FINAL EVALUATION

Lake Tanganyika

Zone of Moba, DRC 2022

December 2022

Project: **Community Based Primary Health Care DR-Congo**

Location of the assessment conducted:

Tanganyika Province, in the following program intervention villages:

Territory of Moba, Moba Health Zone in the villages connected to the following dispensaries:

- Kapakwe (8,989)
- Mulunguzi (14.368)
- Kansenge (9.163)
- Liombe (8.225)
- Kizike (8.424)
- Kilaba (7.582)
- Kiku (9.852)
- Kapote (8.587)
- Lumbwe (7.566)
- Moliro (10.583)

Program period covered by the evaluation:

From May 2019 to December 2022

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LIST OF ABBREVIATIONS

AIDS	**:**	Acquired Immunodeficiency syndrome
CISU	**:**	Civil Society in Development
CSC	**:**	Community Score Card
DAC	**:**	Development Aid Commission
DRC	**:**	Democratic Republic of Congo
HFGC	**:**	Health facility management committees
HIV	**:**	Human Immunodeficiency virus
MCEC	**:**	Morovian Church Eastern Congo
NGO	:	Non-government Organization
OCDE	**:**	Organization for Economic co-operation and Development
PHC	**:**	Primary Health Care
SDG	**:**	Sustainable Development Goals
SHC	**:**	School Health committees
TMO	**:**	Territorial Medical Officer
USD	**:**	United states dollar
VHC	**:**	Village Heath Committees
VSLA	**:**	Village Savings and Loan Association

EXECUTIVE SUMMARY

The PHC project was executed from May 2019 to December 2022, in the territory of Moba, province of Tanganyika and supports 10 villages on the shore of Lake Tanganyika in Moba thanks to funding from CISU, a donor on behalf of the Danish Ministry of Foreign Affairs.

The project was implemented by the Moravian Church of DRC and Tanzania in partnership with the Moba Health Zone.

The project had the overall objective: the health status of 22 specific poor villages in Moba territory improved to at least the national standard – with a particular focus on infants and women.

The final evaluation organized between September and October 2022 aimed to answer basic questions relating to the 5 DAC criteria (Development Aid Commission of the OECD): the relevance of the action, the efficiency, the effectiveness, impact, and sustainability.

As a final evaluation, it also aimed to draw lessons from the implementation of the program and to reformulate recommendations likely to inspire future programs.

The evaluation methodology was participatory, analytical, emphasizing the perception of the sustainability of project achievements.

Among the main findings of the evaluation, the following should be noted:

- The PHC is a relevant project because having included essential and vital type activities such as allowing vulnerable populations on the Moba coast to access health care, the project has reduced the rate of infant and maternal mortality as well as the prevention cholera with taps and wells built
- The performance of the project implementation was high as evidenced by the level of achievement of outcome indicators recorded in the project document
- At the time of the evaluation, 81 women gave birth in Moba and were transported thanks to the boats set up by the project.
- During the year 2022, only 3 cases of cholera were declared, and it is thanks to the sensitizations made in all the villages covered by the project.

- The responses collected during the discussion groups on sustainability are positive in terms of general satisfaction of the beneficiaries at the end of the project because the activities carried out have enabled sanitary conditions to be improved.

Based on these findings, the evaluation makes the following recommendations:

- Capitalize on best practices
- Reinforce the existing prevention measures put in place by the program
- Set up a program to strengthen mother-child care, supply health centers with medical equipment and means of contraception
- Provide training to health center staff on newborn resuscitation and how to deal with complications during childbirth
- To effectively help people who live far from centers, set up a mobile clinic

I. SUMMARY DESCRIPTION OF THE PROJECT

The PHC project lasted 44 months, from May 2019 to December 2022.

It intervened in 10 dispensaries covering 22 villages in the province of Tanganyika in the territory of Moba.

The overall objective of the project was to improve the health status of 22 specific poor villages in Moba territory to at least the national standard with a particular focus on infants.

