External Evaluation of the Project: « Mental Health of Panzi Foundation » in South Kivu

Final report

"The content of this report is the responsibility of the evaluator"

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SUMMARY

Acronyms

HA :	**Health Area**
COHD :	**Central Office of the Health District**
HC :	**Health Center**
GRH :	**General Referral Hospital**
PHI :	**Provincial Health Inspection**
HIMT	**Higher Institute of Medical Techniques**
NS	**Nursing Supervisor**
IMT	**Institute of Medical Techniques**
VIN	**Vice Incumbent Nurse**
IN	**Incumbent Nurse**
NCA	**Norwegian Church Aid**
MC	**Medical Care**
DRC :	**Democratic Republic of Congo**
CORE :	**Community Relays/Agents**
NHIS	**National Health Information System**

VSV:	**Victim of Sexual Violence**
HD:	**Health District**

Summary

The Mental Health Project funded by Norwegian Church Aid (NCA) is being implemented by Panzi Foundation and the Provincial Health Inspection (PHI). The project covered the entire Province of South Kivu. This project, being externally evaluated now, started since August 2010.
The overall objective of the Mental Health Project is to improve the psychosocial care management of trauma victims, including the survivors of sexual violence.
The main objective of this study (evaluation mission) is to provide an analysis of the results achieved within the activities already carried out and to enable NCA, Panzi and the Provincial Health Inspection (PHI) to review and compare the methodologies used during the second and third phases in order to guide the strategy/methodology and the activities for the next period of the project (2015-2017).

To achieve this mission, a few lines of thought have been identified and can be grouped into 6 sets of questions:
- How relevant were the project implementation context and the activities planned within the framework of the action? Do the activities meet the expectations of the targeted audience of the project?
- Were the activities under the action framework carried out and what was the achievement level of the project objectives?
- How was the project efficient and what was its impact on all the beneficiaries?
- What are the prospects for the sustainability of the actions initiated within the project framework?
- Based on the different project phases, what are the strategies to be adopted for the further action of the mental health project?

To answer these evaluation questions, the consultant proceeded through the following steps:

- ✓ A scoping of the mission with NCA, Panzi Foundation and the Provincial Health Inspection (PHI).
- ✓ An analysis of the project documents.
- ✓ In-depth interviews with all the stakeholders of the project (NCA, Panzi Foundation, Provincial Health Inspection (PHI), health workers, some community relays that have been trained in mental health, other mental health stakeholders working in South Kivu, etc.)
- ✓ Visits and direct observation of health facilities and reporting tools.

The methodology used for this evaluation was the active and collective participatory method involving all the project stakeholders in the study. This methodology took into account the mission-mandated objectives.

After 5 years of the project implementation, the results are overall satisfactory.

- Based on the interviews and the results observed on the field, the activities carried out have been relevant and they meet the needs and expectations of the target group.
- Almost all of their activities planned and amended during the project implementation were carried out. The vast majority of the targeted objectives were achieved.
- NCA and Panzi Foundation made an efficient choice by involving effectively local partners in the implementation of the activities.
- The impact of the project on beneficiaries is very satisfactory namely the improvement of knowledge and professionalism of health workers in mental health; the awareness of authorities and/or DRC health stakeholders on the need to take mental health into account in the primary health care system; the restoring of family equilibrium of people who are victims of psycho-social disorders; the healing and the regaining of self-esteem of mental health patients; etc.
- According to the interviews, the technical viability of the project is ensured but concerns are still hanging over the project financial viability because of the financial dependency of the Provincial Health Inspection (PHI).

On the other hand, the different stakeholders interviewed have got a good impression on the project realization system as well as the impact of the project on stakeholders and the final beneficiaries of the project.

The following lines of thought and recommendations are made for the improvement and/or the consolidation of the activities initiated by the project as well as the achievements and practices of NCA, Panzi Foundation, Provincial Health Inspection (PHI) and various other partners involved in the project:

Relevant stakeholders	**Recommendations**
DRC State (health authorities)	• Integrate the mental health training module in the initial training of health workers at the Institute of Medical Techniques (IMT)/Higher Institute of Medical Techniques (HIMT) • Recruit and provide the General Referral Hospitals with full time clinical psychologists. Recruit and provide health centers

	with social workers. • Accelerate the integration of mental health into the primary health care system. • Provide the Provincial Health Inspection (PHI) with financial resources for the continuation of mental health in South Kivu and if possible extend the project to the national level.
Panzi Foundation/ Provincial Health Inspection (PHI).	• Harmonize the duration of the trainings in all the health districts (6 effective days) as a minimum. • Train also opinion leaders, pastors/leaders of prayer rooms, traditional healers by using the Community Relays (CORE) training module. Replace the Community Relays (CORE) training by the training of leaders of prayer rooms, traditional healers and opinion leaders. • For the next phase (2015-2017), it is difficult to train the Vice Incumbent Nurse (VIN), the Community Relays (CORE), the opinion leaders, the pastors/leaders of prayer rooms and traditional healers from across the province in the same year. The mission therefore proposes to choose 3 territories for 2015; 2 territories for 2016 and 2 territories for 2017. Nursing Supervisors must be trained in mental health. • Sensitize the Central Office of the Health District (COHD) and the health workers of Kalehe territory on the fact that mental health must not be regarded as an integral activity but rather as an integral part of the health care system. • During the trainings, clearly specify the transportation fees for participants before the beginning of the training. • Motivate service providers, pastors/leaders of prayer rooms, traditional healers through the issuance of certificates, the provision of mental health tee-shirts. Supervisions are also a kind of motivation. • As mental health is included in primary health care, psychiatric medication should be included in the essential drugs list.
PHI	• Intensify supervisions/monitoring. Consider the Nursing Supervisors (NS) of the Central Office of the Health District (COHD) during supervisions (at least 2 supervisions per year) with service providers. • Formalize awareness meetings of Community Relays (CORE), pastors/leaders of prayer rooms and traditional healers through supervisions/followed by the Nursing Supervisors (NS) of the Central Office of the Health District (COHD) with the requirement of sensitization and referral activity reports of

	mental health patients. • During trainings and refresher courses, integrate lessons on reporting, database, use of modem. • During the supervisions, involve all the health care staff, including those who have not been trained. • Sensitize the **MCZ** (**District Chief Doctors**) to accept the integration of mental health • Harmonize/make the reporting documents in mental health identical in all health care facilities. Cases of mental health patients should be included in the health care registry and it should be avoided to have a specific registry for mental health patients. Put in place a list of mental health patients in order to facilitate the tracking and/or follow-up in case of need. • Ensure/make it effective the filling in of referral and counter-referral forms of mental health patients. • Revise/update the training module, coordinate with other stakeholders so as to avoid many modules, because in the end, nurses no longer know which module to use and especially that the Provincial Health Inspection (PHI) is contacted by NGOs for the trainings. • Be more rigorous in coordinating the activities of the stakeholders involved in psycho-social care in South Kivu.
Panzi Foundation	• In order to give more responsibility to the Provincial Health Inspection (PHI) and to ensure the sustainability of the project, the Panzi Foundation might consider a gradual withdrawal during the final (s) year (s) of the project.
NCA	• Provide a consistent funding to cover the 7 other territories that did not benefit from the training of CORE, the Vice Incumbent Nurse (VIN) and the retraining of Incumbent Nurse (IN). • Try to reduce the spaces for the disbursements of funds allocated to the mental health project.

