A MULTI-PHASE EVALUATION OF THE KANANGA PROJECT
IMPROVING THE AVAILABILITY AND USE OF SGBV SERVICES IN CENTRAL KASAI, DRC.
NOVEMBER 2022 | Cady Nyombe Gbomosa, Nished Rijal, Manizha Ashna, Angel M. Foster (University of Ottawa) and Meg Braddock.

BACKGROUND

Since April 2022, Médecins Sans Frontières (MSF) has been piloting the decentralization initiative in the Kamuandu health center (KHC) in Tshikula health zone, with the aim to: 1) Improve access to SGBV care, including contraceptive and abortion care; and 2) Build staff capacity to provide holistic medical support to survivors at the health center level.

This report shares the findings of Phase 1 of a multi-phase developmental evaluation of the decentralization initiative carried out in Kasai central in July 2022. The Phase 1 of this evaluation aimed to evaluate the design and planning of the decentralization initiative for the KHC, and its prospective implementation process.

The Phase 2, planned for Q1-Q2 2023, will assess results achieved.

METHODOLOGY

- MIXED-METHODS APPROACH
- DESK REVIEW and LITTERATURE
- 17 KEY INFORMANT INTERVIEWS
- DIRECT OBSERVATION of OPERATIONS at the KHC

CONCLUSION

The objectives of the Phase 1 evaluation were to appraise the progress of the decentralization initiative, review whether the initiative as designed is likely to meet its objectives and suggest ways to strengthen implementation of the decentralization initiative.

Through this evaluation we have identified a number of specific challenges and opportunities related to project design, the impact of external factors on the project, and the process of implementation. Decentralization in its fullest sense includes decision-making, resource allocation, and service provision and is ongoing process that requires good design and buy-in from all stakeholders. The initiative has made an impressive start but there are number of avenues by which the project team can improve implementation and enhance the relevance, coherence, efficiency, effectiveness, impact, sustainability, and gender and human rights mainstreaming.

FINDINGS

The decentralization initiative’s relevance to the DRC’s and MSF’s SGBV objectives and the multisectoral needs of survivors and community members is high, although only moderate in the Tshikula health zone, given the comparatively low SGBV caseload.

The internal coherence of the decentralization initiative is relatively low; there is a need for more consensus as to what the decentralization initiative is, as well as for dedicated logical framework and resources.

The decentralization initiative package of care aligns with the global standards of MSF OCB but there is a lack of coherence between the government of DRC and MSF’s standards of care protocols and management information systems.

The capacity-building activities and the community mobilization have the potential to be effective though it is not clear whether local health authorities can take over the initiative at the end of the 15-month project timeframe. This short timeframe also means modest prospects for sustainability and impact, though some elements of the initiative have a high probability of replication.

The needs of some sub-populations, including adolescent girls and persons living with disabilities, have not been explicitly addressed.

RECOMMENDATIONS

Detailed recommendations can be found in the report

For the remaining project period, the main recommendation is to review the project design elements with the aim of:

1) Developing a clearer better of the nature and scope of the decentralization initiative;
2) Outlining more explicit criteria for site selection;
3) Harmonizing and coordinating more with national and provincial regulations and approaches; and
4) Developing a post-hoc logical model, making some adjustment to the implementation activities, and using an integrated community approach.

On the project management side, the evaluation team recommends strengthening monitoring and evaluation mechanisms and developing a stand-alone budget for the decentralization initiative.