

01 EXECUTIVE SUMMARY

Roadmap for change



AREA OF CHANGE

CAPACITY BUILDING IS ESSENTIAL AND IS APPLICABLE TO THESE 4 DOMAINS.

DESIGN PRINCIPLES TO RESPECT

THE PRINCIPLES APPLY TO ALL (COMMUNITY, DONORS, PARTNERS AND THE GOVERNMENT) AND ALL MUST WORK TOGETHER TO ENFORCE THEM.

CONCEPTS



GLOBAL TA RECOMMENDATIONS



COUNTRY TA RECOMMENDATIONS



STATE/GOV. RECOMMENDATIONS

01

Optimize finances to build on the long term

- *Direct finances toward the provincial and zone level rather than the central level.*
- *Minimize the duplication of activities in the health zone and the dispersion of funds*
- *Optimize spendings and foster the reinforcement and improvement of infrastructures.*
- *Implement an initiative system that promotes state accountability.*
- *Reflect the real operational costs of the implementation context.*
- *Change the incentive structures so that the individual gain contributes to the collective.*
- *Fair repartition of funds in the country.*
- *Support innovative sources of funding internal to the country.*
- *Comply with agreements and commitments.*

- *Rethinking the impact of incentives and funding*
- **Advocate for infrastructure funding**
- *Provincial funding to facilitate decentralization*
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- *Community seen as donors*
- *Co-investment*
- *Update of intervention map*

- *Harmonization of calendar and categorization of funding*
- *Advocacy platform made up of multisectoral pressure groups*
- *Updated resource mobilization plan*

02

Support to foster governance

- *Align with common goals and priorities.*
- *The TA is led by the country and all respect the rules of engagement.*
- *To support and not to execute, with respect.*
- *Avoid a cookie cutter approach. Adapt TA to the context.*
- *Think of the patient rather than the singular disease as the central factor.*
- *Balance aid to the provinces equally.*
- *Technical assistance providers must be experts in capacity building.*
- *Promote community knowledge, demands and needs.*

- **Multisectoral TA**

- **Review of TORs for technical assistance providers**
- **DRC Standard Operating Procedures (SOP)**
- *Update of intervention map*

- *Contextualization of the roadmap*
- *Map from the top to the bottom*

03

Cultivate collaboration and transparency between all actors

- *Distribute strategic decisions at all levels.*
- *Share lessons learned on vertical and horizontal platforms.*
- *Identify, socialize and reward success.*
- *Strengthen accountability to the country and evaluation of TA services*
- **Joint assessment of TA services.**
- *Moving from a competitive environment to a transparent collaborative environment*
- *Make data accessible to everyone.*

- *Sharing best practices*
- *Country health indicators is a consequence of the provision of TA*

- **Mandatory consultation platform**
- **Strategic decisions dashboard**

- *Community feedback loop during the evaluation*

04

Reduce external dependencies in favor of sustainability

- *Build for financial sustainability after the departure of donors at national and local level.*
- *Develop local resources even if it means sacrificing some immediate gains.*
- *Community has the ownership of projects.*
- **Increase state budget allocations for health.**
- **Increase sustainability and longer-term thinking.**
- *Reinforce evaluation and internal accountability models in the country to minimize dependence on third parties.*
- *Establish government accountability mechanisms after the departure of donors.*

- **Sustainability plan for initiatives**
- **Investment plan for the sustainability of initiatives (donors)**

- **Investment plan for the sustainability of initiatives (state)**
- **Reinforcing the IGS/IPS**

- **"Mutuelle" care adapted to community dynamics**
- **Motivate volunteers**
- **Motivate health workers**