



**EXTERNAL EVALUATION REPORT:**

**ACAD'S PROJECT FOR HEALTH AND EDUCATION  
SERVICES IMPROVEMENT (IHE)  
*HEALTH PART :***

**By C.T BILUBI ULENGABO Méschac and RUTERATABARO ZAHIGA  
Aubin**

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## **0. GENERAL INTRODUCTION:**

### **01. Summary**

ACAD's Project for Health and Education Improvement began in 2015 for a three-year period. At the end of its second year of implementation, an external evaluation was promptly carried out of the project. This project is aimed at improving the quality of service in CELPA health structures by improving both the monitoring and supervision by medical coordination, improving the management and monitoring of all CELPA health structures and improving quality of maternal-pediatric emergency care.

During these two years, almost all planned activities have already been carried out: six themes were addressed in training sessions in favor of health professionals, the seminar on Triage, Evaluation and Emergency Treatment (TETU), on the Safe Motherhood (MMR) and on the Integrated Childhood Illness Care principles (PECIM). Two workshops, known as the medical committee, have also been organized. The hospital that served as the training center, in this case the Kaziba Reference Hospital, also benefitted from a package of medicines as training materials, firstly for the TETU and then for MMR.

These three seminars led to changes in terms of outcomes and impacts that are included in the assessment of results.

### **02. Background**

The project "Improvement of health and education services" (IHE) is being implemented by the Christian Action for Aid and Development "ACAD", in the Democratic Republic of Congo since 2015, particularly within the CELPA Health and Education structures. It is funded by Norwegian donors through PYM and Digni. The project was designed to re-launch cooperation between the three institutions PYM, 5th CELPA and ACAD, in favor of the Congolese population facing several health problems that include preventive, curative and promotional aspects.

The implementation of this project was launched by the notification of the Coordinator of the Pym-CELPA Pre-project. This project had consisted of the organization of workshops involving regional delegates from CELPA, the Legal

Representation and the, as well as PYM staff. A lengthy process of dialogue was conducted between Pym, CELPA and ACAD to facilitate the implementation of projects and the definition of priorities related to health and education sectors was made. Thus the "Improvement of health services" project was initiated and it consisted in organizing seminars in the CELPA ecclesiastical regions with the technical involvement of its medical coordination.

### **03. Synthesis of the Evaluation Conclusions:**

This project aimed at improving health and education services is for 3 years duration time which is now coming to an end and this external evaluation aims to document the results and to improve the continuation process, and also considering the future after the project.

Twelve (12) seminars aimed at three professional training themes were organized in the different ecclesiastical regions in favor of health. At the end of these seminars, very numerous and varied results and impacts have been observed both in terms of knowledge, know-how and of behavior. The fourth theme which is aimed at the management of the primary health care is on-going during the year 2017.

#### **In regard to the knowledge:**

New working tools were developed and implemented; participants were pleased to have got new notions about the TETU, the PCIME and the MSR.

#### **In regard to the know-how:**

The reporting system has been improved and strengthened, the techniques of patients management especially in emergency situations of pregnant women and children have been improved, the maternal and infant mortality rate has decreased, ...

#### **In terms of behavior:**

Participants acknowledged that they had changed some of their previous occupational behaviors, notably when it comes to the patients' induction, to the delivery process, to the resuscitation of newborns, to how to deal with coma behavior and shock.

Overall, the Health Services Improvement Project has succeeded in making commendable changes in the knowledge and practices of recipient health professionals.

#### **04. Summary of Recommendations**

- Provide ACAD with funds so as to enable to build and rehabilitate infrastructures in order to provide to all an environment for quality care, as capacity building alone is limited to achieve the dream of providing quality care to the population;
- Provide ACAD with the means to continue with the trainings of care providers in other themes aimed at reducing maternal and infant mortality because they have shown that they have responded to the basic needs;
- Strengthen follow-ups after training to reach the structures farther away from headquarters and make sure that the implementation and the sustainability of the acquired knowledge are effective.
- Support or supply the target structures with teaching materials so as to apply the received trainings (medicines for the MSR, TETU), equipment (oxygen concentrator, oxygen tank, vacuum cleaner, bundle, suction forceps, nippers - in sets) and other tools.
- Improve the electronic archiving of project documents to avoid multiple versions of documents.