Introduction

This report stems from the external evaluation of the project entitled '**Mental Health of Panzi Foundation'**, funded by NCA. The evaluation mission was conducted on the field in South Kivu from 07 to 27 February 2015 and it is the result of a joint approach between NCA, Panzi Foundation and the Provincial Health Inspection (PHI) which, after 5 years of the mental health project implementation, found it important to have an objective evaluation of the project implementation in order to better pave a way for the next phase so as to provide better care to mental health patients (trauma victims including victims of sexual violence).
Thus, the aim was to make a positive assessment of concrete results of the action carried out during the first 3 phases (setting up the action- quality of intervention, effects and impact, etc.). In addition, it was also to make a comparison of the last 2 phases (2nd and 3rd) of the project in order to guide the fourth phase.

The presentation of results is made on the basis of the information collected that enabled the analysis of the project's design and implementation and has led to the identification of the lines of thought to be explored in terms of recommendations.

NB: The description of the context and project can be found in the Terms of Reference (annexes 4: item 1 and 2) included as an Appendix to this report.

I. Methodology, issues discussed and difficulties encountered

The methodology used by the consultant was the active and collective participatory method. This method took into account the mission mandated objectives. It should be noted that we have chosen a more qualitative evaluation that is better suited to mental health projects.

1. Scoping of the mission, sampling, structures and people interviewed

After selecting the consultant to conduct the evaluation mission, some project documents were electronically forwarded to the evaluator. The interviews via skype between the evaluator and the Senior Officer in NCA Psychosocial Support and Mental Health were conducted. From the first day of the mission to South Kivu, a scoping meeting attended by the representatives of NCA, Panzi Foundation, Provincial Health Inspection (PHI) and the consultant was organized in the NCA premises. The main objective of exchanging ideas was to ensure the understanding and the respect for the terms of reference of the evaluation. Thus, a brief reminder of the activities related to the project as well as to the expectations of the project sponsor in relation to this evaluation mission was made. It was during these exchanges of ideas that were defined the resource persons to meet and the health districts to be visited for the evaluation.

After the scoping meeting, the interview guides duly prepared by the consultant were sent to NCA, Panzi Foundation and the Provincial Health Inspection (PHI). In order to harmonize the exchanges of ideas between the consultant and the key stakeholders of the project, a steering committee that consists of the Senior Officer in NCA Psychosocial Support and Mental Health, the Project Manager of Panzi Foundation and the Provincial Coordinator of PHI (Provincial Health Inspection) for Mental Health Component was put in place. During the field visits, the consultant was accompanied by 2 or 3 people including a member of PHI, a member of Panzi Foundation and sometimes a member of NCA. These accompanying persons have helped to introduce the evaluator to partners and beneficiaries to be interviewed. They did not take part in the interviews in order to ensure a greater objectivity of the evaluation.

The usability testing of data and information collection media provided for in the technical offer of the evaluator was made as the mission was being conducted on the field. Indeed, data collection tools were readjusted on the field depending on the people interviewed. Some answers from the respondents have raised other issues that were not included in the interview guides.

During this evaluation mission, the consultant conducted:
- 40 individual interviews
- 14 collective interviews

- A visit to 10 health districts

The total number of people involved in the evaluation mission is 107. An exhaustive list of people interviewed and structures visited is presented in annexes 2 (detailed planning of the mission). For the interviews with Community Relays/Agents (CORE), the consultant was assisted by a locally recruited translator. At the end of each week, the consultant presented the state of progress of the interviews to the Steering Committee.

2. Documentary Review

The evaluator analyzed the key project documents including:
• The descriptive document of the mental health project (project description);
• The training module in the mental health of health workers;
• The training module in the mental health of Community Relays (CORE)

A complete list of documents consulted is presented in annexes 1. The documentary analysis has enabled the consultant to have a first overview of the achievement level of the action and has taken it into account in the development of data and information collection tools (interview guides).

3. Development of data collection tools and stakeholders interviewed

The choice of tools, the formulation of questions, forms and grids for interview and census were a driving factor to obtain relevant and reliable data on the project. To achieve this, various media have been explored and adapted to each situation (individual semi-structured interviews, collective interviews and observations).

The interview guides were developed based on the type of stakeholders. They are as follows:

• NCA and Panzi Foundation;
• PHI (Provincial Health Inspection);
• Health workers;
• Community Relays/Agents (CORE)
• Direct observations were made on the working documents of health workers (health care registry, the National Health Information System (NHIS), specific list and records of mental health patients integrated by some health facilities).

All the interview guides are presented in annexes 3.

4. Data analysis and restitutions

Information and data collected, ordered and organized in a corpus forming the basis of the analysis have been manually processed.

At the end of the field phase, during a debriefing, the consultant presented the initial results of the evaluation with the representatives of key project partners/stakeholders namely NCA, Panzi Foundation and the Provincial Health Inspection (PHI). This restitution has allowed to obtain their opinions and amendments on the first results of the evaluation. These opinions and amendments have been taken into account in the final analysis of the information and data collected during this study.

Difficulties encountered and the limitations of the evaluation

Frankly speaking, the evaluation mission did not encounter any difficulty as such, but rather a few limitations. These are related to the poor availability/motivation of some stakeholders to be interviewed but with the support of NCA, Panzi Foundation and Provincial Health Inspection (PHI), the alternatives were always found. Another limitation is related to the fact that the evaluator has not been able to meet the grass-roots communities in some areas and some beneficiaries such as the victims of psycho social disorders. The evaluator had prepared interview guides for this targeted audience but during the scoping meeting, NCA, Panzi Foundation and PHI said it was not relevant to meet this targeted audience. Nevertheless, during the meetings with health workers and some community agents, the evaluator has integrated issues related to the impacts of the project on beneficiaries and local communities. Health workers and CORE that were interviewed live with the local communities and are keen to testify the impact of the project on themselves and on their neighbors. A Community Relay/Agent (CORE) member who was interviewed has even been a victim of psychological disorders and she testified about the improvement of her situation. This was the basis on which the impact of the project on direct and indirect beneficiaries was mentioned in this evaluation report. Furthermore, the lack of a baseline/analysis report of the initial needs did not facilitate the measurement of the project results. In addition, as the third phase concerned only one territory, the comparison of the two phases was difficult to make because the results might be linked to the context and other factors.

II. Results of the evaluation

1. Relevance of the project in relation to its implementation context

The measurement of the relevance of the project in relation to the context in which it was launched is essentially about the appropriateness of setting up the project: opportunities and constraints, the needs to be met, the problems to solve and the difficulties to be addressed, the justifications that these problems, needs and difficulties could only be better managed by this project.

Table showing the relevance of the project in relation to the context

Strengths	Weaknesses
Plethora of events causing mental health problems: • Armed conflict/instability since 1996 especially in the East of DRC characterized by mass rapes of girls, women and even men. • Impoverishment of the population; • Disasters (fires, floods, massacres, accidents, etc.) and traumatic diseases. Poor knowledge or ignorance of the population and health workers regarding the needs for support and/or Medical Care in mental health at the time the project was launched. The number of clinical psychologists, psycho-social care workers and/or psychiatrists is very limited.	

Comments on the relevance of the project in relation to its implementation context

The relevance and/or the appropriateness of the mental health project implementation in South Kivu is essentially justified by the excessive presence of events causing psycho-social disorders. Indeed, the socio-economic situation of DRC has gradually deteriorated because of rebellions and armed conflicts.

The 1996-2003 war that DRC has experienced was characterized by mass rapes of girls and women, used as a weapon of war by the belligerents on all sides of the conflict. The activism of armed groups in some areas has continued until the present day. As a consequence of war, there has been an impoverishment of the population. Furthermore, it should be noted the recurrence of disasters (fires, floods, massacres, accidents, etc.), marital conflicts and traumatic diseases such as HIV/AIDS. In addition to the above mentioned elements, there is a poor knowledge or an ignorance of the population as well as of some health workers with regard to the requirements for support and/or mental health care at the time the project was launched.

