



IMA WORLD HEALTH



COMMUNITY EMPOWERMENT

in the Democratic Republic of Congo

ASSP and ASSR - 2013 to 2022

COMMUNITY SCORECARD CARD AND RECOVERY PLANS

BACKGROUND

Over three decades ago, Community Health Committees, known locally as CODESA, were established as an integral part of the DRC national strategy to increase community involvement at the local level. CODESAs represent the 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. The CODESA is intended to be representative of all the villages in a given health area and they should be multisectoral and multidisciplinary, cover all age categories, and include subgroups of both men and women.

During ASSP, 2013 to 2019, IMA focused on revitalising the CODESA in project areas, as many of these had stopped functioning given lack of attention and resources. Co-management and direct user feedback using the Community Scorecard, referred to locally as BCP, was introduced during ASSP to increase accountability of

2,353 COMMUNITY SCORE CARDS WERE COMPLETED DURING ASSP AND ASSR

the health system to local communities. Over 1,260 Community Scorecards were completed across the five provinces during ASSP.

Support to CODESAs continued through ASSR, during which 1,093 Community Scorecards were prepared and shared with health authorities. Lessons learned from ASSP led ASSR teams and partners to introduce follow-up to the Community Scorecard in the form of Recovery Plans.

A Recovery Plan is a set of activities designed to correct the deficiencies identified during the Community Scorecard exercise. Drafting Recovery Plans became a systematic requirement beginning mid-way through ASSR, from October 2020 through March 2022. During this period 567 Recovery Plans were drafted and 396 were followed up by the ASSR team and partners. Those followed up demonstrated significant dialogue and collaboration between the community and health providers.

894 CODESA ARE NOW FUNCTIONAL IN ASSP/R HEALTH ZONES

Right: A CODESA meets at Kawadje Health Center in Nord Ubangi

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FACTORS FOR SUCCESS

Two factors emerged as underlying the success of Community Scorecards and follow through with Recovery Plans.

Co-management of the health centre by CODESA and providers resulted in a strong accountability loop. Co-management is evident through the Community Scorecard process in more than 90 percent of the health centres supported by ASSR.

Community Scorecard is an integral part of the DRC Ministry of Health strategy for public health and primary care.

CHALLENGES

The main challenges in implementing Community Scorecards and Recovery Plans during ASSR were:

Low participation and buy-in by zonal and provincial health authorities; Little attention to Scorecard feedback to the health system.

CODESA members had limited education, experience and/or oversight to translate the Scorecard to Recovery Plan.

LESSONS LEARNED

Lessons learned to strengthen the effectiveness of the community scorecard and recovery plan:

Health zone authorities need to be fully acquainted with the Community Scorecards and Recovery Plans and how they can be used to improve the quality of services in health facilities.

Community Scorecard and Recovery Plan needs financial and technical backing to be fully effective, especially during initial phases.

Community Scorecard and Recovery Plan requires CODESA leadership that is elected and trained using the “Dynamic CODESA” manual, which was developed by the MoH with the support from IMA.

CODESA members need to be literate and be able to effectively use numbers to make the process most meaningful.

Zonal and provincial health authorities need to engage in supervision of the Scorecard and Recovery Plan exercises.

Community liaisons (ReCo's) and Village Health Committees (CAC) present an enormous opportunity to get community buy-in and ownership of the Scorecard and Recovery Plan process.

Community Scorecards and Recovery Plans should be incorporated into routine data review at the Health Zone and Health Centre levels.

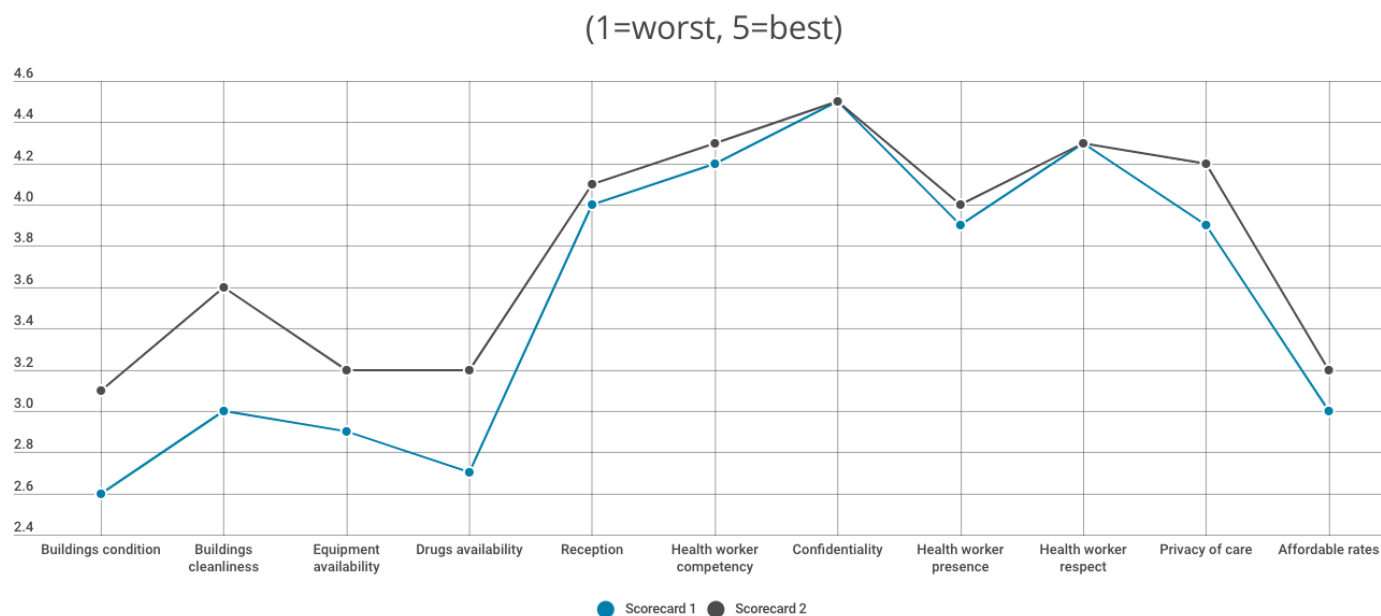


Figure 1: Progress on community scorecard indicators

Community scorecard indicators improved substantially after follow up activities were completed.