#### **05. Actions Strategies**

Given that the population expectation towards ACAD are huge, for to deal with such expectations the organization may:

1. Improve current activities by building and rehabilitating structures;
2. Diversify donors to have sufficient resources for their policy;
3. Organize the training of the ACAD team and the medical coordination, on fundraising and advocacy techniques to acquire self-care skills in regard to search

for funding for their projects and thus avoid the passive expectancy that has been set in their mindset;

4. Initiate income-generating or self-financing projects for the structures.

## **06. The report structure**

This report consists of five parts, beginning with a general introduction, which presents the summary of the evaluation; the background, the synthesis of the conclusions, the synthesis of the recommendations, the structure of the report, the presentation of both the project and the ACAD organization. The second part presents the Evaluation in terms of its context, objectives and methodology. The third part presents the results of the Evaluation following the evaluation criteria agreed in the terms of reference. Part Four is an internal analysis that describes the weaknesses and strengths of the project. The fifth part presents an external analysis, which presents the project's opportunities and constraints. This report concludes with recommendations and action strategies before a general conclusion.

## **I. PRESENTATION OF THE EVALUATED PROJECT**

### **1.1. The project context**

The 5th CELPA has 144 health facilities in the Democratic Republic of Congo, including 130 health centers, 9 health clinics, 3 general referral hospitals and 2 central health zone offices. It employs approximately 670 health personnel. These social institutions are overseen by the Bukavu-based national medical coordination, which has a sub-offices in the CELPA regions as in Kindu, Kisangani .... This coordination is responsible for the routine supervision and monitoring of the actions of these health structures. This project aims to improve the quality of the health services offered by these CELPA structures in DR Congo.

In the health sector, quality services require: appropriate infrastructure, qualified health personnel (diversified staff) adequately placed at different levels of the primary health care system such as doctors in hospitals; nurses in health centers and midwives at maternity units, as well as a sound environment (clean water, light source, clean toilets, rubbish bins, waste management, green spaces), an equipped laboratory, a pharmacy and management tools (staff registry, 24-hour service schedules, accounting books, invoices, parthograms, monthly National Health Information System).

This project is initiated so as to meet these requirements and challenges.

However, it is important to note that this project was conceived in the context of a political crisis in the DR Congo, where all attention is focused on political negotiations, on elections and in the context of administrative decentralization. On the social front, the population is faced with material poverty that does not allow them access to quality health care or to living conditions in a healthy environment. This results to vulnerability to communicable endemic and also to epidemic, as well as to infectious and parasitic diseases.

## **1.2. The Objectives of the Project**

### **1.2.1. The overall objective of the project:**

This project aims to contribute to improving the quality of services in CELPA health structures in DR Congo.

### **1.2.2. The specific objectives of the project:**

- Improving the quality of care in pediatric emergency situation and also in maternal health care.
- Improve the monitoring and supervision of medical coordination;
- Improve the management and monitoring of all CELPA health facilities;

## **1.3. Strategy and Approaches:**

This project mainly used as a strategy, the capacity building of health professionals, supported by the handing over of some didactic materials so as to put into practice the acquired knowledge. Four themes were organized on the following topics:

1. Emergency Triage, Assessment and Treatment (known as TETU),
2. Safe Motherhood (known as MMR)
3. The principles of integrated management of children diseases (PECIME), and
4. Meetings of the National Medical Committee; accompanying of the training through the CELPA medical coordination.

#### **1.4. Partners in the implementation:**

The partners involved in the implementation of this project are: the Provincial Health Divisions, the Health Zones (senior teams), Universities (Medical faculties), Medical Coordination offices of both the ECC and CELPA.

#### **1.5. Status of the evaluated project:**

This external evaluation comes during the third year of the implementation that started in 2015. Almost all activities have been carried out as planned. There were no delays in the implementation of the planning and there were no impediments to the forecast. This is confirmed both by the results obtained and by the project staff and also by the beneficiaries who testified that ACAD staff is punctual in its planning and programming. The remaining activities are those planned for 2017.