From the interviews conducted in Lemera and Katana, it was emerged that in the case of rape for example, some health workers were limited only to physical care and they referred victims of sexual violence towards unreliable listening centers managed in most cases by uneducated villagers. In addition, it is important to note the very small number of clinical psychologists, psychosocial or psychiatric assistants that are present in DRC in general and in South Kivu in particular. In view of all these elements, the evaluation mission confirms the relevance of the mental health project in South Kivu.

2. The relevance of key activities carried out in relation to the needs and constraints of the targeted group and the context of intervention.

The measurement of the relevance of the activities consisted in analyzing the quality of these activities and their adaptation to the needs of the targeted public, in the context of DRC in general and of South Kivu in particular.

The table below shows the evaluation of the relevance of the activities

Strengths or aprropriateness	Weaknesses or difficulties	Lines of thoughts and areas for improvement
National protocol for the psycho-social care management and the training module in mental health:		
Though mental health is part of the primary health care system in DRC, it was not yet integrated in the health facilities.	Existence of different training modules in mental health in the province of South Kivu alone.	Consider the use of a same module and update it periodically where appropriate.
Training of health workers:		
Health workers who are in direct contact with most of patients had not benefited from the training in mental health and they allowed patients with psycho-social disorders to escape.	Lack of time allocated to training activities during the 2nd phase. Insufficient number of health workers trained per health facility.	Extend the training of Vice Incumbent Nurse (VIN) and the re-training of Incumbent Nurse (IN) trained in other territories of the province.

Training of Community Relays (Agents):		
The grass root community was unaware that mental health can be ensured by modern medicine/health workers. The community was also unaware of the causes of mental health problems and attributes them to sorcerers, evil spirits and/or a divine punishment. The need for raising awareness among patients and guiding them by the CORE (Community Relays).	Inadequate training and/or awareness raising among opinion leaders, traditional healers, pastors/leaders of prayer rooms that are key players in mental health in the community. Training of the CORE only in a territory.	Consider the training of opinion leaders, traditional healers, leaders of prayer rooms that serve more the populations in the event of mental health problem.
The supervisions:		
The need to ensure that the knowledge acquired by health workers are applied. Personalized support of health workers.	Lack of involvement of Nursing Supervisors and the MCZ (District Chief Doctors) during supervisions.	Consider the involvement of nursing supervisors during supervision in order to ensure the sustainability of this activity after the project. Consider an urgent training of the Nursing Supervisors (**NS**).
Data base:		
Lack of traceability about cases of mental health patients and some cases referred.	Most of Health Centers visited during the evaluation do not report cases of mental health patients. Insufficiency in filling in and/or of the knowledge in the use of the database.	Ensure the notification of cases of mental health patients in health care records. Set up a list of cases of mental health patients in all the Health Centers. Harmonize the statistics received through the 2-

		approaches.

Comments on the relevance of the activities carried out by the mental health project

Based on the documentary analysis and the interviews conducted on the field, the evaluation mission confirms the relevance of the activities carried out within the framework of the mental health project.

From the interviews conducted, it emerged that there was no national protocol for the psycho-social care management, hence the need and the interest for its establishment by the project. Also, this activity has significantly contributed to the urging of the health authorities to take the mental health into account. Regarding the mental health training module, the evaluation mission noted its relevance. However, the evaluation mission found that some health workers were in possession of at least 2 different training modules in mental health but they better appreciate the module that the mental health project has facilitated to put in place. The project contributed to the development of a mental health training module that was validated at the national level as a unique training module of the Health Ministry. It emerged from the interviews that it is UNICEF that finalized the training module and the national protocol for psychosocial care management and this was the source of dissatisfaction of Panzi Foundation that felt deprived of its copyright. This is why the evaluation mission is urging the Provincial Health Inspection (PHI) to be more rigorous in coordinating the activities of the psycho-social care management stakeholders in South Kivu. The Provincial Health Inspection (PHI) should also ensure that only one updated training module is used in the province because the use of multiple modules would confuse health care officers.

The main activity of the mental health project is the training in mental health for healthcare providers (health workers) across the South Kivu province. The relevance of this activity lies in the fact that most of health workers met during the evaluation mission said they had not received such a training and did not take into account the psycho-social component in their activities. On the other hand, the health workers interviewed during the evaluation said the time (2, 3 or 4 days) allocated to training was insufficient and the number of health workers trained per health center (HC) was insufficient and *«in the absence of a trained health worker, mental health patients who would attend the health center might not be treated»*.

That is why the evaluation mission appreciates very positively the mental health project's initiative to re-train the Incumbent Nurse (IN) who have already been trained and to train in addition at least one Vice Incumbent Nurse (VIN) per Health Center. The evaluation mission therefore encourages the mental health project to extend this formula to all the other territories of the province.

In the third phase, the mental health project has trained some Community Agents (CORE) in Kalehe territory and the aim was to sensitize the grass root community on mental health and to promote a referral of mental health patients to health centres. The evaluation mission finds this initiative very relevant because the grass root community ignores the causes of psycho-social disorders and attributes them to sorcerers, evil spirits or even a divine punishment. It emerged from the interviews that this is the source of disagreements between families and/or members of the same family that are accusing each other of being the cause of their misfortune (psycho-social disorders) and/or the misfortune of their parent.

However, based on the analysis of the information collected on the field, the evaluation mission thinks it is more relevant to train pastors/leaders of prayer rooms and traditional healers that are more in contact with the mentally ill and their parents than the CORE. In the event of psycho-social disorders «*the first remedies of people are prayer rooms and traditional healers that sometimes sequester mental health patients.*
It is when they fail that health workers are consulted in last position». Furthermore, people from South Kivu are strong Christians and/or animists and pastors/leaders of prayer rooms, traditional healers are most trusted than Community Relays (CORE) who are also utterly in the grip of religion. In addition, Community Relays/Agents (CORE) are very much requested by a multitude of NGOs and thus encourage the activities of NGOs that give them bonuses. This is why the evaluation mission recommends to the project to give priority to the training of pastors/leaders of prayer rooms and traditional healers that may sensitize people in their turn on mental health and the need to refer to health centers in the event of psycho-social disorders. They could also refer the mentally ill to health centers. It is even better to replace the training of CORE by a training of leaders of prayer rooms and traditional healers. The CORE are very numerous and very much requested for other activities.

The mental health project has integrated the supervision activities of health care providers. According to the information collected during the interviews with different stakeholders and project beneficiaries, the relevance of this activity is justified by the fact that it allows to make sure the knowledge acquired during trainings are well applied by health workers. This is therefore a quality control of the service provided and a personalized support of health workers in mental health care.

In addition, the evaluation mission found that health workers of good will who have not yet benefited from training in mental health and who have been contacted during the supervisions are doing well in integrating mental health in their activities. Indeed, they use documents such as training module, the psychosocial health sheets, they record cases of mental health patients in the health care registry and integrate mental health data in the National Health Information System (NHIS) unlike other officials who have benefited from training in mental health but are less motivated to take mental health into consideration. They require a special bonus because they view mental health as another activity in its own right which must be paid by the mental health project. In view of all of this, the evaluation mission advises the Provincial Health Inspection (PHI) to intensify supervisions by involving the Nursing Supervisors (NS) (joint supervisions) to continue and to ensure a better anchoring of supervision in mental health in the South Kivu province.

The relevance of creating a database on mental health in South Kivu province lies in the fact that there is a lack of traceability on cases of mental patients in the province of South Kivu. This activity promotes also the integration of mental health data in the National Health Information System (NHIS).

The main difficulty encountered by this activity is that most of the Health Centers (HC) visited during the evaluation do not report cases of mental health patients. The evaluation mission has doubts about the reliability of some existing data because some health facilities visited have reported figures in SNIS but are not able to justify/show these data in any health care registry. In addition, there is a lack in the filling in and/or a lack of knowledge in the use of database by some the Central Office of the Health District (COHD). That is why the evaluation mission recommends to the Provincial Health Inspection (PHI) to ensure the notification of cases of mental health patients in the health care registry and to ask the Health Center to establish a list of cases of mental health patients in order to facilitate tracking if need be.

