Recommendations

Following the recommendations provided by the DMC advisor after his field visit in July 2019, the MSF OCBA DRC mission has decided to take a major strategic shift in their DMC approach in 2020, with the objective to improve access and coverage to community-based care for the main killer diseases. This package of care will be offered permanently by a network of 100 curative CHWs and will replace malaria points in the long term. Our recommendations will therefore focus on other areas of improvement identified during this evaluation.

For MSF Kalehe project – MSF OCBA DRC mission

⇒ **Implement new DMC strategy, monitor and adapt package based on needs and feasibility**

- Develop a strategy document with logical framework, planned timeline, and risk analysis.
- Establish a monitoring system with all relevant indicators managed through an electronic database, including the effectiveness of referrals to higher level care.
- Monitor effectiveness of the mobile, home-based approach to care, given the scattered settlements.
- Depending on CHW's capacity, consider adding more preventive and curative elements, such as systematic preventive treatments for pregnant women or postnatal home visits.

⇒ **Strengthen referral system from communities to higher level care and from Ramba HC to secondary healthcare**

- Establish a list with clear medical criteria that defines which patients need transport by stretcher and which patients can be referred by foot.
- Work with communities to co-design an effective referral system to ensure a reliable response when porters are needed.
- Implement the plan to provide stretchers to communities and an MSF reward system for porters.
- Explore feasibility to establish a motorbike transport system for communities that have become accessible or partially accessible for motorbikes.
- Explore options to support referral transport from Ramba HC to secondary healthcare facilities.
- Support initiatives from the health promotion team to develop referral pathways with other community healers and reinforce the referral pathway for survivors of sexual violence.

⇒ **Strengthen CHW training and supervision**

- Include simulations and practical training at health facilities for new curative CHWs.
- Ensure regular supportive supervision and refresher training for all curative CHWs. Make sure there are enough staff, including medical staff, to supervise 100 CHWs at least twice a month.
- Develop a tool to monitor the learning progress of CHWs with support from advisors of the training department at Barcelona headquarters.

- Request training material (currently being developed by headquarters) for the DMC toolkit.

⇒ **Increase admission criteria and the bed capacity of maternity waiting homes**

- Add long distance between residence and maternity to the admission criteria.
- Increase bed capacity in Ramba maternity waiting space and construct maternity waiting area in Tushunguti HC with community participation.
- Engage the community to take responsibility for self-catering, where MSF cannot provide food.

⇒ **Strengthen health promotion and community engagement**

- Review and adapt the health promotion and community engagement strategy in the new DMC strategy and develop an action plan with support from headquarter advisors.
- Prioritise community engagement and clarify the division of roles and responsibilities between project medical referent and field coordinator.
- Carry out a community perceptions study to improve the understanding of local perspectives and facilitate the design of an action plan which considers a future MSF exit.
- Carry out a health seeking behaviour study to provide a baseline for the new DMC strategy and monitor changes.
- Increase the number of HPCWs to achieve the ratio of one per 500 inhabitants.
- Increase the numbers of health educators to allow appropriate supervision of HPCWs.
- Support the creation of community monitoring committees for healthcare to monitor effectiveness of the CHW work and give feedback to MSF.
- Continue efforts to include all ethnic groups including Pygmies.
- MDM will set up the community engagement component in the MSF Itombwe project, using an innovative methodology "protective community" for identification and referral of survivors of sexual violence. If successful, consider implementing in Kalehe.

⇒ **Improve data collection and monitoring system of existing DMC strategies**

- Start using the templates from the HMIS community which will be released soon.
- Monitor effectiveness of referrals from community to health facilities.

⇒ **Strengthen malaria prevention activities by implementing recommendations of vector control studies, as well as those made by the OCBA Water, Sanitation and Hygiene Advisor.**

⇒ **Explore the feasibility to reintegrate immediate community based Plumpy'nut® distribution by HPCWs for children with PRONA criteria to enable early access to therapeutic feeding.**

⇒ **Make sure potential future MSF exit and handover are planned in a timely manner**

- Involve the MoH and the community in the planning of the exit strategy and the reflection on a feasible future of the model of community-based care without MSF.
- In time, look for a handover partner (MoH/NGO) who could continue to support the new DMC strategy to avoid the risk of leaving behind 100 village doctors without quality control.

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 DMC implementation officer position to provide technical support to projects and 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 be able to measure progress and impact.
- Finalise integration of DMC activities in HMIS to facilitate joint monitoring of activities.