

CASE STUDY

The Single Contract in the Health Sector in the Democratic Republic of Congo

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The Context....

The Democratic Republic of Congo (DRC) had made significant progress in maternal, neonatal, child and adolescent health and nutrition **but still faced significant challenges in achieving its healthcare goals**, including high maternal mortality rates, chronic malnutrition, and inefficient health financing.

Progress towards UHC was lagging because of several **challenges** including health financing:

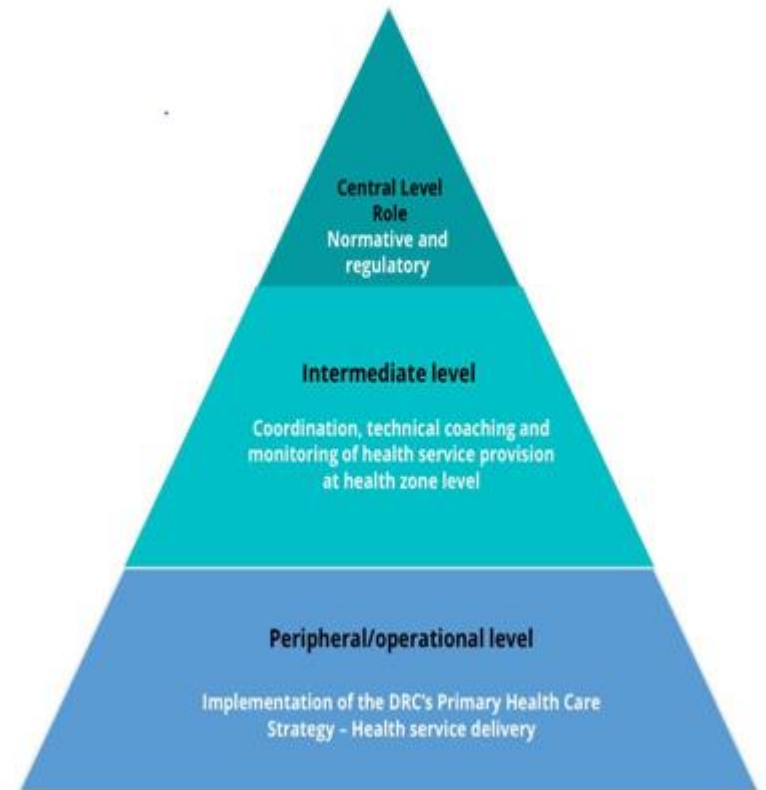
- Fragmentation of DAH at Health Zone level
- Several partners financing similar activities at the same time in the same geographical areas signalling a lack of concerted efforts



The Context....

- Limited capacity of PHDs to align technical and financial partners
- Insufficient coaching and mentoring at all levels
- Inefficiency of financial management particularly due to
 - Multiple contracts - up to 33 by one PHD
 - Rigid financial procedures that PHDs have to comply with
- Limited funding to provinces