3. Relevance/consistency of the project in relation to the identification, expectations of the targeted public/or group and the implementing strategies.

Strengths	Weaknesses or difficulties
• The project is the result of a team work (Panzi Foundation NCA and PHI)	• Lack of commitment and/or effective involvement of the Central Office of Health

• The main planned activities reinforce the activities that have already been carried out by the local stakeholders (trainings and supervisions) even though the themes are not the same. • The project includes the funding policy of the main donor (NCA) • Matching of most of the activities planned to the objectives according to the opinions expressed. • Involvement of several entities in the project implementation (NCA, PHI, Panzi Foundation, health workers, Community Relays/Agents) • Annual permanent review of the project implementation according to the needs and/or the new realities • The trainings respond to the needs of the targeted groups interviewed during the evaluation. • The recourse to external experts (consultancy missions and/or evaluations...) in order to have an external criticism. • The effective involvement of NCA in the project implementation through monitoring.	District (COHD) in the project implementation. • The spacing/delays in the disbursement of funds allocated to the project.

Comments on the project's consistency/relevance in relation to the identification, expectations of the targeted public and the implementing strategies

The relevance of mental health project, at this level, is measured in several respects. In fact, the project is the result of a team work (Panzi Foundation, NCA and PHI). The main planned activities reinforce the activities that have already been carried out by local stakeholders (the trainings and supervisions were already conducted by the PHI).

During the interviews, almost all the stakeholders testified the matching of most of the planned activities to the targeted objectives and the trainings would meet the needs of the targeted groups interviewed during the evaluation. Furthermore, the involvement of multiple entities in the project implementation (NCA, PHI, Panzi Foundation, health workers, Community Relays/Agents) is a major force for the success of the project. The evaluation also appreciates strongly the strategy of the annual permanent review of the project implementation on the basis of the needs and/or new realities.

In addition, the recourse to external expertise (consultancy missions, evaluations...) to have an external criticism contributes to the optimal achievement of the project objectives. Finally, according to the evaluation mission, the donor's involvement is very relevant in the project implementation through the provision of a staff to monitor the activities carried out by technical partners. According to the mission, the project includes the funding policy of the donor (NCA) and this justifies the funding of this project.

However, the lack of commitment and/or the effective involvement of the Central Office of the Health District (COHD) in the project implementation could prevent the achievement of the objectives. Furthermore, it emerged from the interviews that the spacing/delays in the disbursement of funds allocated to the project partly explain the finalization/getting back to certain activities such as the training module by other stakeholders, and this is the source of dissatisfaction of the project initiator.

4 The evaluation of the concrete results of the work (State of the implementation of the activities and the achievement of the objectives)

The measurement of the effectiveness or the concrete evaluation of the project consisted of analyzing the state of the project implementation (achievement of the project objectives, the situational analysis of the activities carried out in relation to the planned activities and the explanation of the discrepancies observed).
The table below shows the results obtained.

Table showing the state of implementation of the activities and the achievement of the project objectives

Expected results	Planned Activities	Objectively verifiable indicators	States of implementation	Deviations and /or remarks
R1: The trainers on multi-sectoral agreement protocols are trained and available throughout the province.	R1. A1: Training of trainers on psychosocial care management.	Number of trainers trained.	37 trainers trained including 34 physicians heads of districts and a psychologist in the health district of Ibanda.	The 34 MCZ (District Chief Doctors) trained as trainers did not attend the training of health workers.
R2: The health care providers (Nursing Supervisor) are trained and certified in the community as first responders in the health care management of trauma survivors.	R2. A1: Training of health care providers in psychosocial care management.	585 health care providers expected (Nursing Supervisor) to be trained.	819 persons have benefited from the trainings throughout the province.	234 more health care providers trained in relation to the expected indicator.

R3: Health care providers in health centers; community agents are trained and certified as first responders in the health care management of trauma survivors and psychologists from the General Referral Hospital (HGR) have strengthened their skills in mental health.	R3. A1. Training of health care providers and community agents in psychosocial care management. Training of psychologists from the general hospitals.	84 health care providers (Vice Nursing Supervisor) and 200 community relays expected to be involved in the training activities in mental health. Number of psychologists trained.	82 health care providers have been trained as additional people to psychosocial services in health facilities and 200 community agents trained as first responders. 16 psychologists including 9 women have been trained on psychosocial and psychiatric care at the hospital and 3 supervisors have been trained.	2 less Vice Nursing Supervisors compared to the expected indicator.
R4: Health care providers have increased their capacity in providing first aid to trauma survivors.	Retraining of former health care providers.	168 health care providers expected to benefit from retraining.	164 health care providers have benefited from retraining.	4 less health care providers compared to the expected indicator
R5: An effective referral system for community based mental and psychosocial health care is put in place in the South Kivu province.	Setting up of a database in all the health districts.	Number of referral cases from Health Centers Number of	82 cases in 5 health districts were referred from the community to the health centers for health care management (1st semester of 2014)	Some Central Office of the Health Districts (COHD) do not show a mastery of the use of Data. The PHI talks about the lack of airtime communication credits in their modem to send the data

		referrals from CH and General Referral Hospital Number of referrals from the community		
R6: Building the capacities in the documentation of data and monitoring at local and provincial level.	Not defined	Number of reports submitted to the PHI	The database singles out a number of 254 cases already reported by health care facilities (1st semester of 2014)	Most of Health Centers do not report mental health cases

Comments on the project efficiency

As shown in the table above, almost all the activities planned under the mental health project have been carried out. Overall, the implementation process (approach-methodology) has been effective and has contributed to the achievement of the project expectations. The main objective, that is, the integration of psycho-social care management of trauma victims can be considered to have been achieved, in the sense that at least one person from each health facility was trained in mental health and the mentally ill are no longer automatically referred to the counselling centers as it was the case before the mental health project.

Furthermore, the supervisions activities that proved to be very effective on the field were initiated and implemented by the PHI. NCA has lent a vehicle to the PHI in order to facilitate the implementation of this activity.

In addition, at the beginning of the project, a national validation workshop of the psycho-social care management national module with the integration of a minimum package in mental health was organized in Kinshasa for 5 days with the participation of various offices of the ministry (about 20 people) in collaboration with the university of Kinshasa, Kinshasa PHI and the general hospitals. This activity has raised awareness among the DRC health authorities and this has been considered in making the decision of integrating effectively mental health into the primary health care system in DRC.

5. Project efficiency

The measurement of the project efficiency has to do with the use of financial and material means and human resources for the achievement of the expected results.

Strengths	Weaknesses or difficulties
• The involvement of local partners for the implementation of activities ensures not only the sustainability of the project but is also beneficial in terms of efficiency • Use of internal and/or local trainers • Refusal to provide specific bonuses in relation to mental health	• The 34 MCZ (District Chief Doctors) trained as trainers did not train health care providers and apart from the sensitization of these MCZ (District Chief Doctors) on mental health, the benefit of their training is not tangible. • The training of Community Relays/Agents (CORE) that does not produce a very good result

Comments on the efficiency of the mental health project

At this level, on the basis of the information collected from NCA, Panzi Foundation, PHI and the analysis of project documents, one can say that the project has been efficiently managed. The employment of local staff (all personnel directly involved in the project implementation on the field), the recourse to local and/or internal trainers have been beneficial to the mental health project. The refusal of the project to give specific bonuses to health workers who are claiming them, is to be greatly appreciated because it is very beneficial and it ensures the sustainability of the project. However, the main non-beneficial element to be reported is the training of 34 MCZ (District Chief Doctors) as trainers and the training of Community Relays/Agents (CORE).

