

Optimization of Community Care Site Placement in DRC



The Rotary Healthy Communities Challenge (RHCC) project supports the Ministry of Health in Kasai Province, Democratic Republic of the Congo (DRC) to train, equip, and deploy community health workers (CHWs) to provide integrated community case management (iCCM) to children under five—a globally recognized strategy to test, treat, and refer cases of malaria, diarrhea, and pneumonia.

The Rotary Healthy Communities Challenge is supported by The Rotary Foundation, The Gates Foundation, and World Vision. World Vision leads implementation in the DRC with PATH providing technical assistance, and Rotary members delivering critical advocacy, social mobilization, and communications activities.

Community Care Sites in DRC

In the DRC, community-based health activities are organized within Community Animation Cells, which serve as the primary platform for coordinating actions at the community level. Within these Community Animation Cells, there are community health volunteers—locally known as *relais promotionnels*, who focus on health promotion, community mobilization, and behavior change—and CHWs—who provide approved health services to their communities. The RHCC project works with service-delivery CHWs who operate through community care sites (CCSs), which are small health posts run by a pair of CHWs. CCSs are intended to provide essential health care to people living in hard-to-reach or remote areas and provide a base for the CHWs carrying out iCCM activities to test and treat malaria, diarrhea, and pneumonia. They also ensure the referral of severe or complicated cases of malaria, as well as acute malnutrition and pediatric tuberculosis.

Expanding CCS with CCS Access Modeling

In 2023, the DRC Ministry of Health set a goal to increase the number of CCSs in the country from 10,112 to 15,000 by 2027 to expand access to care for a larger portion of

the population, providing an excellent opportunity for RHCC to support the goals of the ministry.

To support expansion of iCCM, PATH, through the Gates Foundation-funded Malaria Control and Elimination Partnership in Africa (MACEPA) project, developed a data-driven approach using geospatial and other data to optimize community health program implementation by quantifying the needed CHWs and then recommending placement based on population distribution. This methodology, known as access modeling, optimizes CHW allocation, supports equitable iCCM expansion, and strengthens government decision-making at national, provincial, and district levels.

In DRC, the CCS access modeling process began in 2024 with a workshop led by PNECHOL-MD—the national program responsible for community health—with technical and logistical support from PATH, in collaboration with the DRC iCCM Technical Working Group and other key partners. The workshop aimed to build a shared understanding of national iCCM priorities and to align partner contributions with government strategies. The workshop outcomes included the need for benchmarking and an estimation of historical iCCM coverage, geographical targeting for new CCSs, identification of populations with low access to health care, and linkages between the burden of disease and caseloads of CCSs to quantify commodity needs.

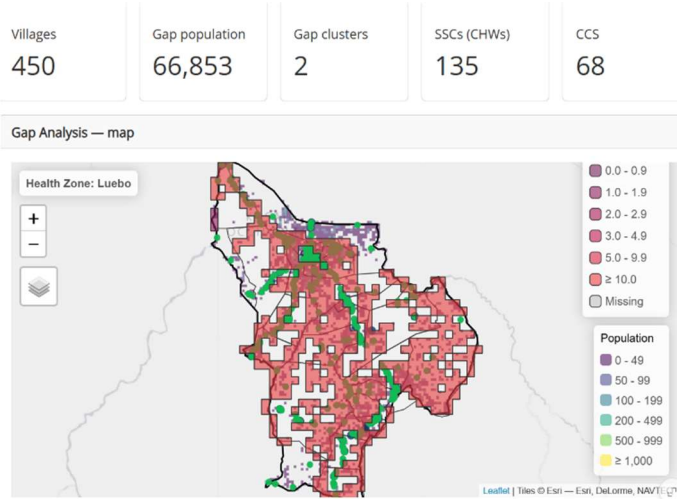
RHCC and CCS Expansion

DRC's goal is to have at least one CHW for every 500 people within an hour's walk of a care site—either a CCS or a health facility. Although RHCC determined the CCSs that it would support in 2025 without the CCS access modeling tool, subsequently applying the spatial modeling largely confirmed the needs identified through the traditional approach, while refining both the estimated number and optimal placement of CHWs and highlighting additional underserved areas requiring attention. Outputs from the CCS assess modeling were built into an online interactive dashboard which serves as a decision support tool for the Ministry of Health and project, enabling

exploration of geographic coverage gaps for iCCM services and recommends placement of new CCSs.

At the request of PNECHOL-MD, the project further summarized CCS benchmarks per administrative unit to support program planning at national and local levels and compare against national strategy targets. The result is a set of data-driven resources that can be used to inform and align national program and partner goals and decision making.

The RHCC Country Committee—comprised of Rotary Members, World Vision, PATH, and government partners—is using the benchmarking analyses and dashboard to make informed decisions on where to place CCS for RHCC implementation.



Snapshot of the CHW gap analysis included in the CHW modeling dashboard showing population clusters greater than 60 minutes from a service delivery point prior to RHCC implementation, Luebo, Kasai, DRC.

By supporting equity-focused decision-making based on data, CCS access modeling and benchmarking operationalizes national access targets through geospatially-informed prioritization of underserved populations. Targeted scale-up of CCSs rather than universal expansion improves resource efficiency, strengthens sustainability, and aligns iCCM scale-up with broader health system strengthening principles—particularly relevant in Kasai Province, where geographic access disparities remain substantial.

The CCS access model is applicable to many contexts: PATH, both as a part of the RHCC project and the MACEPA project, is working with the Ministries of Health in Zambia and Nigeria to apply these analytical modeling and geospatial tools for improved planning and evidence-based resource allocation during iCCM scale-up.

Learn more about [RHCC here](#) and [MACEPA here](#).



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