#### **1.6 Presentation of ACAD:**

The Christian Action for Aid and Development (ACAD) was created on January 31, 2014 as a result of a long pre-project process that consisted mainly of dialogue sessions between CELPA and PYM while learning from the cooperation crisis between the two due to previous mismanagement of funds by the leaders of CELPA. This creation was consecrated by the notification of the PYM-CELPA Pre-project Coordinator Prof. ABEKYAMWALE EBUELA ABI, who was commissioned by the CELPA board to organize the setting up of an autonomous diaconal structure. With him were associated Martine Zagabe MUGOLI, Dr. ISOKELO MUNYUKU and INGRID Orthus as a working group.

ACAD has its own by-laws and an internal regulations reference document devoting its management autonomy to specific management tools, and functional bodies which are: The Assembly (AG), The Board of Directors (AC) Ethics and the Executive Secretariat. Two internal and external financial audits have successfully sanctioned the evaluated project. The Christian Action for Aid and Development (ACAD acronym) operates under the authorization "*Acknowledgment of receipt No. F.92 / 22.210" and the certificate of registration for NGO / ASBL in the health sector No. MS 1255 / DSSP / 30/051 dated 11 April 2014.*

## **II. PRESENTATION OF THE EVALUATION:**

### **2.1. Context of the Evaluation:**

- The need to evaluate the achievements so as to make projections on the future imposes this external evaluation, which constitutes a first reflection aimed at its results.
- This evaluation takes place in a national political context characterized by a transition of political power, a period between the resignation of a prime minister with his entire government and the establishment of a new government, during which political negotiations are under way to form a government of broad national unity and consensus resulting from agreements between the political parties of the opposition, those in power and also the civil society. On the economic front, the context is characterized by a monetary devaluation which takes place after more than five years of both the macroeconomic and the market stability.
- In the social sphere, the population is confronted with chronic poverty, which is at the root of poverty among families, hence malnutrition and its consequences on health, especially among the most vulnerable. As if this situation is not enough, the latter is aggravated by the phenomenon of large families, because not only is the birth rate high, but also the African solidarity imposes on families to welcome the other members, especially middle-class



families are overburdened by visitors and other family members for temporary or permanent social assistance.

## **2.2 Objectives of the Evaluation**

### **2.2.1. Overall Objective of the Evaluation**

Evaluate whether the project in progress leads to the achievement of results in line with the plan.

### **2.2.2. Specific Objectives of the Evaluation:**

In order to improve the implementation of the project and its impact, this external evaluation had the objective to document both provided the results and change and also to formulate recommendations for future development.

The specific objectives are described below:

- Document the achievement of the results
- Describe how the project activities were implemented and their relevance to the achievement of project objectives;
- Determine the main results and impact of this project in Phase 1;
- Assess the cost effectiveness of activities;
- Assess strengths and weaknesses, particularly with regard to the sustainability of the project;
- Provide recommendations for the development of future projects.

## **2.3 Evaluation Methodology**

This external evaluation was carried out by two external consultants using participatory methods. It focused on three stages: the preparatory stage for the ACAD office, the collection of qualitative and quantitative data on the ground, and then the analysis of the data collected and the return of the provisional results to be followed by the preparation of the final report.

### **➤ At the ACAD Office:**

The evaluation team conducted the following:

- 1- Exchanges with members of the ACAD project staff for a shared understanding of the evaluation terms of reference and for the harmonization of views;
- 2- Development of evaluation tools and their sharing with the project managers (Evaluation Questionnaire, various data collection and analysis tables, internal analysis and external analysis (SWOT analysis))
- 3- The bibliographic or documentary review: it focused on data collection and on the use of project documents: project documents, implementation reports, annual reports, monitoring reports, activities reports and other useful documents that have been provided by the ACAD team.
- 4- The preparation of the tables of comparison of the predicted and realized indicators which made it possible to obtain the quantitative evaluation data according to the criteria proposed in the terms of reference. This exercise also enabled the evaluators to better understand the project and the process of its implementation, to assess the level of the achievement of both the indicators and the objectives of the project.

