



IMA WORLD HEALTH



**UKaid**  
from the British people

# PARTNERSHIPS

**in the Democratic Republic of Congo**

ASSP and ASSR - 2013 to 2022

## STRATEGIC PARTNERSHIPS THAT INFLUENCED OUR SUCCESS

### BACKGROUND

The permanent partners of the health system, which are the health institutions at different levels, the care structures, and the beneficiary community, each play an important role for the success of any public health project and ensure its sustainability. The various projects of IMA World Health, namely ASSP and ASSR, with the support of FCDO, are part of the strengthening of the health system, particularly in support of the implementation of the National Health Development Plan which identifies the strengthening of governance as one of the strategic axes, under the leadership of the Ministry of Public Health, which is accountable to the government and the population. In this context, the role of IMA World Health as a technical and financial partner therefore consists in mobilizing financial and technical resources to support the Ministry in the implementation of the annual operational plans of the various structures supported at the central, intermediate, and regional levels to ensure that the objectives of the PNDS are achieved.

The significant performances obtained, including the

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improvement and maintenance of health coverage, particularly in the use of health services for care, childbirth, and family planning, are the results of partnership work where each actor has effectively played its role despite the known general problems of the health system. The steering and involvement of the supervising Ministry at the highest level, despite several changes in the government, has been facilitated by significant diplomatic activity from London, which has often sent emissaries to support the efforts of the British Embassy and of the FCDO health team. This political support has facilitated rapprochement and collaboration between the various consortia led by IMA World Health and the Health Administration both at central and provincial level under the leadership of the General Secretariat for Health and the General Inspectorate in health. At the central level, this collaboration has enabled good ownership of the projects, support for their implementation and monitoring thanks to a steering structure organized around the Secretary General who each time designates a focal point for the project. Dr Sambu Nzita and Dr



Theodore Assani are the two focal points appointed by the Administration for monitoring the ASSP and ASSR projects. As part of monitoring the implementation of these two projects, joint project coordination missions with the FCDO health team and the focal points of the Central Health Administration were regularly organized to visit the actors and the activities carried out in each province. In addition to these frequent missions, IMA had to host an important joint mission in the health zones of Gbadolite and Karawa in North Ubangi including the representative of the secretary of the Secretary General for health and the representatives of the group of donors from the health sector (GIBS) including the FCDO, the European Union, USAID, UNICEF, WHO, UNFPA, the World Bank and the Global Fund who came to see the achievements of the ASSP project before continuing the trip to the same objectives in South Ubangi to see the achievements of Unicef and Enabel.

These technical missions made it possible to identify and propose corrections to the problems found and to contribute to the improvement of the services rendered within the framework of these projects. A recent example of collaboration and involvement of the High Health Authority is that of the project to organize the control of the Kinshasa Health Administration's workforce between 2020 and 2021 thanks to the joint support of the ASSR project and the Bill and Melinda Gates Foundation through PATH. Thanks to its previous experience in the organization of health workforce control, particularly in Kasai, Kasai-Central, Maniema and Nord-Ubangi, IMA World Health in collaboration with the authorities of the strategic level of the Ministry, namely the Minister of Public Health, Dr. Eteni Longondo, the Secretary General for Health, Dr. Sylvain Yuma, and the Inspector General for Health, Mr Komba Djeko, had to pilot this project.

Apart from the partnership with the Ministry of Public Health, the Ministry of Public Service, the Ministry of Budget, the Primature, and the Presidency of the Republic were very involved in the coordination of this intervention. The Minister of Public Health had personally led the various preparatory meetings, carried out the launch, and ensured the follow-up of the

implementation until the reception of the results of the project during a presentation in his cabinet.

The collaboration between IMA and the Central Administration also consisted in the planning and implementation of certain activities, including training and post-training follow-up missions with different directorates and national programs. These include, among others:

**Directorate** General for the Organization and Management of Care (DGOGS) for the management of primary health care, health information and community participation.

**Directorate** of Pharmacy and Medicines, for the importation of medicines.

**Human** Resources Department, for the implementation of iHRIS and the new staffing standards.

**National** Program for Reproductive Health (PNSR) within the framework of family planning activities and clinical mentoring.

**National** Nutrition Program (PRONANUT) in Infant and Young Child Feeding and gardening activities.

**National** Village Assainis Program (PNVA) for the sanitation of health facilities, villages and schools, or even very recently with the INRB to organize the training of more than 170 laboratory technicians in Kinshasa, Kongo-Central, Kasai, Kasai- Central and Nord-Ubangi to extend the coverage of the response in capacity to carry out rapid Covid-19 tests and the use of GenExpert for Covid-19 PCR in order to reduce the delay in reporting Covid-19 test results which had weighed down the response in the DRC in 2020.



Another aspect of the strategic partnership that has contributed to the success of the various projects is with the services of the cooperation unit of the Ministry of Foreign Affairs with IMA World Health where they have signed a headquarters agreement which allows the import of public health products without payment of customs in order to maximize the contribution of international development aid. Within this framework, at least once a year, the agents of the cooperation services are sent on mission for the follow-up and verification of the drugs and miscellaneous goods acquired by the project abroad which enter the country without paying customs and which are then distributed in the provinces as donations. The collaboration with these different entities at the central level is the basis of the performances recorded within the framework of this project because it has enabled the capacity building of the actors and the supply of inputs necessary for the implementation of the project at the intermediate and operational levels with good ownership of the various projects at the level of the supported provinces.

