

Accès aux Soins de Santé Primaires | ASSP

Leadership & Governance

Increasing community and service user involvement in service planning and delivery.

The Ministry of Health faces challenges at the provincial and health zone level in its ability to coordinate stakeholders and interventions, implement decentralization and healthcare reforms, and ensure care adheres to national standards. At the community level, villages often do not understand their rights and entitlements to health services and how to exercise them. Using a leadership and governance lens, ASSP increases the understanding of social accountability both within and outside of government throughout all aspects of the project. Both the community and health service providers have roles to play. ASSP works to strengthen accountability at the provincial and health facility level for health service delivery and improve community participation and empowerment in the joint management of local health center activities.

Our Approach

892

health areas completed community scorecards

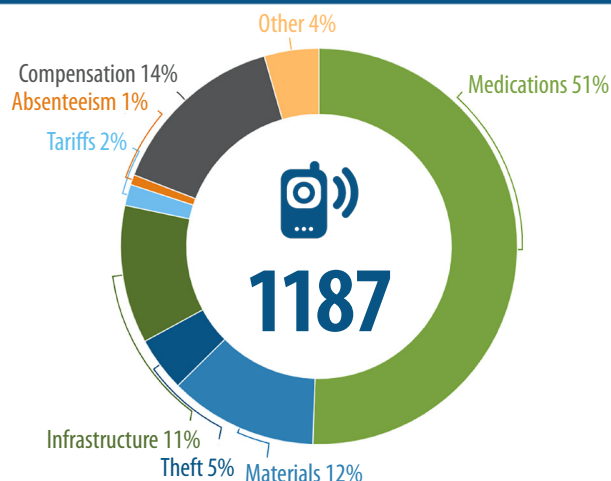
At least one round of community scorecards was completed in 892 health areas. This process aids in developing plans to improve a variety of factors that impact health uptake including poor availability of quality drugs and supplies, poor cleanliness, poor infrastructure, poor customer service, and high fees in relation to service quality.

894

CODESA are currently operational

During Year 5, the number of operational community health development committees, known locally as CODESA, reached 894. This represents 113 percent of the annual target of 790 and 108 percent of the number of health facilities originally targeted. The frequency of meetings has also increased, resulting in greater dialogue on improving health service delivery and collaboration between the community and health facility management.

Community Hotline

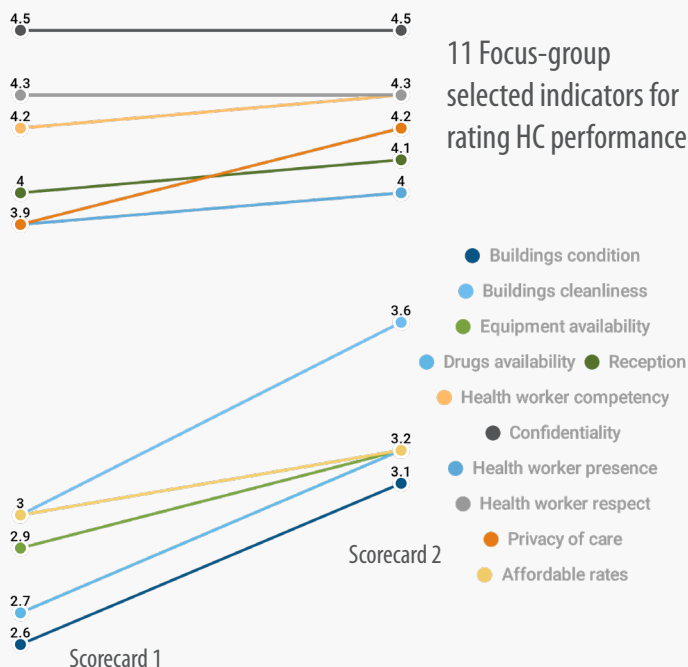


Since the launch of ASSP's business abuse hotline in February of 2016, the Ministry of Health has resolved 1187 issues reported by health centers and community.



Community Scorecard

The scorecard program gives a voice to communities and makes them feel engaged in health facility management. It is also an instrument for improving gender equity in healthcare delivery, as subgroups of women are established to make sure that they have weight in community health care decisions. ASSP began rolling out annual community scorecards at affiliated health facilities in year two and since then has reached coverage of 89 percent of health areas, surpassing its goal of 80 percent.



CODESA

Health Area Development Committee

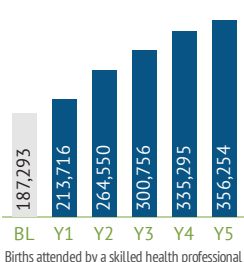
The CODESA represents interests and expectations of the community with the health center. It encourages ownership of the health center by the community and promotes health through community awareness. The CODESA manages many of the day-to-day administrative duties, adding an extra layer of accountability between the health center and community.



Co-manage stocks of drugs



Co-manage finances



Follow the performance of health centers by monitoring indicators

Co-manage health center materials, equipment and infrastructure



Ensure a constructive collaboration between community and providers



CODESA members are democratically elected by the community

30%

CODESA are strongly encouraged to have at least 30 percent female membership



In the DRC, about 40 percent of the health facilities are owned or managed by the churches. Generally, a Framework Agreement is signed to govern the collaboration between the churches and the government. After several years of negotiations, a new Framework Agreement was recently signed by the government with the assistance of IMA World Health.



The Convention Cadre