➤ **Field data collection:**

It began with the literature review and continued in the field. This stage began with the working session with the RESKIE members in Bukavu on the OD project; the field trip to Kaziba and Kakwende were related to the health and education project workshops. Work continued in Kamituga where three working sessions were held with RESKO members on the two projects OD and IHE including its two domains. In Kindu the working sessions were held with the OD and IHE projects seminar participants, and also few interviews with targeted and most important and influential stakeholders have been conducted: the Provincial Health Division, the Medical Coordinators and the Protestant Schools of the ECC Maniema network which manages the schools of the CELPA since the outbreak of the internal crisis. In both Baraka and Kindu, sessions of the focus groups were held with participants in the OD and IHE projects seminars. Everywhere on the ground, the tools for collecting the designed data were used and some illustrative images of the collected data were shot: the evaluation questionnaire, the SWOT analysis and the interview guide were used as data collection tools.

➤ **Analysis of data, return of provisional results and production of final report:**

The data collected were then analyzed in the synthesis tools (tables, report template) and the provisional results were restituted, which made it possible to complete the data, amend them and harmonize the views. At the end the final report was produced and delivered to ACAD according both to the terms of reference and to the evaluation contract.

## **2.4 Expected Evaluation Outcomes**

The expected results of this evaluation as expressed in the terms of reference accordingly both to its specific objectives and to the evaluation questions consisted of:

- 1- Assess how and to what extent the objectives of the project have been achieved so far, to identify the results of the project and the constraints or obstacles encountered
- 2- To assess the extent to which project strategies have been relevant both to the achievement of the objectives and to sustainability, to what extent project strategies / activities have been efficient.
- 3- Determine the strengths and weaknesses of the project, identifying activities that should be given priority. And since it consists in trainings, we identified the needs of the participants in terms of training.
- 4- Formulate recommendations for a future organizational development project.

## **2.5 Encountered constraints and difficulties:**

- The multiplicity of versions of the project's logical frameworks did not facilitate the documentary analysis.
- The Mwangaza Health Center in Baraka has a dual status, with both an authorization as a Health Center and also with another one authorizing it as a Hospital Center, to the point where it is difficult determining who should do what in practicing the acquired training.

- We worked with the agents of the medical and schools (primary and secondary) coordination offices of CELPA due to constraints related to the national coordinators' agendas incompatibilities.
- However, data collected and analyzed made it possible to obtain the necessary information, particularly through the literature review.
- Projects use two languages whose translation is likely to create confusion and nuances that are fundamentally detrimental to the accurate understanding of certain information;

### **III. APPRAISAL OF RESULTS:**

#### **3.1 Relevance of the project:**

The testimonies obtained from the contacted people testify that this project is very useful. The training provided has produced many results in terms of changes in knowledge, know-how and behavior in addition to change in health services provided in the targeted structures.

In response to concerns about whether the project met the needs and expectations of the beneficiaries, the evaluation found that:

- The three training themes to which were aimed were organized for health professionals, the one on the Emergency Triage, Assessment and Treatment (known as the TETU), the one on the Safe Motherhood (known as the MMR), and the one on Integrated Management of Childhood Illness (known as the PECIME). The hospital in which the training was held, namely the Kaziba Referral Hospital, also benefitted from a package of medicines as training materials.
- The seminars have responded to their expectations and needs insofar as they have enabled them to improve the triage of patients according to the criteria and signs of urgency by correcting the old system of reception of patients according to the arrival order. These seminars have enabled them to improve the management of childbirth by minimizing the risk of maternal-fetal mortality through reducing the risk of bleeding.

- These seminars allowed clinicians to understand and popularize the risks associated with "four too many pregnancies": too precocious/early, too close, too numerous and too late pregnancies.
  
- The needs that the training seminars have met are:
  - Recognition of both the emergency and consultation priorities,
  - Involvement of paramedical personnel (administrative, labor and other) in the identification of urgent and priority cases;
  - Increase of referral cases in health centers
  - Compliance with the 48-hours observation period in health centers
  - Knowledge of the causes of maternal mortality and how to avoid facing situations leading to stillborns, by correcting use of parthograms, by knowing the periods of latency, by knowing the correct time to act; through knowledge of the use of a parthogram, of the follow-up of a pregnant woman's labor, correct care of mother-child life from the parameters of the child and mother (saving both lives), attendance at the pre-natal consultations;
  - Timely referrals of pregnant women
  - Improved calculation of health indicators
  - Increased interest in adherence and interest in desirable birth contraceptives compared to standards;
  - Reduce the maternal-fetal mortality rate
  - Improved reporting system
  - Improving the children health care
  - Appreciated reception of patients
  - At the Irangi Health Center, for example, the reference rate of pregnant women increased and thus lead to reduced cases of caesarean referrals;
  - A decreasing of cases of mortality due to incision of the uvula (Kilimi) as this was a cause of infant mortality
  - At maternity unit: provision of information to pregnant women at the PNC (pre-natal consultation) about risks related to childbirth.
  - Non-essential medicines were used in relation to labor before the training