More specifically, in addition to access to health care, the program aimed to improve the sanitation facilities of 10 dispensaries, mobilize the community to promote safer health behaviors and support the community in advocating for the improvement of health services.

The total funding for the project by CISU was 481.240 USD

PHC's strategy was based on a set of planned activities listed under three outcomes with the following activities:

For result 1:

- 1.1.1 Baseline activity for collecting data on infant and maternal mortality
- 1.1.2 Expansion of 10 existing clinics with waiting and work rooms
- 1.1.3 Build and equip 3 new (local) wooden ambulances with outboard motor
- 1.1.4 Renovate and equip 7 existing ambulances with outboard motors
- 1.1.5 Install solar powered radio communication equipment in 10 clinics

- 1.1.6 Create drinking water sources (wells) in 3 clinics and 4 villages
- 1.1.7 Renovate and secure 18 existing drinking water sources

For result 2:

- 1.2.1 Plan and organize community orientation meetings in 22 villages
- 1.2.2 Plan and conduct awareness campaigns in 22 villages on environmental sanitation, clean water, personal hygiene, malaria prevention, family planning, reproductive health, health and safety, the child, and HIV/AIDS.
- 1.2.3 Train HVC and SHC on roles and responsibilities, pathology, health behaviors, sanitation, and environmental sanitation
- 1.2.4 Renovate 22 public latrines
- 1.2.5 Monitor and track VHV and SHC activities and initiatives
- 1.2.6 Train traditional birth attendants, deliveries, referral system, infant immunization, and diseases
- 1.2.7 Set up 2 health facility management committees (HFGC)
- 1.2.8 Train 12 HFGC on roles and responsibilities, clinical supervision, e.g., drug stock, finance and communication
- 1.2.9 Train 12 HFGCs for maintenance of communication systems and ambulances
- 1.2.10 Train 22 water committees for environmental sanitation, drinking water and maintenance of water sources
- 1.2.11 Capacity building of MCEC in accounting, accounting, administration, etc.

For result 3:

- 1.3.1 Train Congolese staff in the Community Score Card (CSC) process
- 1.3.2 Plan and organize community meetings to introduce CSC in 22 villages
- 1.3.3 Community meetings where community members evaluate and rate health services
- 1.3.4 Health staff and managers assess and rate health services
- 1.3.5 Face-to-face meetings between community members and leaders, including action plan development
- 1.3.6 Monitoring of the implementation of the action plan every 6 months
- 1.3.7 Capacity building and training of TMO on roles and responsibilities
- 1.3.8 Advocacy and monitoring of TMO supervision in project villages

II. METHODOLOGY USED IN THE EVALUATION

Our methodological approach was exclusively qualitative, with the focus groups we met the beneficiaries as well as the other stakeholders, and the discussions took place in the dispensaries with the people we find there, with great importance to women and children.

We also met the project team, the Nundu Health Zone team, the management committees of the health establishments, the village health committees as well as the school health committees.

Each group of people was consulted separately, and each discussion group comprised between 10 and 12 people.

To consolidate the appreciation and the judgments from the sources of diversified information, we have in addition to the focus groups made a documentary analysis of the reports and documents of the project as well as the observations on the field.

III. LIMITS OF THE EVALUATION AND OF THE METHODOLOGY USED

This final evaluation took place normally. There were no limits or difficulties in geographical access because the majority of the targeted sites were reached and most of the groups and actors targeted were met. Access to the required documentation was also fully facilitated by the coordination of the project.

The main limitation that we encountered in the field was both the presence of certain members who came from Denmark of the project (who sometimes attended our discussion sessions) and sometimes the participants in the discussion groups did not express themselves validly, but to circumvent this limit, we conducted the discussions in French.

IV. EVALUATION FINDINGS AND ANALYZES

The main findings and analyses are grouped according to the OCDE evaluation criteria (Relevance of the project, effectiveness, efficiency, impact, sustainability).