Health Pyramid of the Democratic Republic of Congo

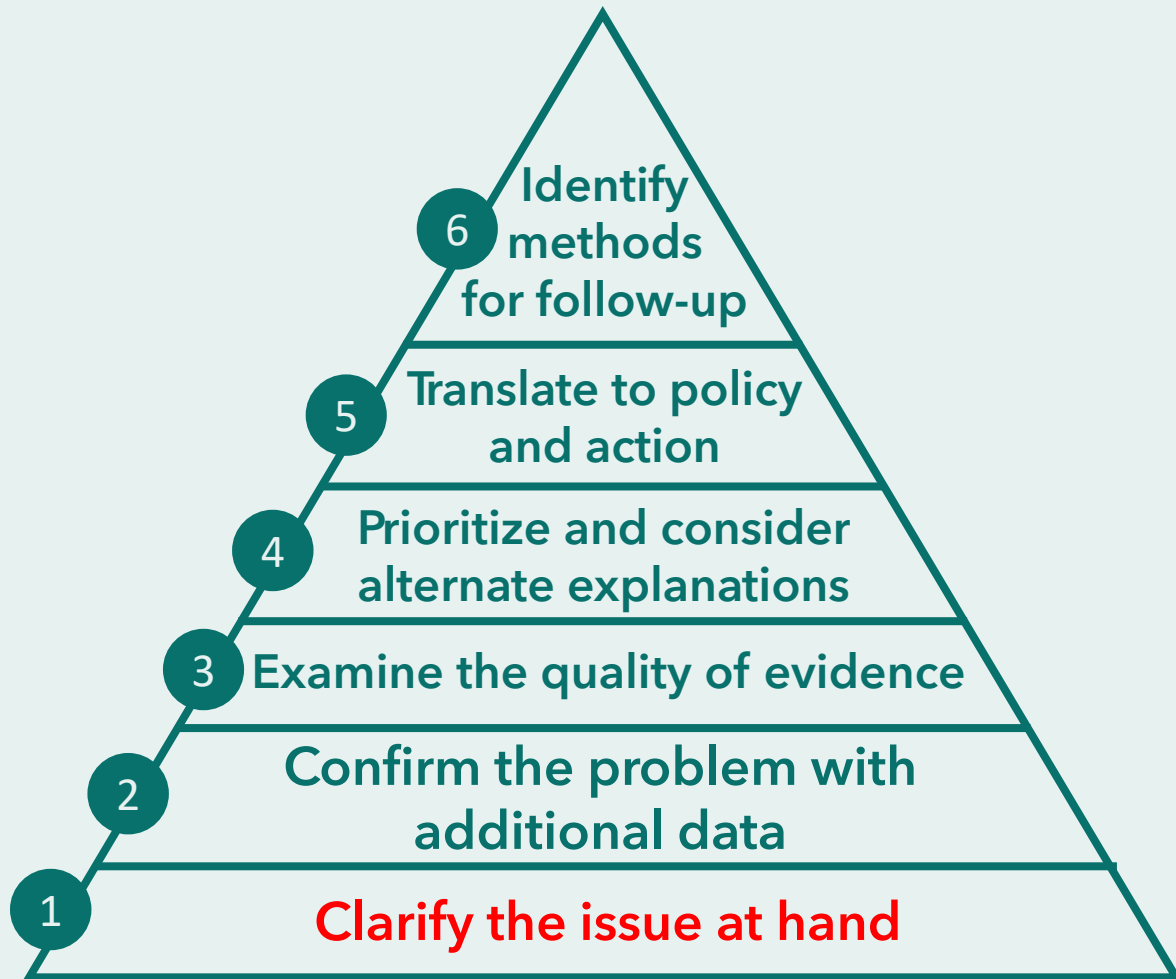


Socratic Lines of Inquiry

We will make 6 types of inquiries to understand the problem, implications for response, and how to measure success