- There were some unsafe practices that the MMR training discouraged and corrected, such as the use of medication to induce childbirth.
- Traditional hazardous methods of laboring have been identified and corrected (eg, coma management, resuscitation of the newborn);
- The stages of PNC (pre-natal consultation), childbirth and postpartum were not well known;
- The TETU was not known in the Kindu Health Zone prior to this training, it was a new subject;
- Knowledge of the types of children's diarrhea: simple, severe and aggravated
- Knowledge of the signs of emergencies and health planning,
- Knowledge of AMTSL (Active Management of Third Period of Delivery)
- Integrated management of childhood illnesses. For example, the five most common in the Kaziba health zone: diarrhea, acute respiratory infections, malnutrition, malaria and meningitis. Structures began to categorize patients according to their emergencies through use of both three colors chips and of the disposition of the patients on the benches according to urgency related to their situations.
- The TETU has made it possible to improve the care of the patients by a sorting system according to emergencies.

### **3.2 The Project Effectiveness**

#### **3.2.1. Quantitative Efficiency Indicators:**

Comparison between achieved indicators and planned indicators is as follows:

- The defined quality monitoring tools, are explained and are in full use at 100%
- There was an increase in the number of structures reporting to the national CELPA medical coordination, with 33 structures in 2015 and 45 structures in 2016 reported, the total number of the type of structures that should report is 131.
- 209 clinicians trained in MSR out of 175 planned which represent 119.4%. All accessible structures were reached including all the CELPA structures have benefitted from the support plus public state structures and those of other religious denomination. In regard to the CELPA, the Kalonge axis which is

part of the RESKIE, has not been served, and remains for a coming project period

- A baseline has been achieved as planned.
- 198 out of 175 clinicians have been trained on the TETU program in 2015, ie 113.1%
- 209 clinicians have been trained in 2016, i.e. 119.4% of planned, on the PECIME principles.
- Mortality reduction of children aged under  $\leq 5$  years and the same for the maternal mortality, Mortality of 2.93% of patients in emergency unit in 2015 and Mortality of 0.8% of patients in emergency departments in 2016, which is a decrease in mortality of 2.1%
- 10 trainings were carried out of the 10 planned, which represents a 100% achievement
- 2 planned medical committee meetings carried which is 100% achievement.
- Out of the package of 4 subjects that were planned, the only on-going one during 2017 is the one about the management, thus an effective respect of the planning.

### **3.2.2. Qualitative indicators of effectiveness:**

The objective of improving health services in the medical facilities of the 5th CELPA was achieved through the following changes and advantages related to the seminars participants attended to: improved patient care and the reduction of the mortality rate. Scientifically and technically, providers have improved their knowledge with new concepts. Other changes include: improved management of women in labor, improved partogram filling (maternal surveillance record), improved management of the postpartum period, and active management of the 3rd phase of childbirth (known under the GATPA acronym).

The care of patients referred and transferred has been improved in the hospital, the nurses have become more proactive in the reception and treatment of cases, and they no longer wait for the doctors for urgent decisions. The management of counter-referred patients has been improved within health centers and intra- as well as inter-institutional communication has been improved and strengthened. The follow-up

consisted of visits made by the medical coordination using the quality follow up tool and the meeting organized in Bukavu called the national medical committee. A number of participants were invited to the latter. All the results have been presented and discussed then so as to approve them.

**The improvement of the referral system:** "at the Katunga Health Center in Kamituga, for example, the referred patients rate has evolved from 1-2% before the training and came to 10 % ; and from 1-3 cases per month to 27 cases at present, while the standard is 5 % to 10%. The Katunga Health Center is now up to standards, thanks to training. "

**Triage time** is reduced from 1,5 minute to 20 seconds by using priority and emergency criteria.

**An improvement in regard to the reception of patients** through non-discrimination linked to social status and rather through consideration of the sickness seriousness.