IV.1 Relevance of the project

To what extent are the results still valid in the context and needs of the target group? To what extent were the results useful to the target group, stakeholders and/or organizations involved?

The project is relevant: in relation to the poverty reduction strategy and the socio-sanitary reality of the Zone, the relevance of the program is obvious; the satisfaction of the beneficiaries and other stakeholders is confirmed at the end of the project.

Another strong proof of the relevance of the project is the widespread demand from beneficiaries and local partners to see it continue and extend in one form or another all the activities undertaken by the project.

The relevance of PHC activities to the needs of beneficiaries and their local communities is beyond doubt. These are essential and vital type activities such as medical care and prevention.

The results were useful to the target group, we collected a success story of a woman who was brought by the ambulance boat and 30 minutes later the successful delivery was announced.

IV.2 Program effectiveness

To what extent have the set results and indicators been achieved? Were the results achieved on time? How do the change and achievements compare to baseline or baseline?

The level of achievement of the project's logical framework indicators is quite high, reflecting the high efficiency of project implementation.

By way of illustration:

For result 1: The health infrastructures of 10 dispensaries are improved, more accessible and in better condition for the benefit of 22 villages.

- Delivery facilities in clinics have improved: all the delivery rooms we visited are operational but note that some have no beds and most have no doors.
- Remote villages without sanitary facilities have better access to health services thanks to ambulance boats: All the structures that we met and for which an ambulance was planned, all these ambulance boats are functional, we collected a story of success of a woman who was brought by this ambulance boat and 30 minutes later the delivery was announced successfully.
- Access to drinking water is improved in 3 dispensaries:

Several water points have been renovated following the damage caused by Lake Tanganyika, but the fact is that the water is flowing in several wells. In Kapakwe the drilling work of the

well was in progress and it was expected that this work would end around the beginning of October.

For Outcome 2: Community groups in 22 villages are better organized and able to mobilize the community to promote safer sanitation behavior.

- PHCs, village health committees and school health committees in 22 municipalities sensitize the community on safe health practices: all committees are functioning and frequently receive training on the influence of the environment on deaths such as cholera , malaria, typhoid fever, HIV, so awareness campaigns have shown how to avoid these scourges in a simple way by cleaning the surroundings, using mosquito nets (bring them with us for sale and encourage local stores to be suppliers), using Water-guard or boiling water, etc. including the prevention of the new pandemic. The family planning program is doing the same. To each village committee are connected two 'Reco' to maintain updates of surrounding villages and collect statistics for evaluation. This is important because clinics only provide records to people who attend the clinic.
- Traditional birth attendants and traditional healers advise women on safe pregnancy and childbirth: In all the structures we visited, we were told that the traditional midwives are no longer active except in the remote villages where the inhabitants do not know how to reach the center easily.

- Water committees manage water sources and mobilize the community to contribute to the maintenance of water sources: All the committees we met reassured us that they mobilize resources so that the wells water as well as the taps are well maintained, there is still a problem of appropriation by the population and the committees are working on it.

For result 3: The community is better able to advocate for the improvement of health services in 22 villages in DR Congo

- TMO monitors health status in the Moba area in consultation with the community: The team liaises closely with TMO health workers and, where possible, advises them to increase supervision of dispensaries. The project was successful in getting TMO to place a doctor at the Lunangwa dispensary (built by the first phase and not in use). The need to increase doctors in this littoral remains of paramount importance.

- Community advocacy for improved quality of services to relevant duty bearers: There was no face-to-face meeting between communities and duty bearers at the district level, but in each village at the district level, a meeting was held on local level.

Note however that all these activities were not carried out in time, the COVID 19 indeed delayed several activities especially the meetings of the committees which gathered more mass and others were accelerated during the lifting of the restriction measures, which had an impact on the quality of the work.