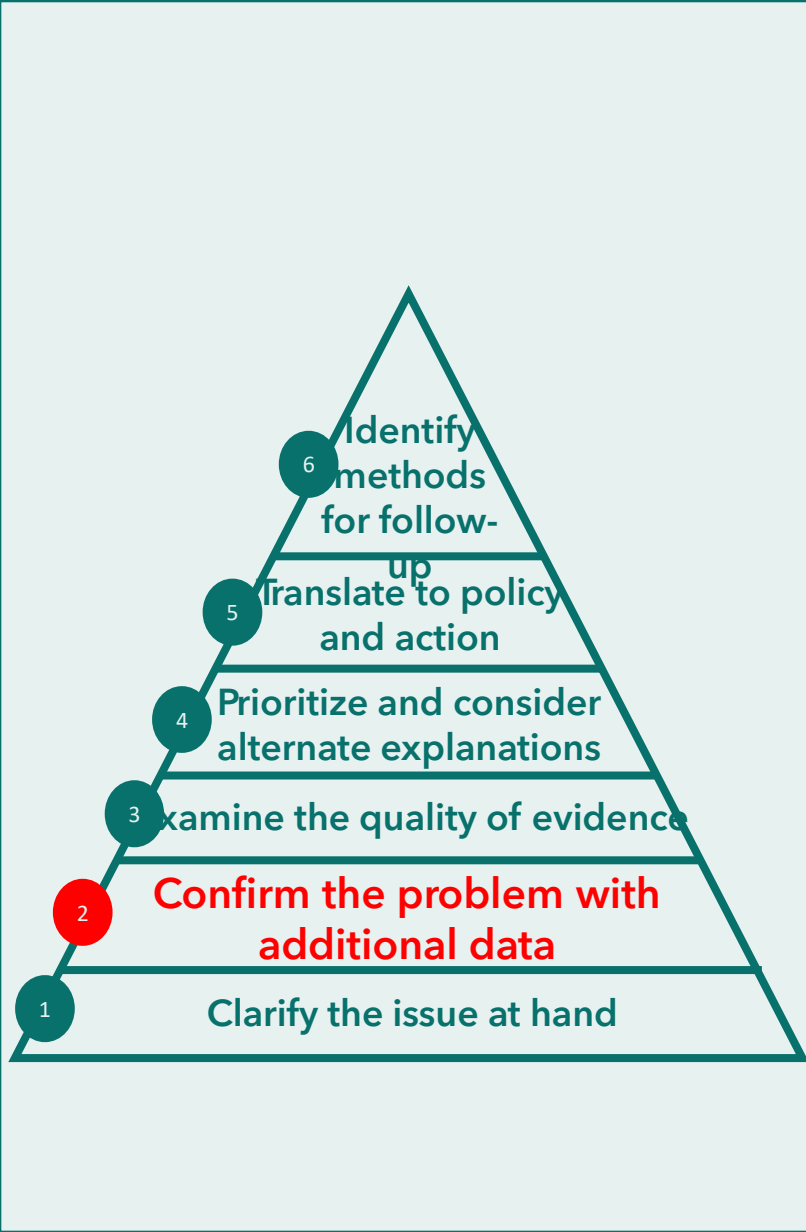
1. Clarifying the Issue



The DRC focused on addressing inadequate health financing, fragmented aid, and inefficient resource management to improve maternal and child health outcomes.

The government sought to align health financing with national priorities and strengthen the health system to enhance service delivery.