6. Project sustainability

The evaluation of the project sustainability is about the sustainability prospects of the activities initiated at the end of the project on the financial, technical and institutional plan as well as the degree of ownership of the activities by local partners.

Strengths	Weaknesses	Potentialities
• Strong involvement of the civil society (Panzi) and State structures (PHI) in the project implementation • Some activities were already carried out by local partners (supervision, training) • Involvement of health workers (training) • Involvement of the grass root community (CORE) in some areas • Integration of the mental health component in the National Health	• Financial dependency of the PHI • The lack of commitment and motivation of some Central Office of the Health District • The lack of commitment and motivation of some nurses that expect support (specific bonuses) for mental health • Possible departure of a some trained	Intensification in awareness raising Effective involvement of the Central Office of the Health District (Nursing Supervisor) in the project activities.

Information System (NHIS)	nurses • The extreme poverty of most people suffering from mental illness that are not able to pay the fees for consultations and/or medicines where appropriate • Persistence of beliefs according to which mental illness is a matter of crazy people, evil spirits...	

Comments on the sustainability of the mental health project

The prospects for the sustainability of the mental health project are based on the involvement of local structures. Indeed, the project builds on structures (PHI for example) that already existed and some of these structures have already conducted activities within the mental health framework. Support and/or training activities for local partners have thus been developed by the action. The project has also employed the local staff that will remain in the South Kivu province even after the project. The involvement of health workers (training) and the grass root community (CORE) in some areas and the integration of mental health component in the National Health Information System (NHIS) participate strongly in the continuation of the activities that were initiated. The project therefore is not facing the difficulties of technical viability because the local stakeholders are taking ownership of the project activities.

However, some barriers that may hamper the project sustainability are not to be neglected. This consists basically of financial dependency of the Provincial Health Inspection (PHI) that may not be able to continue the activities after the funding of NCA. In addition, there is a lack of commitment and motivation of some Central Offices of the Health District and nurses that expect to benefit from mental health care (specific bonuses). During the interviews, some stakeholders interviewed raised the possibility of departure for some trained nurses but this element is to be put into perspective because the nurses that are transferred remain in the areas covered by the project and will be able to continue the psycho-social care management of trauma victims. Another element that may adversely affect the sustainability of the mental health project is the extreme poverty of most mental health patients who cannot afford the consultations fees or the

medicines, and the persistence of the belief according to which mental illness is a matter of the crazy, evil spirits...

As a possible line of thought, the evaluation mission proposes the effective involvement of the Central Office of the Health District including the Supervising Nurse in the implementation of the activities, more particularly in the supervisions and reporting, and the intensification of awareness sessions for grass root community so that the later understands the real reasons of psycho-social disorders and the need to attend health facilities in case of need.

7. Effects and/or impact of the action

The evaluation of the project impact consisted in analyzing and/or identifying the noticeable effects on the target group (psycho-social trauma victims, health workers and/or stakeholders, etc.) and indirect beneficiaries (families/parents and population of the covered areas) of the project. It should be noted that the information relating to the project effects was collected among health workers and Community Relays/Agents (CORE) interviewed during the evaluation. Furthermore, the consultant has repeated several times the cases mentioned in order to ensure the truthfulness of what is said. The consultant was able to observe some patients with psychological disorders on the field and has even looked at pictures of people suffering from mental illness, which were taken before and after the project action particularly in Uvira. It should be noted that some nurses and CORE have close relatives who have been victims of psychological disorders. One CORE interviewed has been himself a victim of psychological disorders.

The table below presents the outcomes/impacts of the project

Target/beneficiaries	Desirable outcomes	Undesired outcomes
People traumatized and/or mental health patients	• Healing and retrieving of a sense of self-esteem among some patients with psychological disorders • Improved acceptance of victims of psychological disorders by their families and communities	Stabilization of patients who are in need.
Health workers	• Improvement of knowledge and professionalism of health workers in the area of mental health • Improvement of the conduct to be	• Frustration of health workers who did not receive mental health training.

	respected towards patients with psychological disorders • Reduced wasteful use of drugs (paracetamol...) for patients with psychological disorders • A change in the behavior of some service providers and trained CORE. Their know how to live with others has improved and this for preventing their close relatives from having psycho-social worries.	• Frustration of trained health workers regarding the lack of medicines for health care management/stabilization of needy patients.
Parents and people in the targeted areas	• Clearing the myth that surrounds people presenting psychological disorders • Restoration of the family balance among the families of mental patients. • Reduction of the stigma of mental patients • Improvement of peaceful cohabitation of the inhabitants from a same village that could accuse each other of being the cause (sorcery) of the degradation of the mental situation of a parent.	
DRC Health authorities	• Growing awareness of DRC authorities or health stakeholders on the need to take mental health into account in the primary health care system.	
The CORE	• Growing awareness of some CORE on the referral need of people presenting psychological disorders to health facilities.	• Frustration of the CORE that did not benefit from the Health District (HD) training (Minova, Kalehe) where some CORE were trained.

Comments on the project outcomes

The impact of the project «mental health of Panzi Foundation» is very satisfactory. This is observed through the results achieved. The first element that is highly visible is the growing awareness of health authorities in DRC regarding the need to effectively integrate mental health into the primary health care system. Concerning the National Health Information System (NHIS), the mental health component is already existent.
Among some trauma victims and/or presenting psychological disorders, the healing and the retrieving of self-esteem are tangible. Here is the story of a health worker on a case of trauma victims that was medically supported by the Health Center: «*A woman lost several members of her paternal family during a fire outbreak. She went to attend funeral and on her return, she found that her husband was accused of dating the wife of the neighbor who came to burn their yards and her husband was kicked out. The woman was traumatized but with our psycho-social support (advice/talk) on several occasions, the woman recovered her balanced mood and she has no longer any problem. Before the start of a project, we did not know that our simple words could heal someone».*

Several positive effects are noted at the level of health workers who are the main targets of the mental health project. We can mention the improvement of knowledge and professionalism among health workers in the area of mental health, the improvement of the conduct to be respected towards mental health patients. Another effect that was reported by almost all health workers is the reduced wasting of drugs. Indeed, for example, health service providers who had not any knowledge of mental health distributed repeatedly medicines (paracetamol) to mental health patients (victims of essential headaches) who weren't however in need of them. But with the knowledge acquired during the trainings, these health service providers are saving drugs. Another effect of the project among some health workers is the change of behavior among the beneficiaries of the training on the knowing-how-to live with others so as to avoid psycho-social concerns to their close relatives.

Concerning the families and/or communities in the areas targeted by the project and especially in the areas where the CORE were trained, effects such as the breaking of the myth surrounding mental health patients who were considered as being crazy, cursed by God, were also observed etc. There is also the restoration of the family balance in the families of mental health patients, the reduction of stigma for mental health patients, and the improvement of peaceful cohabitation of people living in a same village that could accuse each other of being the cause (sorcery) of the degradation of a parent's mental situation.

Among the CORE who have benefited from the mental health training, the main effects are the improvement of their knowledge in mental health and the growing awareness on the referral need of mental health patients to health facilities.

However, some undesirable outcomes have been mentioned during the interviews. This is the frustration of other health workers and other CORE that did not receive training in

mental health. Some health workers interviewed during the evaluation and that have benefited from the mental health training have expressed their frustration about the absence of drugs for people suffering from psycho-social illness such as the epileptics that are widespread across the province.
Furthermore, the evaluation mission also expresses concern that health workers can exaggerate in their interpretation of mental health symptoms and they can release somatic/physical health patients.