There has been an improvement compared to the starting situation, such as:

- For the death rate of children during pregnancy, there is a 20% drop according to the statistics that were communicated to us by the management team of the Health Zone, note that it was 32% in 2019
- 10 dispensaries have benefited from labor rooms, here the starting value is 0
- 10 dispensaries have benefited from ambulance boats with motors, here the reference value is also 0
- Before there was no communication system in place but thanks to the radios the dispensaries communicate with each other as well as with the Health Zone in Moba
- Each household sleeps in a mosquito net to protect against malaria, the baseline value was 80%

IV.3 Project efficiency

In this section we will try to answer the following questions:

- How effectively did project management manage the project?
- Was the project implemented in the most efficient way compared to the alternatives?
- To what extent was the project implemented in a cost-effective manner?

Project management, with an implementation rate of 95%, 3 months from its closure, is satisfactory in terms of efficiency. If we consider that efficiency is the relationship between effectiveness (results) and costs (adequacy of the means implemented), the PHC project had an acceptable overall efficiency.

The evolution of budget consumption by year is as follows:

Year	Total funding received in $	Total funding actually used in $	Unused balance in $
January 2019-December 2019	129600	106673	22927
January 2020-December 2020	114381	99341	15040
January 2021-December 2021	153310	148535	4776
January 2022-December 2022	83949	81876	2073

It is at the beginning of the project that we notice that there was a high unused balance as well as during the period during which there was the COVID-19 pandemic, but this does not reflect a slow rate of consumption of the project.

Budget management was done at the level of Tanzania as well as purchases; there was no delay in the transfer of funds, which is why several activities were not delayed.

It should also be noted that the end of the project did not leave behind disputes over expenditure on the ground or over unfinished work, a sign of efficiency in the management of the project.

IV.4 Impact

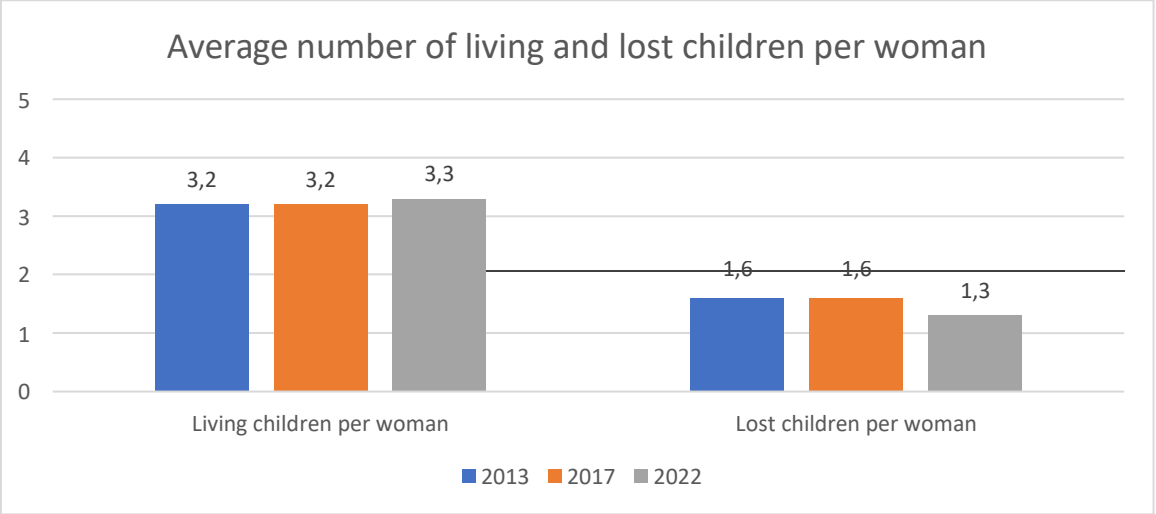
What has changed and who has been most affected by the change? How many organizations, groups or people have been affected by the change? How might this change lead to other changes in policies, organizations, and people's lives?