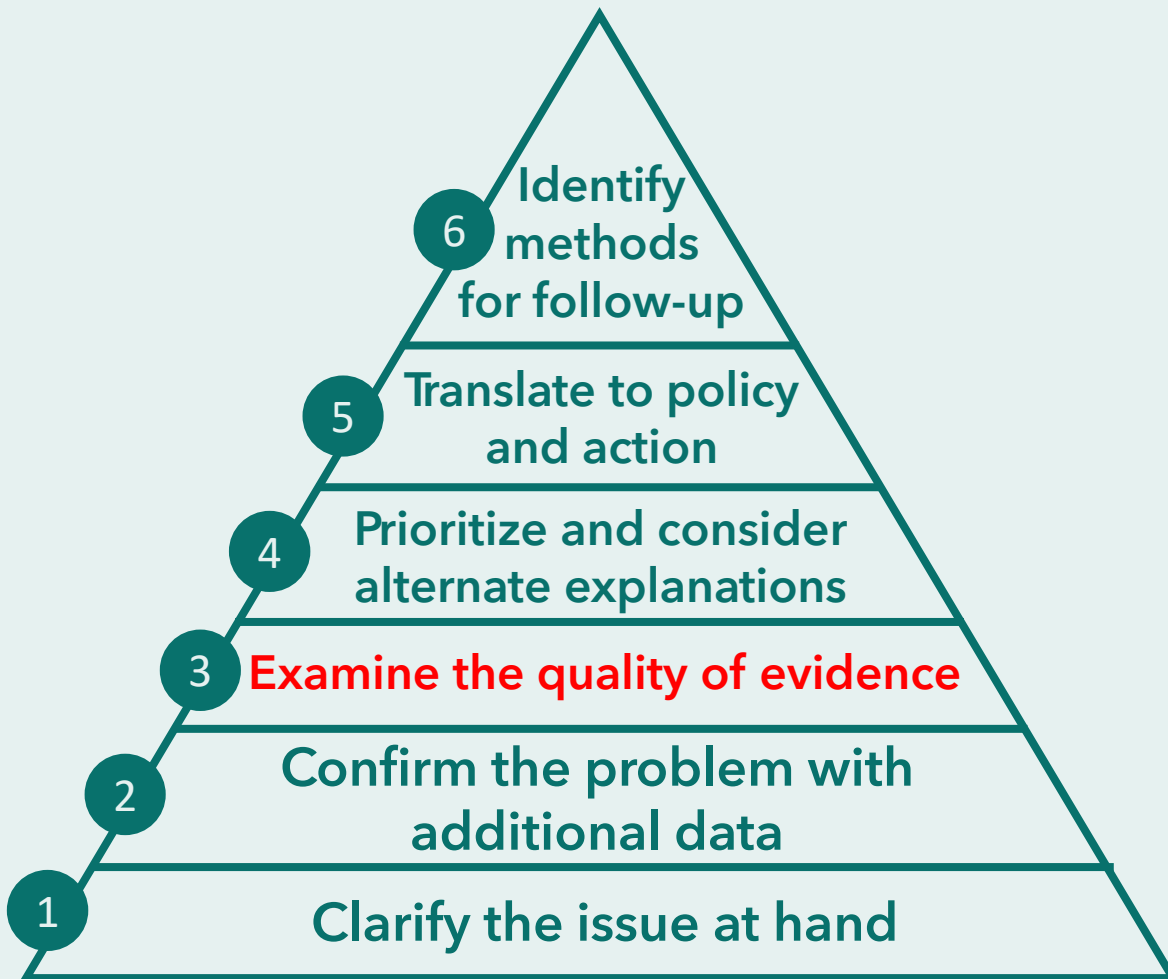
2. Confirming The Problem



Data sources (Budget data, NHA, WHO assessment, routine monitoring data, notes from engagement with partners/donors) showed:

MMR - 846	Low allocation to health (11.4% in 2021), focused salaries	Underfunding to provinces - 3% of govt funding compared to the 10% target in the National Health Development Program (2016-2020)	Low budget execution rate and minimal amounts allocated to MCH	43% SAM