**The change was observed among health care providers in regard to deciding about patients'** situations and related orientation.

In all regions covered by this assessment, health professionals have reported that maternal-fetal deaths (childbirth mortality) are no longer numbered as a result of the training in MMR, given that such deaths were due to poor labor conditions, to bleeding, and to poor care.

### **3.3 Project Efficiency:**

When it comes to whether the resources to achieve the results were sufficient and used in an efficient manner, the Evaluation noted that: the facilitators who were from the provincial health division and ACAD were sufficient and competent. The numbers of participants were sufficient in relation to the number of health structures and the training materials were also sufficient, most of it having been provided by ACAD. In some places participants have wished to be provided with more time for practicing in regards to the topics. The financial means were enough, there was no complaint.



Local participation consisted of: the availability of training rooms, the generator for use in the event of a power shortage, the onsite transport of participants using the hospital and also the Health Zone vehicles in order to enable practice, Hospital data projectors, hospital generator, practice material, utensils, inputs of ideas, experience and expertise of the participants during the exchanges, as well as the accommodation of some participants, and also some training materials. On the other hand, for a number of participants, the reimbursed transportation costs amount was not sufficient given that they were from remote areas and had spent more than what got reimbursed. In addition, the accommodation of the facilitators at church missionaries' guest house, the secretariat service provided by one of the participants, the opening and closing of the sessions by the Chief Medical Officer of the Health Zone constitutes also local contributions.

### **3.4 Project Sustainability**

To the question of what can remain after the project and the benefits of this project that could last for a long time, it is mentioned: the acquired knowledge, the training modules, the acquired practices, the updated and enriched health care protocols.

The sustainability of the achievements can also be explained by the support of the project by other institutions, namely: The Provincial Health Division, which has available the trainers, the Health Zone Central Bureau (BCZS), that officially used to announce the opening and closure of sessions and also the health facilities, hospitals, and the CELPA bodies that have allowed to the participants to be available.

Improved reporting system, training notes, changes in the behavior of the population in regard to the use of traditional medicines (which was leading to situations of intoxication, incision of uvula, ...).

The system for sorting out urgent cases and sensitizing patients on the system, as well as learned and experienced practices such as resuscitation by vacuum cleaner that replaced mouth-to-mouth resuscitation and which reduced to zero the death rate after delivery.

### **3.5 Adequacy of the project**

The themes of the training seminars that have been organized by the project: Emergency Triage, Assessment and Treatment (TETU), Safe Motherhood (MMR) and Integrated Management of Childhood Illnesses (PECIME) are among the minimum and complementary packages of primary health care recommended by the DRC health policy. Given that the training topics were the very routine preoccupation of the participating health professionals; all in all, these trainings were adequate and adapted to the environments, to the beneficiary structures and to the levels of the participants.

The seminar subjects have been integrated into the eye care by the ophthalmological clinic of Kindu, where they want to integrate some of the principles learnt in their treatment of the blind.

All in all, the project was adequate, appropriate to the level of the participants, to their needs and to their expectations, which explains the benefits and the satisfaction of the beneficiaries.

### **3.6 Impacts of the project:**

Some aspects related to the impact are already mentioned when it comes to the relevance of the project because the noted changes resulting from the project constitute also responses to needs that the seminars enabled to meet. It is also a link between the objectives of the project and the lived reality.

However, with regard to the long-term positive effects on the direct and indirect target group (others who benefitted from the project's effects without being part of its target group) the participants acknowledged the main impacts of the project hereinafter:

- The ACAD seminars helped to strengthen the link between the coordination of medical works and the health structures of CELPA, thus responding to lack of support to organize work sessions.
- Improvement of the care provided to patients by health facilities from which came the participants and that are not part of the 5th CELPA but rather part of public, or religious denominations, or private structures.