The impact of the project on the improvement of the sanitary conditions of the beneficiaries and their families is the pride of the beneficiaries and of the project

Women, children as well as the community have seen an improvement in their health conditions since the advent of the project, the change has therefore been observed in terms of health with the reduction in deaths of women who give birth as well as children before reaching the age of 5 years.

Some notable changes:

Graph N° 1: Average number of living and lost children per woman

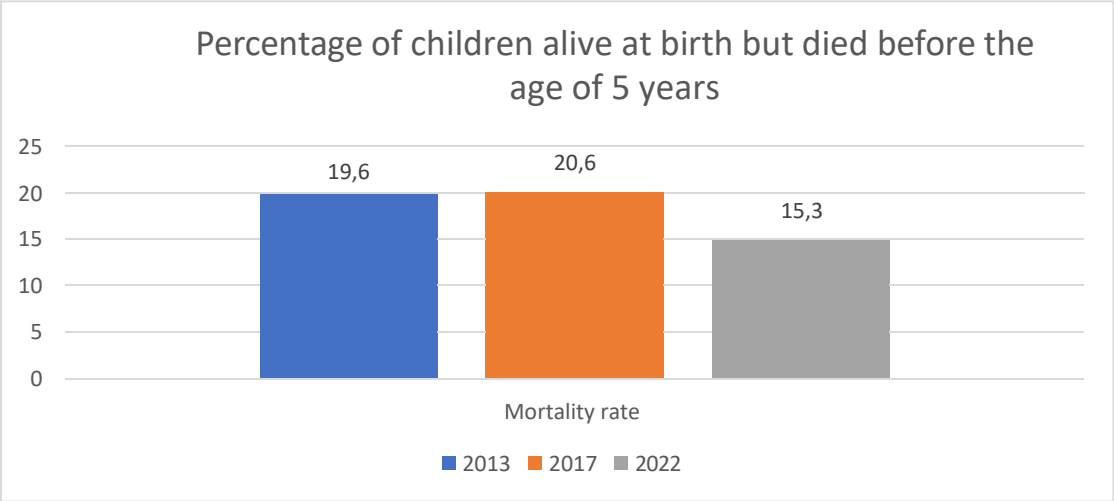


Source: Household survey May 2022

As we notice on this graph, the number of living children per woman has increased during the project period, although this is not too significant the community has praised the efforts of the project because with the ambulance boats, they do not do much time to go and receive quality care in a large hospital in Moba.

Similarly, we note that the average number of deceased children per woman has decreased significantly during the project. Several people we met praised the prevention awareness campaigns carried out by the project.

Graph N° 2: Percentage of children alive at birth but died before the age of 5 years

