

Recommendations

For the Kabo project – MSF OCBA CAR mission

⇒ Further strengthen CHW/TBA capacity:

- ✓ Ensure regular supportive supervision and refresher training by dedicated staff, with enough time planned for this activity. Due to the current workload, there is a need for one periphery nurse supervisor for CHW/TBA and the Moyen Sido HP, and one for outreach activities.
- ✓ Continue negotiation with leaders of Mbarara camps to enable supervision on site.
- ✓ Monitor and document learning progress of CHW/TBA.
- ✓ Support the team with training material and advice on the use of participative methodologies. Simulation exercises could complement practical training in Kabo HC.

⇒ Improve transport options for urgent referrals at night, on Sundays, on the Behili road and for patients who do not fall under the motorbike referral criteria:

- ✓ Discuss and explore options with communities. Finding a solution for distant villages along the Behili road is a priority.
- ✓ Consider providing bicycles for referrals that would be managed by the monitoring committee.
- ✓ Consider expanding motorbike taxi referral criteria to include women with normal pregnancy who want to deliver in a health facility.

⇒ Strengthen health promotion:

- ✓ Provide technical support for the team to incorporate new tools and methodologies. This could be achieved by creating a permanent flying position for health promotion/community engagement at country level.
- ✓ Ensure participation of female health educators in the health promotion team in the periphery.
- ✓ Explore new areas of collaboration, in particular with school teachers, youth associations and women's groups.
- ✓ Consider the implementation of a knowledge, attitudes and practices survey, to measure the impact of health promotion activities.
- ✓ Carry out a health-seeking behaviour study to have a baseline and monitor changes.

⇒ Support access to PHC to assure continuum of care:

- ✓ Restart light support for Farazala HP COGES, if budget allows.
- ✓ Advocate with MENTOR to improve supply and supervision at Gbazara HP.

⇒ Develop a contingency plan for supply and supervision for community treatment points during periods of insecurity:

- ✓ Explore and discuss options for different scenarios with communities, including supply at the MSF base when possible, but also runaway bags with contingency stock kept at village level.
 - ✓ Include risk analysis to ensure that risks are not transferred from MSF staff to CHWs, or other community members.
- ⇒ **Strengthen community participation and engagement:**
- ✓ Community participation is an important activity that needs to be planned. A community perceptions survey could help to improve understanding and support the design of the action plan.
 - ✓ Support the creation of community monitoring committees for healthcare, composed of women and men, to monitor effectiveness of the CHW/TBA work and feedback to MSF.
 - ✓ Include periphery and DMC-relevant questions in the patient satisfaction survey at Kabo HC.
 - ✓ Ensure a harmonised and transparent recruitment process of CHWs.
 - ✓ Foster community engagement to support CHWs, given their modest incentives and time lost to work on their fields/earn money.
- ⇒ **Prepare the development of a community-based strategy to support survivors of sexual violence, tailored to specific needs and context:**
- ✓ Conduct a thorough community assessment led by women that includes a risk analysis of the activity.
 - ✓ Engage women from the community and involve female health educators.
- ⇒ **Engage with traditional healers and explore options to include them in the referral pathway.**
- ⇒ **Timely planning for potential future MSF exit and handover:**
- ✓ Explore alternative feasible transport options to ensure continuous access to ART for CAG members.
 - ✓ Involve the community in the planning of the exit strategy and discussions of a feasible future for the model of community-based care without MSF.
- ⇒ **Investigate reasons for very high numbers of consultations at the community treatment points and introduce a continuous monitoring system:** e.g. quarterly calculation of numbers of consultations per age group in the respective catchment population.

For MSF OCBA headquarters

- ⇒ **Finalise the community engagement strategy and the DMC toolkit, including training material for CHWs and disseminate to the field. Create a mobile implementation officer position for DMC to provide technical support to projects and the country coordination team.**
- ⇒ **Develop a framework for improved monitoring of DMC activities at project, coordination and cell level:**
- ✓ This should include baseline indicators and follow-up indicators for the various
 - ✓ expected results, to measure progress and impact.
 - ✓ Finalise integration of DMC activities in HMIS to facilitate joint monitoring of activities.