- The Head doctors of public hospitals and those of structures run by other denominations and even those from private structures have benefitted from the training.
- Dr. Lambert Morisho of Nyamibungu HGR was invited to Goma by Dr. Jean Jacques Chidorho and Gy Musemakweli to conduct training in TETU,
- Dr Patrick Bulambo of the UEA exchanged with the Students of Medicine on the TETU module.
- ECC Maniema has a sanitary structure of the Synod, of which the Director of Nursing also participated in the training session and returned to his team;
- Participants to the seminar held in Kasongo provided extensive feedback on training for other health professionals;
- Apart from the training, the whole population benefitted from the pharmaceutical products distributed to the health facilities as training material;
- The rate of attendance within health facilities and especially within the maternity units has increased due to the improvement of PNC, to good care and also to good follow-up (PNC refocused 1.2.3.4 with a schedule of PNCs) .
- The situation of the so called 3Z health center in Kindu (not a CELPA facility), which has increased the attendance rate from 10% before the training to 80% currently, is a major impact of ACAD training.
- The patients benefitted from good care.
- The dissemination of knowledge received during the training to other health workers has produced positive side effects.
- Collaboration during the work allows training for those who have not directly participated in the training;

### **3.7 Project viability:**

A viable project is one that continues to provide benefits to beneficiaries for a fairly long time after the donor assistance is completed. In this logic, the selected factors for the viability of the project are:

**Political support:** The provincial health divisions, the medical coordination of CELPA and the ECC in the provinces, the Central Bureau of the Health zones are

sufficiently involved in the project to the point that they can continue to ensure the support of certain services beyond the financing of PYM.

**Appropriate technologies:** in the long term, the technologies applied by the project can and should continue to operate in the structures from which came the participants even after the financing has ended.

**Institutional and management capacity:** ACAD is still a young organization whose responsible leaders have great experience in management, and transparency in management according to the testimonies of participants. This capacity was proved by funding obtained by ACAD apart from the one from PYM, in particular from the MONUSCO, UNICEF, ...

**Economic and financial viability:** The accumulated benefits of the project are intellectually and technically superior to the costs and the project represents a viable long-term investment by virtue of its achievements. However, because ACAD's self-financing capacity is too low at the moment, it does not guarantee the financial viability of the project in the very long term as the training seminars might not continue after the project funding is finished.

**Socio-cultural and gender issues:** The project being based on the organizing of capacity-building seminars is hence of a socio-cultural nature and therefore reinforces the socio-cultural aspects of both the participants and the target structures. The project integrates gender insofar as it addresses the specific problems of women in terms of safe motherhood and family planning, and takes into account the balance of relationships and rights between men and women.

### **3.8 Cross-cutting themes: Gender integration**

The question on how the project took into account the specific needs and interests of women and men, the services offered by the project to women and men, and the extent to which the project contributes to alleviating gender inequalities in the longer term, the evaluation noted that:

- Training in Maternity at Lower Risk (MMR) addressed the specific problems of women with regard to childbirth, prenatal counseling, childbirth monitoring, post natal consultation and birth planning,
- Distribution of male and female condoms (by the Provincial Health Division services in support of the project) during the family planning training,

The specific problems of women that the training has dealt with are:

- Sensitization of the participants on the fact that pregnancy is a danger for women as well as the topics on maternity with less risk;
- The consequences of approached pregnancies on the health of women and children
- Protection of maternal and child health
- Discussions made it possible to address the equality of human rights and women's rights

#### **IV. INTERNAL ANALYSIS OF THE PROJECT:**

##### **4.1. Project weaknesses**

1. There was some weak communication during the invitations before some training sessions, anyhow it has been noted that all the invitees did attend, thus this weakness did not impact participation to the seminars organized by the project
2. Some training sessions have not been accompanied by provision of modules, notably the training on Safe Maternity in addition to the fact that no certificates have been delivered for PECIME training.
3. Participants from remote areas got insufficient transportation costs reimbursement in comparison to others (participants from Matili, Kilembwe, Kalole, Zibo, Kigogo to participate in training sessions in Nyamibungu).
4. Project limited to only training seminars time period, without long duration professional training time period or other capacity building approaches.
5. Monitoring have been provided to health professionals through the supervision made by the Medical Coordination still, the Bukavu office has not reached all

the Church regions by the follow up and quality health care monitoring; in addition the office has not succeeded reaching out for some South-Kivu remote areas due to difficult accessibility.

6. Acquired inputs from the seminars (theoretical training seminars without material input or medicines, consumables, equipment, ..) has been partially put into practice depending on available resources that exist within each structures.