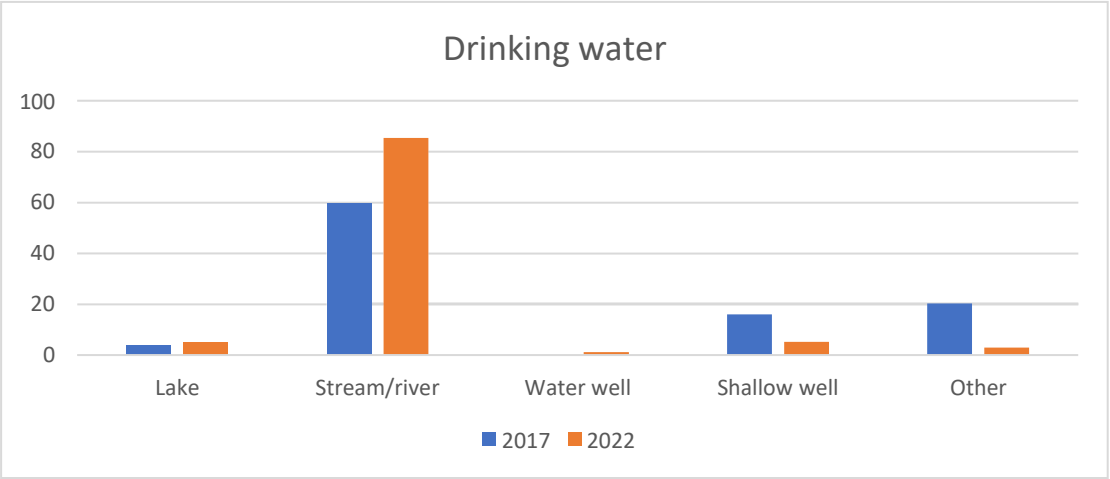


Source: Household survey 2022

The percentage of children who are born but die before the age of 5 also decreased significantly during the project phase, this is really a reality that was revealed to us during our

interviews with project stakeholders the ambulance boats and the sensitizations have played a big role in reducing the rate of deaths of children under 5 years old.

Graph N° 3: Drinking water



Source: Household May 2022

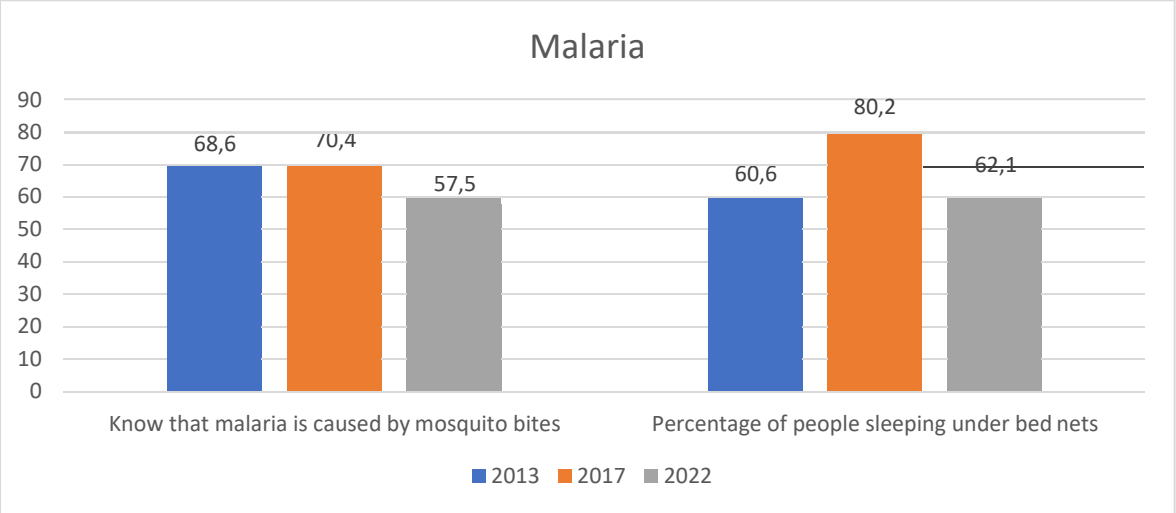
For this graph 3 we note that during the project period the population consumed much more water from the stream/river but with the construction/renovation of some wells and taps by the project, this has reduced waterborne diseases such as cholera.

Since several wells were in the finishing phase at the time of this assessment (which explains many people consuming more water from streams and rivers) we think that probably many are currently taking water from the wells built by the project.

During the discussions, the inhabitants let us know that since the PHC project has built and renovated several wells, it is the majority of the population who draw water from them except for the laundry that they use the water of the lake but not everyone.

In all the sites we visited, it was revealed that the average number of people who were affected by cholera had not exceeded 2 per site for the year 2022.

Figure 4: Malaria



Source: Household Survey 2022

During the project period, we noticed that the percentage of people sleeping under mosquito nets decreased but not significantly. It seems like both awareness and compliance has decreased during the project period, but on the coast of Moba the people we met told us that it is difficult for households to sleep without mosquito nets because the risk of to catch malaria are very high; in the clinics visited we received information that the admission of cases of malaria cannot exceed 3 people per week on average. Awareness played a big role in achieving this result.