Fragmentation of funding	Disparities in financing provinces	Duplication of services	Negative impact on service delivery.	Key financiers, including households, donors and govt allocations.
				Poor alignment of donors with national health priorities
				Variations in the quality and effectiveness of service delivery – not responding to the priorities at the community level.

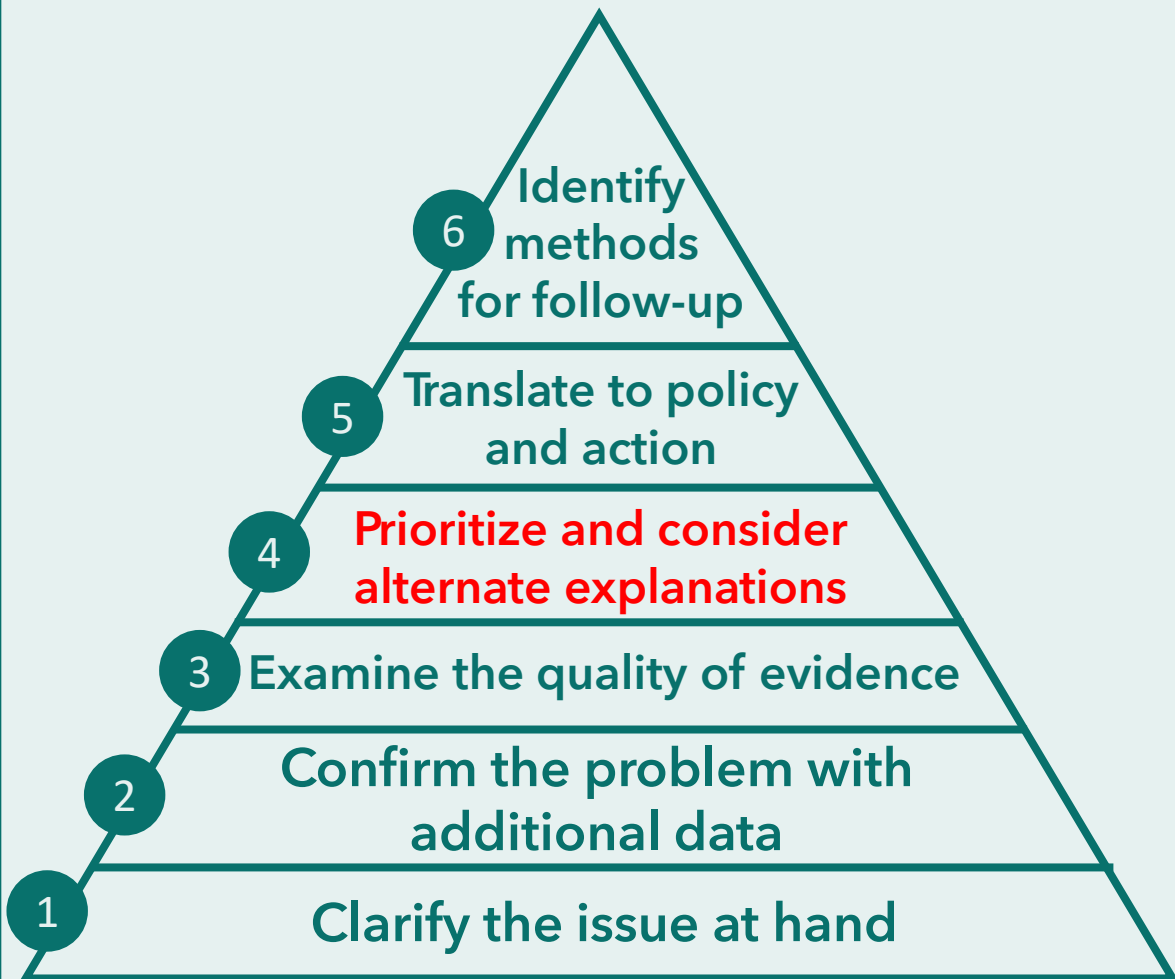
3. Could They Trust The Data?