#### **4.2 Project strengths**

1. Transparency in financial management
2. Rigor in the work
3. Training by the provincial health divisions, therefore by specialists
4. Training on Safe motherhood was provided by reproductive health program officers
5. Non-discrimination of religious denominations, public or private structures.
6. Respect for the institutions and structures complying with the national health policy;
7. The number of participants admitted was more than expected (on limit occasion, the number of participants doubled in some sessions like when out of 35 planned, the number reached 60 participants in Nyamibungu).
8. Invitation of participants from far-off places to training,
9. Increased knowledge
10. Earned confidence of the population by both ACAD and CELPA
11. Acceptance of non-invited people in training session
12. Involvement of all stakeholders: MINISANTE, DPS, Medical Coordination works of the ECC Maniema, ECC member and non-member communities, state health facilities, university professors. Diversity of participants.
13. The seminars paid tribute to the 5th CELPA in particular and to the ECC in general, which no longer organized these types of activities in Maniema;
14. Good organization of the seminar
15. The trainers were very competent
16. The material was very rich and abundant
17. The ACAD project had the means to reach its policy
18. Themes and modules are appropriate to the on-ground reality

19. Strong capacity to mobilize people from within

## **V. EXTERNAL ANALYSIS:**

### **5.1 Project opportunities**

- Prior to ACAD, the Provincial Health Division also organized other training sessions on the same themes, but the training conducted by ACAD went deeper;
- The interest or enthusiasm of health professionals to attend to the training,
- High maternal-fetal mortality has favored the increased interest of health professionals in training,
- The structures have the capacity that can take on the learned notions;
- Health structures with functional partnerships that enable them to apply certain notions of the learned topics;
- Existing, functional and experienced Medical and ECP School coordination ;
- The diversity of participants (their profiles and status).

### **5.2 Project Constraints or Obstacles:**

- The crisis or divisions within the church as some guests to the seminars were threatened (according to the Coordination of Medical Works in Maniema)
- The follow-up of remote structures within various regions is not sufficiently supported as it requires transportation means.
- Some structures do not have adequate infrastructures to apply certain basic quality health care notions, mainly the hygiene.

Some buildings made of semi-durable materials, others without a waiting room, the same for reception rooms without adequate seating, consulting office that do not reassure the confidentiality, consulting room without illumination, without a good space, hospitalization or observation room with no lighting, no sink or running water, with no hygienic toilets both for the sick and for the staff, with no hygiene and sanitation services conforming to norms, without offices and other amenities, without maternity units that meet the standards, without reception facilities for high risk pregnancies (waiting

maternity units), with no framework for preventive activities ... so as to effectively apply the learned concepts.

- The tradition created by humanitarians in Kindu and that consists in providing 10 USD for transportation and meanwhile providing accommodation even to local resident participants has caused some unrest among the participants.

## **VI. The recommendations:**

Following the evaluation that we have conducted on the IHE project, we find satisfactory the excellent work that has been made by the ACAD in a not easy context in which people do expect more than what is available within the project. We do recommend the following in the aftermath:

1. Provide to ACAD funds that would enable rehabilitation of infrastructures so as to provide to all environment enabling provision of quality health care as capacity building is limited in order to meet quality health care for the population;
2. Provide to ACAD enough means that would enable the latter to continue with training for health workers on others themes aimed at reducing maternal and infantile mortality, given that proof has been given that this needs real needs at the grassroots level
3. Strengthen the follow-up after the training so as to reach structures that are very distant from the Bukavu head quarters and make sure there is sustained acquired skills
4. Support or supply the target structures with training materials so as to put into practice the provided skills (medicines for the MSR, TETU), equipment (oxygen concentrator, oxygen tank, vacuum cleaner, bundle, suction forceps, nippers - in sets)
5. Improve the electronic archiving of project documents to avoid multiple versions of documents.
6. Make training modules available to participants and to target structures



## **VII. STRATEGIES OF ACTIONS:**

Given that the population expectation towards ACAD are huge, for to deal with such expectations the organization may:

1. Improve current activities by building and rehabilitating structures;
2. Diversify donors to have sufficient resources for their policy;
3. Organize training of the ACAD team and the medical coordination, on fundraising and advocacy techniques for to acquire self-care skills in regard to search for funding for their projects
4. Initiate income-generating or self-financing projects for the structures.