8. Comparison of the second phase to the third phase and the direction for the next phase.

	Second phase (training of an Incumbent Nurse per health facility throughout the South Kivu province: 819 people trained)	Third phase (Training refocused only in Kalehe territory: 82 Vice Incumbent Nurse trained, 200 CORE trained and 168 Incumbent Nurse retrained)
Advantages	• Sensitization of all health facilities on mental health. • Promotes the consideration of mental health harmonization in the province. • Promote the integration of mental health into the primary health care system throughout the province.	• Affect more staff in a Health Center and enable health care management of a patient suffering from psychological disorders in the absence of a trained health worker. • Possible improvement of mental health culture in the grass root community of the concerned territory. • Promote the sustainability of the mental health activity in the health area. • The time allocated to trainings was more sufficient (6 days in Kalehe and 4 days in Minova)
Disadvantages	• Require more resources (financial, human and material) for its implementation • In the event of departure/absence of a trained Incumbent Nurse, there is no longer a well-equipped health worker in	• Runs a risk of disappearing when the funding stops because it concerns only a part of the province and the PHI does not have the means to reach other Health Districts (HD) that are not-beneficiaries of the training after the funding of NCA. • Increase the feeling of health care providers to have an additional

	mental health. • The time allocated to trainings was very much reduced. (2 or 3 days)	activity, giving rise to the claim for additional bonuses because all the health facilities in the province are not concerned. • Does not promote the consideration of mental health in the National Health Information System (NHIS) since only a part of the province is concerned.

Comments on the comparison between the second phase and the third phase

First and foremost, it should be noted that it is difficult to draw a comparison between the 2nd and the 3rd phase of the project based on the results obtained in the different areas served by the project because contexts differ from one area to another, and several other factors may explain the results obtained in each area. In Kalehe territory for example where the project was refocused on the 3rd phase, the project embedment is not better than in Uvira which has benefited from the 2nd phase, but this is largely explained by the lack of motivation among the Central Office of the Health Districts (COHD) and health workers to integrate mental health into their activities in Kalehe territory. Most of health care providers interviewed in Kalehe territory (HD of Kalehe, HD of Minova) think that mental health is a full activity which must be paid. The evidence for the lack of commitment among health workers from Kalehe territory is that during the evaluation in this territory, the attendants were sometimes obliged to carry health workers with the vehicle for collective interviews because these health workers are not motivated to move for the purpose of mental health activities. However, in areas not concerned by the 3rd phase, health workers responded positively to the invitation to attend collective interviews. In addition, out of 7 health centres visited in Kalehe territory, only one Health Center has shown a health registry where cases of patients with psychological disorders have been notified. The table above lists the advantages and disadvantages of the last 2 phases of the project. Each phase has strengths and weaknesses.

However, in an identical context, it is obvious that the refocusing of the activities in a given area is more effective and would result in more satisfactory results. That is why the evaluation mission proposes that the project activities, for the following phase (2015-2017), should be refocused in 3 territories in 2015, 2 territories in 2016 and 2 territories in 2017 in such a way that all the territories of South Kivu province benefit from the activities carried out during the 3rd phase of the project, namely the retraining of Incumbent Nurses who have already been trained, the training of, at least, one Vice Incumbent Nurse per Health Center and the training of the Community Relays/Agents

(CORE). The evaluation mission proposes to train also pastors/leaders of prayer rooms and traditional healers who are also in direct contact with the populations and who are the first people to make recourse to in case of psycho-social problems. For the next phase, the evaluation mission also suggests an intensification of supervisions by involving the Nursing Supervisor.

According to the information collected during the evaluation, the supervisions have proved to be very effective in terms of anchoring and sustainability of mental health project activities.

III. Conclusions, lessons and overall evaluation

At the end of the 5 years of the implementation of the project «mental health of Panzi Foundation», the results are generally satisfactory with regard to the elements and the findings of the analysis after the evaluation mission. Most of the activities planned within the framework of the project and amended during the project implementation have been carried out. A number of set objectives have been or are in the process of being achieved. Indeed, the impact of the project on beneficiaries is satisfactory. There is a greater awareness of DRC health authorities on the need to effectively integrate mental health into the health care system. According to the information collected from health workers and the CORE interviewed during the evaluation, the population of the areas concerned by the project begins to understand the real reasons of psycho-social disorders and they are promoting thus the reduction of the stigma of mental health patients and the attendance of Health Centers by mental health patients has increased since the implementation of the project.

The impression of different stakeholders (technical partners, institutional partners, health workers) on the project implementation system is good.
The work with local stakeholders and the integration of certain activities (supervisions, reporting system), have made a significant contribution in promoting the achievement of the project objectives, in establishing an adequate professionalism within some health facilities, thus ensuring effective sustainability of the action started on the technical level.
The participation of the project in the development of mental health training modules has greatly promoted the training of health workers and the CORE.
However, some project weaknesses inherent in the fragility of local partners (PHI) from the financial point of view, the difficulties associated with the work in synergy of all mental health stakeholders of South Kivu, the lack of commitment and/or motivation of some health workers, particularly in Kalehe territory were identified but are not really likely to jeopardize the future actions of the mental health project.

IV. Recommendations

In order to improve and/or consolidate the activities initiated by the project as well as the achievements and practices of NCA, Panzi Foundation, PHI and other partners involved in the project, and of the implementation of the fourth phase (2015-2017), the following lines of thoughts and recommendations were formulated by the mission:

Relevant stakeholders	Recommendations
DRC State (Health authorities)	• Integrate the mental health training module in the basic training of health workers at the Institute of Medical Techniques (IMT)/Higher Institute of Medical Techniques (HIMT). This will enable to continue to take mental health into consideration because the project cannot train health workers ad vitam aeternam. Furthermore, a training of health workers in schools (IMT/ HIMT) will facilitate the awareness of health workers on the issue of mental health and will contribute to reduce the fact that health workers perceive mental health as another full activity and claim for specific bonuses. • Recruit and provide full time clinical psychologists to the General Referral Hospital. HEARTLAND ALLIANCE INTERNATIONAL provides intern clinical psychologists to the General Referral Hospital for a period of 11 months each but it seems that the HEARTLAND project will end in 2015 and there is a risk that these trainees may not be present in the General Referral Hospitals. Recruit and provide social workers to health centers. • Speed up the effective integration of mental health into the primary health care system. In some Health Centers visited, mental health is still not well integrated, as evidenced by the non-reporting of cases of patients with psychological disorders in the health records and the National Health Information System (NHIS).
Panzi Foundation/PHI	• Harmonize the duration of trainings at least in all the health districts (6 effective days). The evaluation mission found that the duration of the trainings differs from one health district to another and yet it is the same training module that is used everywhere. • Also train opinion leaders, pastors/leaders of prayer rooms, traditional healers by using the training module of CORE that could be adapted to this audience as well. According to the information collected during the evaluation, the first recourse of patients with psychological disorders are prayer rooms and traditional healers. These can therefore better sensitize the populations and refer these patients to Health Centers. Replace the training of CORE by the training of leaders of prayer rooms, traditional healers, and opinion leaders. • For the next phase (2015-2017), it is difficult to train the Vice Incumbent Nurse (VIN), the CORE, opinion leaders, pastors/leaders of prayer rooms and traditional healers from across the province in the same year. The mission therefore proposes to choose 3 territories for 2015; 2 territories for 2016 and 2 territories for 2017. The Nursing Supervisors must benefit

