

Community Health Workers (CHWs) in Democratic Republic of The Congo

Strategic and Logistics Preparation

In collaboration with local and national stakeholders, a community care cite (CCS) implementation plan is developed, established, and agreed upon. This step includes engaging local authorities, planning and securing essential medicines and materials. RHCC supports the process by aligning actions with national guidelines and ensuring the initial stock is available for operational readiness.



1



2

Site and CHW Selection

Priority villages are identified based on population and location. CHWs are selected based on their volunteer experience, availability, literacy level, and verification of local residence. A reading test of the case management register is conducted to ensure CHWs can read and accurately record information.



3

Training

CHWs undergo a 6-day training on integrated community case management (ICCM) to deliver services to children under five, particularly for malaria, diarrhea, pneumonia, and malnutrition. Health zone staff facilitate the training, which includes modules on case referral and joint case management between CHWs at the CCS level, as well as data recording and reporting procedures.



4

Deployment and Incentives

CHWs are officially deployed and immediately begin providing essential primary health care services in their communities. CHWs receive a comprehensive motivation package that includes a bicycle for mobility, monthly stipend, and phone credit to support the reporting of community level data.



Outcomes:
Stronger systems,
quality data,
healthy children.



7

Data Reviews

Quarterly data quality assessments, including DHIS2 data reviews and performance evaluations, are conducted to ensure effective service delivery and maintain a continuous flow of high-quality data. Feedback is provided directly to field teams for immediate correction.



6

Data Collection

CHWs submit written monthly activity records to the health facility, where data are aggregated and sent to the health zone for upload into DHIS2, the national reporting platform. In parallel, where available, data are entered through the IASO mobile application, and interoperability mechanisms allow automatic data transfer from the IASO server to DHIS2.



5

Supervision and Technical Follow-up

Three monthly follow-up visits with on-site coaching are conducted after the official deployment and start of CCS activities, followed by quarterly joint supervision sessions. The CHW supervisor and the nurse in-charge at the health facility provide monthly technical supervision to strengthen CHW skills, service delivery, and ensure adequate supply of commodities.