth transition plans that continue and expand upon the work that MCSP has started. This will include defining future procurement options for FP and child health commodities and working with the DPS and other partners to mobilize resources toward their purchase.

Selected Performance Indicators for Years 1 and 2 (2016/17)		
MCSP Global or County PMP Indicators	**Target**	**Achievement**
Number of (national) policies drafted with USG (MCSP) support*	5[1]	23[1]
Number of local partners/ groups whose capacity MCSP has built*	4	3
Number of people trained through USG- supported programs*[2]	1,899	920

*Indicates a global MCSP indicator.

[1]Indicates Year 1 target and achievement.

[2]This training target is inclusive of training activities across all three objectives; not all Year 2 trainings have been carried out yet. To date, the achievement represents only IMNCI/iCCM trainings carried out under Objective 3.