	(be included) from the trainings in mental health. • Sensitize the Central Office of the Health District and health workers from Kalehe territory on the fact that mental health must not be regarded as a full activity but rather as an integral part of the health care system. • During the trainings, clearly specify the transportation costs to participants before the beginning of the training and this could prevent the frustrations of trained people who could expect larger amounts. • Motivate health care providers, pastors/leaders of prayer rooms, traditional healers through the issuing of training certificates, provision of mental health-tee-shirts. Supervisions are also a kind of motivation. Some health workers are claiming for a specific bonus but the mission believes it is not advisable to give a specific bonus (money) because this can adversely affect the continuation of the activities after the project. Mental health is an activity planned for an unlimited period of time since the causes of psycho-social disorders cannot disappear in one day. • Carry out advocacy activities so that the national health policy can be revised in relation to mental health.
PHI	• Intensify supervisions/monitoring. Consider the Nursing Supervisors of the Central Office of the Health District during the supervisions (at least 2 supervisions per year) among health providers. This will facilitate the final integration of the supervisions of mental health activities by the Nursing Supervisors who will make them their own. • Formalize the awareness sessions of the CORE, pastors/leaders of prayer rooms and traditional healers through supervisions/followed by the Nursing Supervisor of the Central Office of the Health District with the requirement of reports for the awareness and referral activities of mental health patients. • During trainings and retraining, lessons should be integrated in the reporting, the database, the use of the modem because some Nursing Supervisors met during the evaluation do not have a mastery of how to fill-in the database and to use the modem. • During the supervisions, all health-care personnel including those who have not been trained should be involved. The mission found that some health workers that have not benefited from trainings in mental health but who benefited from the supervisions are well integrating mental health into their work (report of cases of mental health patients in the health care registry). • Sensitize the MCZ (District Chief Doctors) to accept mental health integration. Some MCZ (District Chief Doctors) are less motivated and this discourages health workers from the concerned health districts. • Sensitize also medical directors of the general referral hospitals.

	• Harmonize/make the reporting documents on mental health identical in all health facilities. Cases of patients with psychological disorders must be included in the health care registry and it should be avoided to have a specific registry of patients with psychological disorders. Just put in place a list of health mental patients in order to facilitate tracking and/or follow-up if need be. • Respect/ fill in effectively referral and counter referral sheets of patients with psychological disorders • Revise/update the training module, coordinate with other stakeholders in order to avoid many modules, because at the end, nurses no longer know which one to use and especially that for trainings, the PHI is contacted by NGOs • Be more rigorous in coordinating the activities of the psycho-social care management stakeholders in South Kivu • As mental health is included in primary health care, psychiatric medication should be included in the list of essential drugs
Panzi Foundation	• In order to give more responsibility to PHI and to ensure the project sustainability, Panzi Foundation might consider a gradual withdrawal during the last (s) year (s) of the project.
NCA	• Make a significant funding available for the coverage of the 7 other territories that have not received the CORE, Vice Incumbent Nurse training, and the Incumbent Nurse retraining. If the proposal to cover 3 territories for health care for the year 2015 and the training of opinion leaders, pastors/leaders of prayer rooms and traditional healers is retained, the 2015 budget must be bigger compared to the next 2 years where the project will cover 2 territories per year. • Try to reduce the spacing for the disbursements of funds allocated to mental health project.

V. Annexes

1. Bibliography or documents consulted (annexes 1)

- The descriptive document of (project description) the mental health project;
- The training module in the mental health of health workers;
- The training module in the mental health of the CORE
- The project proposal 2014
- The psycho-social health form
- The logical framework of the project 2014
- The project report for 2012-2013

2. Detailed planning of the evaluation mission activities (annexes 2)

Date	Activities
9 February 2015	▪ Scoping meeting of the evaluation mission with the main stakeholders of the project (NCA: 3 representatives); PHI: 5 representatives and Panzi Foundation: 1 representative.
10 February 2014 ??	▪ Group interview with 06 health workers from the health district of Kadutu including the Incumbent Nurse of the Health Center of 8th CEPAC Buholo II; the Incumbent Nurse of Bishop Mulindwa Health Center; the Incumbent Nurse of CBCA Nyamwro Health Center; the Incumbent Nurse of Funu Health Center; the Incumbent Nurse of Maria Health Center and the Incumbent Nurse of Cimiri Health Center. ▪ Group interview with 2 representatives of the PHI, the mental health national programme, coordination of the South Kivu including the provincial coordinator and a psychologist clinician in charge of training and monitoring. ▪ Establishment of the steering committee consisting of one member of each stakeholder (NCA: Dr. Rachel ;) PHI: Dr. Dévote and the Panzi Foundation: Mr. Masheka ▪ Individual interview with the Health Center Incumbent Nurse of SOS Hermann Gmmener ▪ Individual interview with the Health Center Incumbent

	Nurse of Uzima ▪ Individual interview with the head of mental health project of Panzi Foundation
11 February 2015	*NB: Most of the Incumbent Nurses from Katana have benefited from several EAC trainings in mental health.* ▪ Collective interview with 11 health workers in the health district of Katana including the MCZ (District Chief Doctors) of Katana; the Incumbent Nurse of IHIMBI Health Center; the Incumbent Nurse of Mugeri Health Center, the Incumbent Nurse of Ihimbi Health Center; the Incumbent Nurse of Izimero Health Center; the Incumbent Nurse of Iko Health Center; the Incumbent Nurse of Irambira Health Center; the Incumbent Nurse of Kabushwa Health Center; the DM of HGR (General Referral Hospital) Fomulac; a nurse from General Referral Hospital Fomulac ▪ Individual interview with the psychologist clinician of HGR Fomulac ▪ Individual interview with the Incumbent Nurse of Mushweshwe Health Center (did not benefit from the training of mental health project of Panzi Foundation) ▪ Individual interview with the Incumbent Nurse of Nuru Health Center.
12 February 2015	▪ Collective interview with 6 health workers of the health district of Mwana including the Incumbent Nurse of Itendula Health Center; the Incumbent Nurse of Kakwende Health Center; the Incumbent Nurse of Luciga Health Center; the Incumbent Nurse of Luduha Kalamo Health Center; the Vice Incumbent Nurse of Mulambi Health Center and the supervisor/trainer of the Central Office of the Health District (COHD) from Mwana ▪ Individual interview with the Incumbent Nurse of Kashadu Health Center (did not benefit from the training of mental health project of the Foundation ▪ Individual interview with the Incumbent Nurse of Ifendula Health Center
13 February 2015	▪ Collective interview with 6 health workers from the

	health district of Kaziba of which the Incumbent Nurse of Mulambi Health Center; the Incumbent Nurse of Mushenyi Health Center; the Incumbent Nurse of Kaziba Health Center; the Incumbent Nurse of Buzonga Health Center; the Incumbent Nurse of Kaziba Health Center; the supervisor of the Central Office of the Health District (COHD) Kaziba ▪ Individual interview with the Incumbent Nurse of Cirimiro Health Center ▪ Individual interview with the Incumbent Nurse of Namushwaga Health Center ▪ Individual interview with the Incumbent Nurse of Kasheke Health Center
14 February 2015	▪ Individual interview with the Medical Director of Panzi hospital
16 February 2015	▪ Start in the Health District of Kalehe ▪ Individual interview with a Community Relay of Lushebere health area ▪ Individual interview with a community relay (woman) of Kabumbiro health area ▪ Individual interview with a community relay of Luzira ▪ Individual interview with the Incumbent Nurse of Kalehe Health Centre ▪ Individual interview with the Vice Incumbent Nurse of Kalehe Health Centre
17 February 2015	▪ Collective interview with 7 community relays of Kalehe Health District including 3 community relays of Kashekei, one community relay of Cibanza, one community relay of Burhimano, one community relay of Ihusi and one community relay of Mungu Ahwere ▪ Collective interview with 5 health workers in the health district of Kalehe including 2 nurses of the general referral hospital of Kalehe, the Incumbent Nurse of Luzira Health Centre, the Incumbent Nurse of Kasheke Health Centre, the Incumbent Nurse of Tchofi Health Centre ▪ Individual interview with the Incumbent Nurse of Muhongoza health centre ▪ Individual interview with the Vice Incumbent Nurse of Muhongoza health centre.