Trustworthiness of data on resource allocation and utilization was verified through cross-referencing with multiple sources.

Data quality met the standards for sound decision-making, ensuring the accuracy and credibility of the findings.

4. Prioritizing Issues and Exploring Alternate Explanations

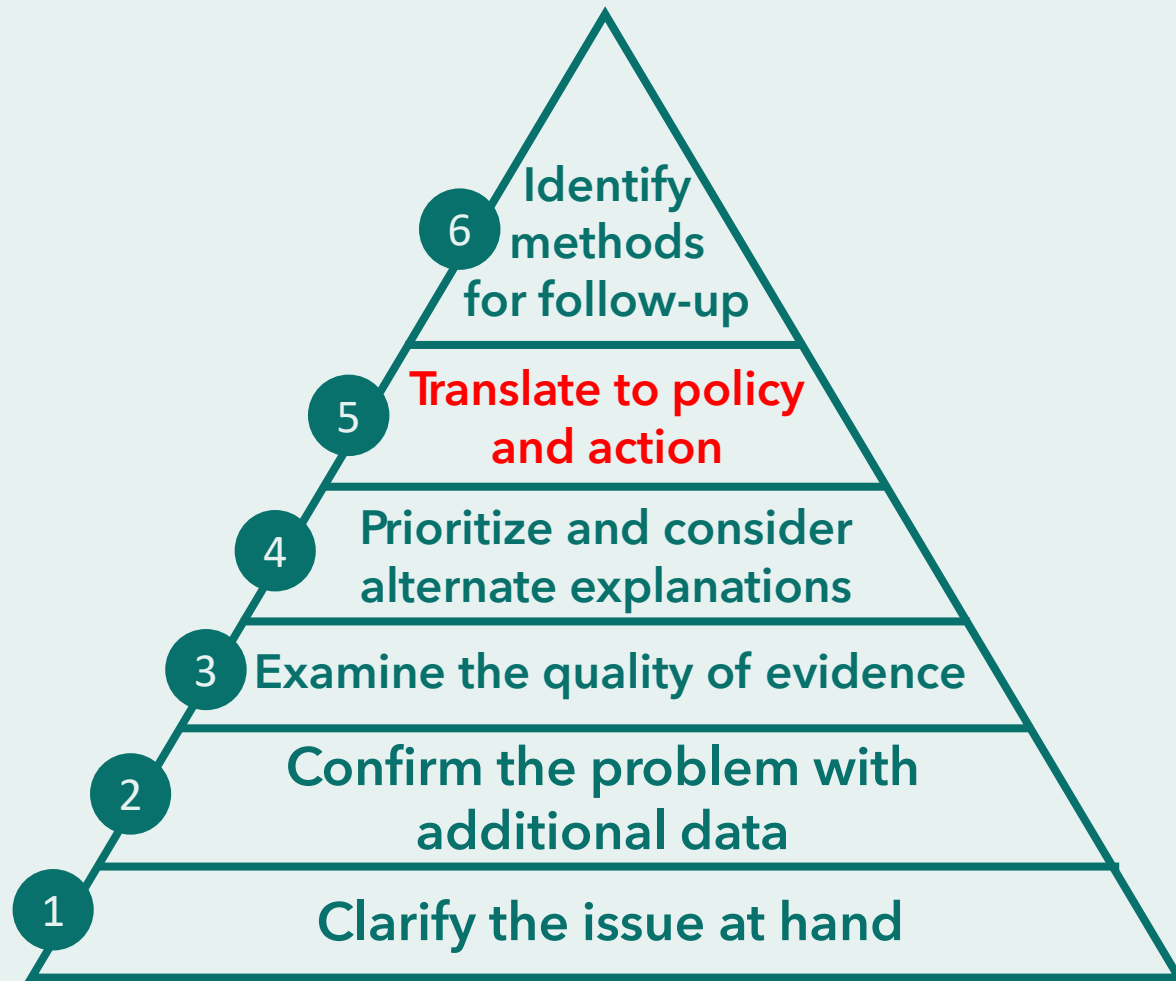


Gaps in resource allocation in underfunded provinces were prioritized, focusing on improving MCH outcomes.

Alternative explanations:



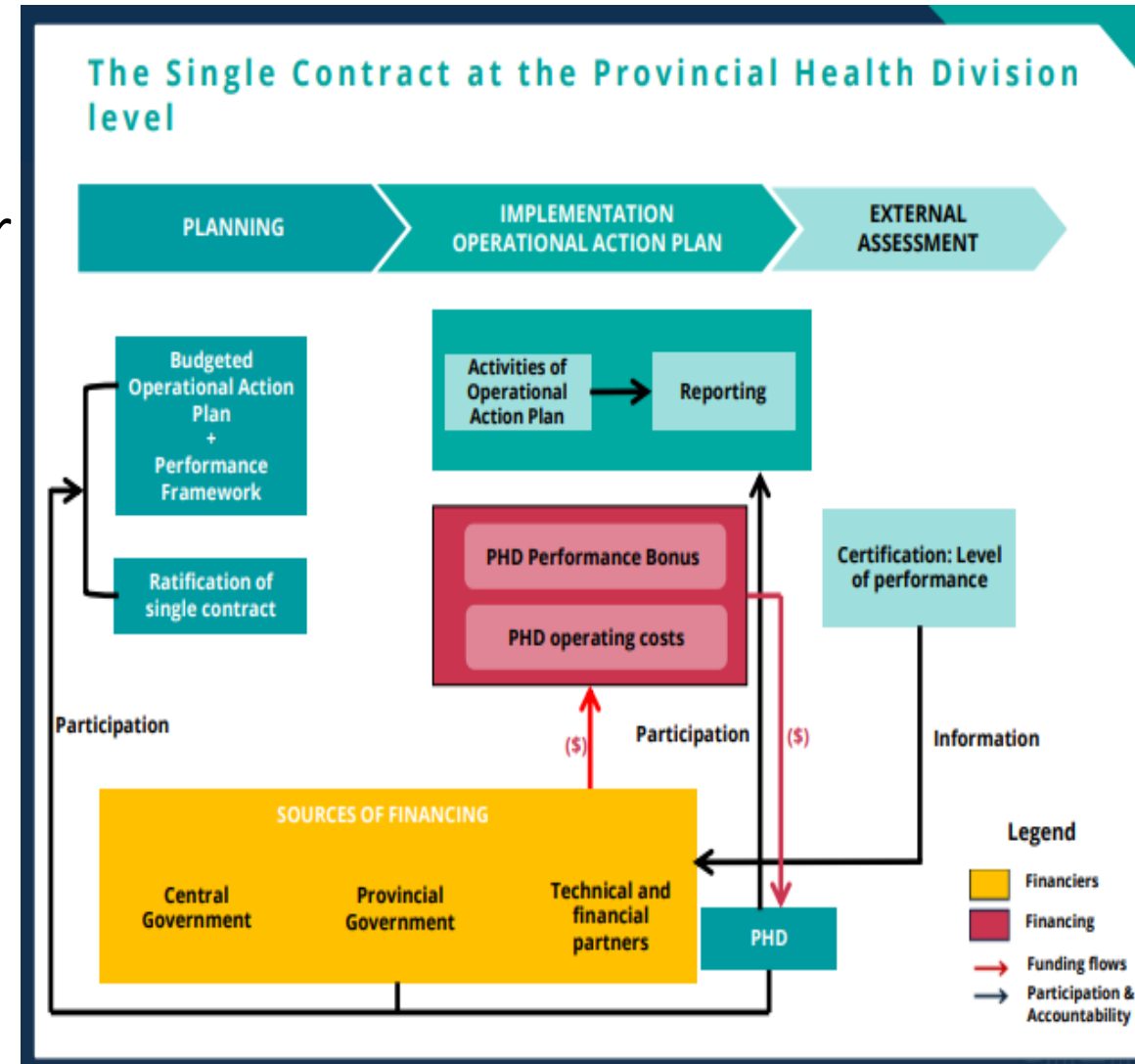
5. Taking Action - Policy Impact



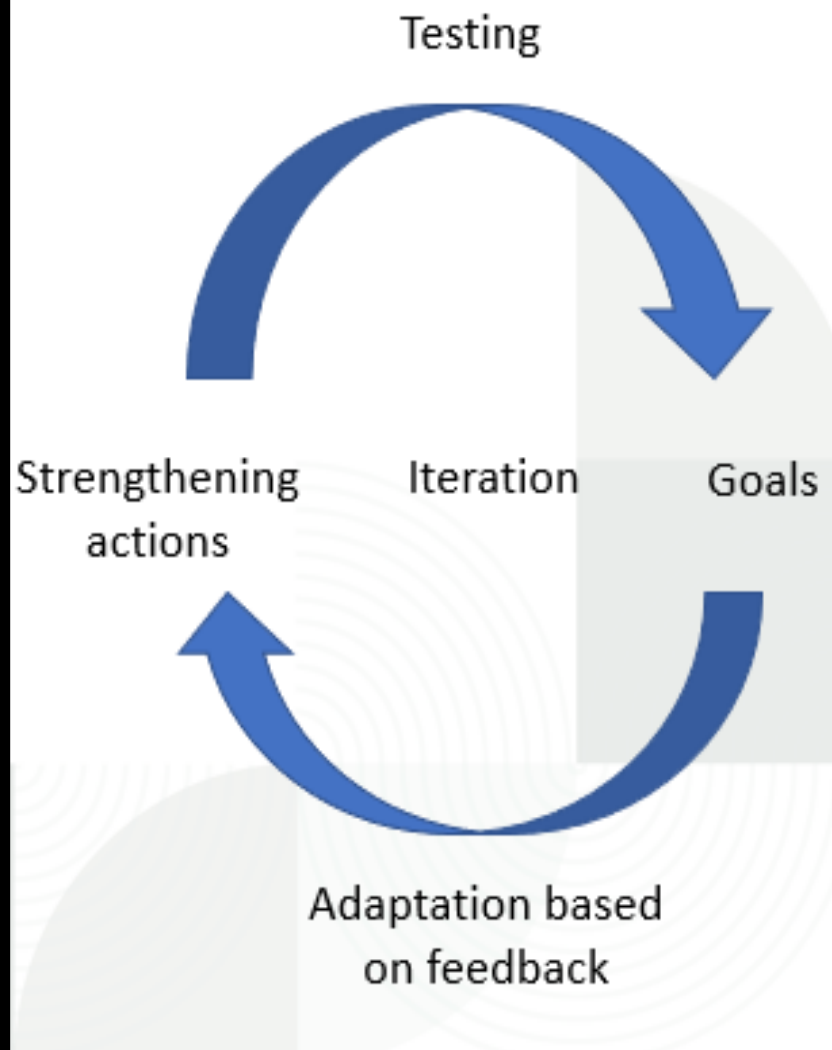
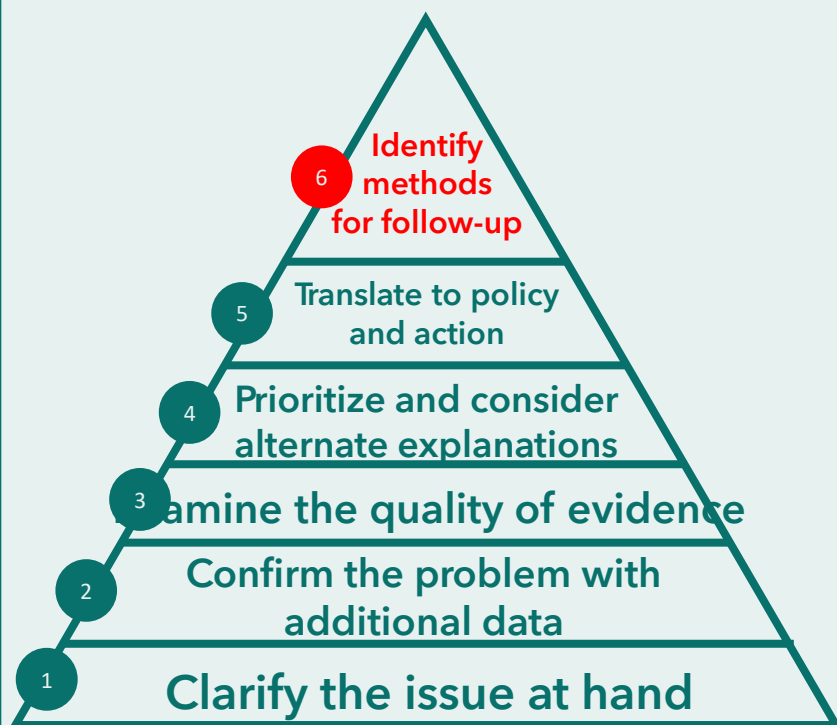
- **A comprehensive plan was created to execute the contract and improve health financing.**
 - **Quarterly evaluation and performance tracking were established** to monitor impact on health service delivery.
- Indicators emphasized provincial health sector management, provincial coordination, cross-sector collaboration, health zone coaching, resource management, and health information management.
- **Resource allocation was aligned with national priorities**, improving efficiency, and strengthening health service delivery, particularly in underfunded provinces.

The Single Contract

- Jointly developed by the MSP-HP and technical and financial partners.
- Combined domestic and external funding to cover PHD operational costs, **based on a unified plan, budget, and performance framework.**
- Consolidated contracts, promoted efficient resource management and the use of structural funding.
- The single contract was performance-based:
 - (1) A clear set of objectives and indicators
 - (2) Systematic collection of data on selected indicators
 - (3) Performance-based consequences for the contractor.



6. Feedback Loop



Stakeholder Engagement: The single contract was developed using a participatory design process

Performance Monitoring with Quarterly evaluations informed decision-making, providing a structured approach for monitoring progress and adapting approaches.

Phased Implementation: The single contract was introduced in a phased manner with voluntary engagement from key partners. This approach allowed for a controlled rollout and

Harnessing Data for Informed Decision-Making in the DRC

DRC demonstrated the role of data in shaping healthcare policy and action through the single contract which improved stewardship, financing, and MCH.

Data-Driven Efficiency: DRC harnessed data to optimize resource allocation, align strategies with national priorities, and prioritize underfunded provinces, with a focus on MCH.

Holistic Policy: A comprehensive plan, emphasizing data-driven decisions, continuous evaluation, and performance tracking, advanced the journey to UHC and improved MCH.

Dynamic Progress: Ongoing evaluation and performance tracking created a feedback loop for continuous progress..