The solid partnership with the provincial health structures of the Ministry of Public Health has largely contributed to the results of the project thanks to the effective collaboration with the various provincial health divisions and the health zones supported within the framework of these projects. This collaboration was also evident through the various support provided by the projects to state actors to improve the working framework, taking into account the known organizational shortcomings of the health sector. These include, at the strategic level, the recruitment of Mr. Hamish, a full-time consultant to support the General Secretariat in monitoring and analyzing expenditure made in the health sector, and at different levels the provision of equipment for work but also financial and logistical means such as Land Cruiser jeeps and Yamaha motorcycles for transport in order to ensure the supervision and monitoring of activities in places that are difficult to access. As part of various projects, actors at the central and provincial levels received laptops, desktops, printers, regular internet connectivity to support field activities. Supporting operational planning and monitoring activities is an important aspect of partnership to build management capacity. We must also add the payment of performance bonuses and operating costs which are paid only at the level of the province and the health zones to improve the commitment of the staff, especially since most of them are not yet paid. by the Congolese state.

Apart from the various support provided to state actors, raising the awareness of direct beneficiaries at all levels has led to a better understanding of the objectives of the projects and the expected results, thus allowing better ownership, thanks in particular to the various visits, meetings and correspondence organized with the central level support. These forums allow an understanding of the responsibilities and therefore the accountability of each partner in the programming



and execution of activities. The use of monitoring instruments such as quarterly and annual reviews made it possible to monitor progress towards the achievement of project objectives. The implementation problems identified are therefore regularly discussed there and the possible solutions to the problems proposed and tested in a concerted manner with all the actors. Here, we must salute the success of the appropriation by the results-based management approach which requires the production and validation of the terms of reference with a budget before the financing of activities. The adoption of this work strategy has facilitated the improvement of the performance of interventions thanks to better ownership of work plans, program budgets, and the results expected by local actors.

Despite the fact that the partnership with state actors has worked well, it is nevertheless necessary to underline certain problems identified which require attention for future programming with the support of the central level. This is particularly the case of the lack of leadership of certain actors at the provincial level who do not capitalize on the various opportunities that arise with a view to pooling them to ensure better synergy for the achievement of the objectives assigned to their operational action plans. In the province of Kasai-Central, for example, most of the DPS and HZ executives trained with the support of the project either at the School of Public Health in Kinshasa or in the various training courses for capacity building have been dismissed of their function and replaced by young executives with no training.

This situation has created the problem of insufficient competent personnel, thus affecting the quality of technical support and the management of health zones. Another problem is the promptness in the execution of certain activities and the production of reports and supporting documents for the funds received. Sometimes the work plan suffered from its implementation due to lack of good prioritization or negligence, often because of the financial interests of certain actors who favor activities that generate more personal benefits. These various delays affected the



financing plan of the activities and entered into the decline in the performance of the project. It is important to point out the persistence of the “health service” vision of the health system instead of public health, which requires more investment in community activities for promotion and prevention. These various governance problems require efforts and monitoring from the central level and particularly from the General Secretariat and the General Health Inspectorate. Another dimension of accountability concerns the promptness of activities both at central and peripheral levels.

One of the great merits of the ASSP and ASSR projects remains the voice given to the community; A key partner in the success of these two projects through the Community Performance Bulletin and the Hotline. These two tools have made it possible to put the community on the negotiating table to improve the offer and the quality of the services offered, but also to improve governance by increasing the accountability of state and non-state actors who intervened in the context of disputes.

In addition to the main state partners benefiting from the projects and the various communities, IMA had to resort to the support of other private, confessional and lucrative technical partners both at the national and international level for the execution of the ASSP and ASSR projects thanks to the way in which the various results were obtained. The differences in management procedures of different organizations was a central issue in the discussions but did not otherwise affect the different results obtained. A more interesting aspect is the partnership developed very recently to reduce management costs is the One Office approach. This approach has been implemented with Sanru since the extension of the ASSR project and has enabled IMA and Sanru agents to share responsibilities and the same workspaces both in the provinces and in Kinshasa and thus reduce the costs linked to the rental of buildings, or logistics. In terms of responsibility, IMA had the lead with the position of Chief of Party while Sanru had the position of Project Manager. In Monitoring and Evaluation, IMA was also the lead with the Director and Sanru the Co-Lead with the Assistant. This approach

## IMPLEMENTING PARTNERS

World Vision	Projet implementation in Nord-Ubangi ASSP
Caritas DRC	Projet implementation in Maniema and Tshopo in ASSP
Sanru asbl	Projet implementation in Nord-Ubangi ASSP
International Rescue Committee	Projet implementation in Sud-Kivu
Interchuch Medical Assistance	Projet implementation in Nord-Ubangi ASSP/ASSR
Adventist Relief Agency	Wash and Covid-19 response
Salvation Army	Covid-19 response
Christian Churches of Congo	Covid-19 response
PRODEK	Nutrition in ASSP and ASSR
CEUM	Nutrition in ASSP and ASSR

## TECHNICAL PARTNERS

BAO	Health Information System using DHIS 2
Pathfinder	Maternal and Child Health
IntraHealth	HR Management
Viamo	Voice and SMS training in Covid-19 response
Presbyterian Church of Congo	Clothing Mask in Covid-19 response
Baptist Church of Congo	Clothing Mask in Covid-19 response

## THIRD PARTY MONITORING

Tulane University	Monitoring and Evaluation ASSR
Hera	Monitoring and Evaluation ASSP

allowed a harmonious and faster work by reducing the waste of time by exchanges between institutions, which follow hierarchy and thus many delays. This experience deserves to be improved and used in future programming.