According to information received by dispensary officials, the last distribution of insecticide-treated mosquito nets dates back to 2019.

Other dimensions of impact in terms of broader or sectoral changes produced by the project are not negligible:

- Pregnant women begin prenatal consultations before 5 months, which reduces the risks associated with pregnancy and allows them to give birth without complications. On average 15 women come for prenatal care in the clinics we visited compared to previous statistics which are less than 5 women who came for prenatal care
- Women give birth near trained birth attendants and no longer give birth to traditional birth attendants.
- The population has understood the importance of family planning.
- The ambulance boats put in place serve the whole community as well as the Health Zone when it organizes activities such as vaccinations

- The radios help the whole community in the villages without mobile communication networks, during the discussions it was revealed to us that the family members who are far away call each other via these radios.

IV.5 Sustainability

Is the change likely to be sustained? To what extent have the project activities, groups and mechanisms achieved sustainability?

A positive perspective for the sustainability of the project is the knowledge and capacity building that has been provided to the community, they can use it in the future.

According to our findings and the discussions we have had with project stakeholders, the big problem will lay a lot in terms of sustainability and ensuring that the change is likely to be maintained. First, the Health Zone does not carry out frequent supervision without motivation, and then the committees set up which should continue awareness-raising will no longer be motivated as when the project was underway.

The community has been equipped with knowledge about primary health care and ways to establish dialogic advocacy (through the community scorecard method) but without follow-up and support mechanisms this knowledge will be useless especially it is much more the villages far from the centers have not benefited much, this knowledge must also be provided to the remote villages, but the fact that the CSC method has taught the communities something, the communities can potentially use it in the future.

Among the aspects retained which could continue, it is in particular the ambulance boat because the population supports each other for the good management because it saves lives, the local community is reassured that these boats are well maintained as well as the engines but the problem that it there is so far it is the vulnerability of the population to obtain fuel to put in the engine when it is necessary to bring a patient to Moba, for example from Nkorosha being in the middle with Moba you have to pay at least 30 liters of fuel.

Another aspect is the taps and wells built because this was a response to the problems of the community and the population organized to maintain these wells and taps built with the water committee.

The call radios will remain in the dispensaries because they allow messages to be passed between villages and the committees met reassured them to ensure that these radios are well guarded.

The dispensaries in which the labor rooms have been enlarged and/or rehabilitated will continue to serve the community, but the big problem lies with those rooms for which the work has not been completely completed: all the delivery rooms that we visited are in service but note that some have no beds and most of them have no doors.

The committees set up do not really have considerable potential to be maintained and developed at the end of the project, during discussions with them they showed us that the first months after the end of the project they could continue with awareness-raising in order to that the changes observed can remain lasting but they have shown us that in the long run they will be tired if they are not financially motivated. the way in which this can be improved in the future to make the project more sustainable is to organize these committees into solidarity mutuals or VSLAs although the process of setting up these community groups takes time but this will allow them to meet frequently because they have a common goal

V. SUMMARY OF THE ANALYSIS OF THE STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS OF THE PROJECT VIEW FROM THE END OF THE PROJECT

The implementation of the project has known much strength which is the basis of the success of the project reflected in the achievement of most activities and a high level of achievement of the results and objectives of the project. There were also weaknesses in implementation, opportunities that the project exploited and contextual threats that hampered or negatively affected certain achievements. Seen from the point of view of the situation after the end of the project, at the time of the conduct of the final evaluation, the summary of these various factors is given in the table below.

