

Meeting Targets and Maintaining Epidemic Control (EpiC)

PROJECT GOAL

Implement a human resources information system using iHRIS software to improve health workforce management.

A functional, balanced health workforce is a key pillar of a strong health system. In the Democratic Republic of Congo (DRC), chronic health workforce management challenges have resulted in weak human resources for health (HRH) record keeping, skewed geographical distribution of providers, and a lack performance management processes.

The exact size of the DRC's health workforce remains unknown and the Government of DRC's efforts to recruit and hire qualified personnel proportional to facility need have proven at times unsuccessful. Existing information systems are out of date and do not provide accurate employment status, attendance, training and development records, or attrition rates. Health worker strikes are frequent and lead to major disruptions in service delivery. Investments in health worker training, including performance-based incentives, have had little to no impact on improving service delivery and health outcomes.

The distribution of the health workforce across the country is unbalanced, with a strong concentration in the capital city of Kinshasa, which encompasses 15% of the country's population and 35 of the DRC's 519 health zones. Skilled providers are further concentrated in a small group of high-volume health facilities, mostly in the city center, leaving crowded neighborhoods in Kinshasa's outskirts understaffed and underserved. Most health zones in Kinshasa fail to meet the minimum health worker density threshold of 2.3 skilled health workers per 1,000 population identified by the WHO.

Through the Meeting Targets and Maintaining Epidemic Control (EpiC) Project, IMA World Health is working alongside lead partner FHI360 to improve HRH management in the 35 health zones of Kinshasa. Improved HRH information management is a key step toward the Government of DRC's health workforce rationalization strategy to reduce overstaffing and improve the distribution of skilled health workers in the country. IMA World Health is working with state and NGO partners to update the health worker database from the 2020 Kinshasa survey and introduce active HRH

management practices using iHRIS software in all health zones in Kinshasa. To improve HRH management in Kinshasa, IMA World Health is tackling the following root challenges:

- Poor workforce management: an increasing number of "ghost" workers, unequal distribution of healthcare providers, and inconsistent recruitment practices
- The unknown overall healthcare workforce size and unsuccessful recruitment efforts to draw skilled providers
- Lack of precise records of healthcare provider careers, on-the-job training and academic backgrounds

IMA World Health is working with the Ministry of Health, the Provincial Health Division (DPS) and the Provincial Health Inspector (IPS) through a three-pronged approach:

1. Strengthen governance in HRH management at the central and provincial levels.

Improved governance in HRH management is essential for sustained improvement in the overall health system. Through the EpiC Project, IMA World Health is improving communication between key stakeholders by supporting the functionality of HRH committee working groups at the central and provincial levels.

2. Improve day-to-day HRH management in health institutions for informed decision-making.

HRH management standards and day-to-day operations remain weak and inefficient. Most staff in HR management are untrained and using rudimentary paper-based tools and unstructured excel files. HRH archives are poorly maintained, making information retrieval challenging. The need for a strong and effective HRH management system was highlighted during the COVID-19 pandemic, when the importance rapid mobilization, deployment, remote monitoring and management of frontline line staff was clear. IMA World Health supports HRH managers capacity by introducing updated tools, training to develop new skills sets and introducing the iHRIS platform to improve data recording and archiving. Building a strong HRH management system requires capacity building through training, improved work environment with the use of appropriate and efficient tools

and continued technical support to improve overall HR service delivery as dictated by modern workforce management standards.

3. Support the adoption of a roadmap for staffing rationalization in health facilities.

Health workforce rationalization is critical to reducing overstaffing in urban areas. Once overstaffing is addressed, the surplus of skilled health workers could be reassigned to rural health facilities to improve skill distribution across facilities, improve healthcare quality and improve health outcomes for people in remote and underserved areas. IMA World Health is facilitating the development of a roadmap for health facility rationalization and generating evidence for decision making using data collected in selected overstaffed facilities using iHRIS and the DHIS2.

Data validation is conducted at three distinct levels: first, at the health area level, where triangulation occurs using daily compilation sheets, tally sheets, and data from ODK forms; second, at the zone level, where health zone management teams download, analyze, and interpret data utilizing ODK Harvest; and finally, at the provincial level, through validation workshops focused on health zone data.

Since 2000, IMA World Health has been a key partner in the DRC's development and humanitarian response, working alongside the Congolese government, development partners, and local and international organizations to revitalize the health system, improve WASH outcomes and fight disease. Through long-standing relationships with the Ministry of Health and a robust faith-based network, IMA has provided direct assistance in 251 health zones, consistently and distinctively operating in the country's most remote and challenging areas where successive armed conflicts and political instability have demanded creativity and unparalleled local partnership. With such expansive geographic coverage and enduring linkages with the government and local authorities, IMA's long-term investment in the DRC is working to change the narrative and the trajectory of health care.



IMA WORLD HEALTH

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The Corus Effect

Founded in 1960, IMA World Health is a leading public health organization operating in some of the world's most fragile settings. Through partnerships with change agents at the local and national level, our work centers on four strategic pillars: global health security, health systems strengthening, social and behavior change, and integrated primary health care support and delivery.

IMA World Health is part of Corus International, an ensemble of global leaders in international development and humanitarian assistance. In addition to IMA World Health, the Corus family of organizations includes global non-governmental organization Lutheran World Relief, U.K.-based technology for development company CGA Technologies, impact investing group Ground Up Investing, and direct trade company Farmers Market Brands.

We operate as permanent partners, integrating expertise, disciplines, approaches and resources to overcome global health challenges, develop productive and stable economies, improve resilience in the face of climate change, and respond to natural disasters and humanitarian crises.

EXPECTED RESULTS BY DECEMBER 2024

- **4 strategic and technical coordination meetings** held to improve HRH management
- **2 HRH strategy documents** produced and distributed with US government support
- **28 health zones** assisted with HRH management teams demonstrating sustained knowledge of HR management operations
- **21 health zones** with at least 80% of monthly staff timesheet data available in iHRIS
- **2 meeting sessions** held to discuss overcrowding and HHR
- **4 overcrowded clinics** benefit from an improved human resources management system