Table 1: Summary of strengths, weaknesses, opportunities, and threats of the project

Strengths	**Weaknesses**
- The availability of financing of 3,516,651 DKK allocated to the project by CISU and the regularity of the transfer of funds during the 4 years of the project - Technical experience of project coordination - Open and rapid communication between the project coordination and the partners and implementation teams in the field - A project that fits with the SDGs - The permanence of the agents on the ground despite the living conditions - Field monitoring with the facilitators despite the recurring waves on Lake Tanganyika - Good financial management - Operational and regular monitoring and evaluation by the project coordination, the Danish monitoring and evaluation team and a mid-term evaluation which made it possible to make contextualization adjustments in time - Regular internal and Danish financial audits - Good collaboration with sectoral public authorities - Some works required local labor which provided an outlet for the community and some materials were purchased locally - Having his speed boat allowed supervisions and other activities to be done without problems - A permanent and well-equipped field office	- Several finishing works were not effective, especially for the work rooms built/rehabilitated - The lack of support for local authorities during advocacy and supervision sessions, it was important to always provide reimbursement for transport for them - The community thinks that rehabilitating / building labor rooms but without equipment always increases the needs of the population: these delivery rooms are without beds, mattresses, electricity - There was no exit strategy discussion session with the community - There was no accountability mission - No mechanism to address complaints/grievances
Opportunities	**Threat**
- The reputation of the Moravian Church in Moba as well as on the coast - The PHC project remains the only program that has been able to stay for so many years on the coast; the other NGOs are limited to Moba and the surrounding area - Having an office in Kizike would facilitate future interventions	- The occurrence of the COVID pandemic since 2020 with its adverse consequences of limiting travel, meetings, and activities as well as border closures with neighboring countries, and subsequently the increase in procedures and costs for crossing borders - The recurring waves on Lake Tanganyika since the only means of transport is on this lake - Civil conflicts in the project areas - Corruption by migration agents in Tanzania and DRC on entry into these countries

VI. MAIN LESSONS LEARNED FROM THE PROJECT

Among the lessons that can be drawn from the final evaluation of the PHC project, we note in particular:

- Adapting to the challenge of being flexible. Very few plans are proceeding as planned but need to be adjusted as part of the implementation depending on weather, local and political conditions – and even more so due to the COVID-19 pandemic.
- The importance of concentrating training on the village committees to facilitate their assumption of responsibility and their ownership of the project. They are appointed and chosen leaders with local power to govern and mobilize people to develop the village. Even though the project will not be able to change the higher-level leaders, these local leaders will have a vested interest in following the development of their villages and it will ultimately be them who will bring sustainability.
- The ambulance boats were not only used to transport sick and pregnant women. They also served the community for other emergencies and the Health Zone during vaccination campaigns and free mosquito net distribution campaigns.
- The people around the dispensaries have benefited from the actions of the project but the remote people have not been reached. People from the remote areas were not reached by the sensitizations because they are very far from the center (the dispensary), when the sensitizations took place. However, with time there may be a spill over effect from the center to the remote areas as they usually help each other and learn from one another when it comes to health issues.

CONCLUSION AND RECOMMENDATIONS

At the end of this final evaluation, the following conclusions and recommendations should be retained:

- The project has shown great performance in its implementation with several results indicators that have approached or reached the initial level planned, and significant improvements in the living conditions of the beneficiaries that are attested by the latter and are visible in all areas of intervention.
- The project has been appreciated at the community level as it is the only project that has remained in the area for the last two years.

Our recommendations can be summarized as follows:

- Capitalize on best practices
- Reinforce the existing prevention measures put in place by the program
- Set up a program to strengthen mother-child care, supply health centers with medical equipment and means of contraception
- Provide training to health center staff on newborn resuscitation and how to deal with complications during childbirth
- To effectively help people who live far from centers, set up a mobile clinic
- For future proposals, consider budgeting local authorities for their transport reimbursement for all times they will be invited for project activities.
- Organize the committees set up in solidarity mutuals or VSLA in order to perpetuate the project with all these achievements.
- The capacity building and education of the local communities it will have a positive and sustainable effect on their access to health care and a healthy life.