18 February 2015	▪ Individual interview with the Vice Incumbent Nurse Bushushu health center. ▪ Individual interview with the Incumbent Nurse of Lushebere health centre ▪ Individual interview with the Vice Incumbent Nurse of Lushebere health centre ▪ Start on Minova ▪ Group interview with 7 health workers of Minova health zone including the Incumbent Nurse of Kishinji health centre, the Vice Incumbent Nurse of Minova health centre, the Vice Incumbent Nurse of Bwisha health centre, the Incumbent Nurse of Buhumba health center, 2 nurses of the general referral hospital of Minova and the Incumbent Nurse of Bobandana health centre ▪ Group interview with 7 community agents of Minova health district including 3 community relays of Minova health area, 3 community relays of Bwisha and one community relays/agents of Kishinji.
19 February 2015	▪ Individual interview with one community relay (women) of Minova Health District/ health area of Minova Avenue du lac. ▪ Individual interview with one health relay of Minova health district / Kalere health area ▪ Individual interview with a midwife of Bulenga health centre / Minova health district ▪ Individual interview with the Vice Incumbent Nurse of MUTCHIBWE health centre/Minova health district ▪ Individual interview with the Incumbent Nurse of MUTCHIBWE health centre/Minova health district
20 February 2015	▪ Individual interview with a nurse of Kalungu hospital center ▪ Return to Bukavu
21 February 2015	▪ Travel to Miti Murhesa ▪ Group interview with 8 health workers of Miti Murhesa health district including the Incumbent Nurse of Mulunsu Health Center, the Incumbent Nurse of

	Buhanda Health Center, the Incumbent Nurse of Covubo Health Center, the Incumbent Nurse of Mushungurhi Health Center, the Incumbent Nurse of Itara Health Center, the Incumbent Nurse of 8th CEPAC Kabuga, the Incumbent Nurse of Mvuanzo Health Center, the Incumbent Nurse of Cibumbira Health Center. ▪ Individual interview with the Vice Incumbent Nurse (has not been trained) of Saint Pius X Nurhesa Health Center ▪ Individual interview with the Vice Incumbent Nurse from the Health Center of CECA4 Kalwa/ZS Nurhesa
23 February 2015	▪ Individual interview with the Senior Officer in Psychosocial Support and Mental Health of NCA ▪ Start on Ruzizi ▪ Group interview with 7 nurses of Ruzizi Health District (HD) including the Incumbent Nurse of Kigoma Health Center, the Incumbent Nurse of Nazareno Health Center, the Incumbent Nurse of Kiliba Health Center, the Incumbent Nurse of Kagando Health Center, the Incumbent Nurse of Sange CEPAC Health Center, the nurse supervisor of BCZ in Ruzizi, one nurse of the Ruzizi General Referral Hospital ▪ Individual interview with the Incumbent Nurse of Sange State ▪ Start on Uvira
24 February 2014	▪ Group interview with 06 health workers of Uvira health district (HD) including the Incumbent Nurse of Kavinvira, the Incumbent Nurse of Kalundu Catholic, the Incumbent Nurse of Kalundu CEPAC, the Incumbent Nurse of Rombe, a nurse of Kala SOS, a nurse of Kasenga General Hospital ▪ Individual interview with the Nurse Supervisor of Uvira Central Office of the Health District (COHD) ▪ Individual interview with a nurse who is responsible for internal medicine and in charge of mental health ▪ Individual interview with the Incumbent Nurse of Kalundu State ▪ Individual interview with the Incumbent Nurse of Kabindula Health Center.

25 February 2015	▪ Return to Ruzizi ▪ Individual interview with the nursing supervisor of Ruzizi ▪ Start on Lemera ▪ Group interview with 6 health workers of the health district of Lemera including the Incumbent Nurse of Mirungu, the Incumbent Nurse of Bwegera, the Vice Incumbent Nurse of Kagaragara, the Incumbent Nurse of Luvungi II, the Incumbent Nurse of CSR of Luvungi I, the Incumbent Nurse of Lubarika CSR ▪ Individual interview with Lemera MCZ (District Chief Doctors)
26 February 2015	▪ Individual interview with a project manager of Heartland international ▪ Individual interview with an attending physician of SOSAME ▪ Group interview with the CEA coordinator and the Director of Louvain development
27 February 2015	▪ Restitution or debriefing of the first results of the evaluation in the presence of the 4 representatives of NCA, 3 representatives of the PHI and 4 representatives of Panzi Foundation.

3. Interview guides (annexes 3)

The questions have been adapted to each person interviewed based on his role and involvement in the project.

NCA and Panzi Fondation:

- Could you briefly describe the activities carried out in South Kivu?
- What is your role and involvement in the mental health project of Panzi Foundation?
- Could you briefly describe the implementation of the mental health project: partnerships, each other's role, work organization, and the assignment of tasks,

funding arrangements for the structures of project partners, monitoring and planning tools put in place, the difficulties encountered?

- What is the state of your working relationships and coordination of actions with other structures involved in GBV (mental health)?
- What are the factors of progress or factors contributing to the slowing down of the mental health project?
- Have the initially intended actions of the project undergone changes and/or reorientations? If yes why and what were the new strategies adopted?
- What is your opinion about the direct and indirect effects of the project on beneficiaries?
- What are the strengths and weaknesses of the mental health project in South Kivu?
- Is there any formal provincial network for fighting against GBV and especially mental health component? If yes, how does it function? If no, why according to you? Do you think it will be possible to consider the establishment of such a network? What can be the strengths and weaknesses of such a network?
- What do you think about the piloting of the project (management, partnership and human resources management, financial monitoring...). What are the areas to be strengthened in the future?
- What are the effects of other actions in the country on the implementation of the mental health project?
- Based on the analysis of the documents in my possession, I realize that you have worked a lot with local partners including in the training of health workers. What do you think of the future (sustainability) of the activities initiated within the project framework?
- What do you think of the capacity of the State structures to fight against GBV and in particular mental health care measures in South Kivu to carry out properly their activities?
- Did you receive trainings within this mental health project framework? If yes, which ones and what was the interest of these trainings? Do you have any other training needs in the field of mental health? If yes which ones and why?
- According to you, what can be the priorities of NCA and Panzi Foundation within the mental health project framework for the years to come regarding the psycho-social care management of victims of violence?
- What are the areas to be given more preference and why?

- Which comparison (effectiveness, efficiency, sustainability, effects) do you make between the last 2 phases of the mental health project :

- (The 2nd phase where the project has enabled to train 819 incumbent nurses from all the structures of the province and District Chief Doctors have been sensitized to assume ownership of the project and the PSNR involved)
- The 3rd phase where trainings concerned the only territory of Kalehe

- Why the choice of Kalehe for the final phase?
- Based on the experience of these 2 phases, for the next phase of the project (2015-2017), what strategies would you propose? Justify the choice of this strategy.
- According to you, what can be the priorities of NCA and of Panzi Foundation within the mental health project framework for the years to come regarding the psycho social care management of victims of violence?
- What are the localities/areas to be given more preference and why?

Provincial Health inspection:

- Could you briefly describe the actions developed by the DRC State in the fight against GBV? (History of violence in DRC)
- Could you briefly describe your activities in the fight against GBV in general and in particular in the mental health component before the mental health project of Panzi?
- What are the factors of progress or factors contributing to the slowdown of psycho social care management of victims of violence in South Kivu?
- What is your role and implications in the mental health project of Panzi Foundation?
- What do you think of the relevance of the activities carried out within the framework of the health project?
- What are the strengths and weaknesses of this project? What are the strategies developed to avoid difficulties related to the project implementation?
- What is the added value of the mental health project of Panzi Foundation with regard to the support to victims of violence in South Kivu?
- Have you received trainings within the mental health project framework? If yes which ones? What is the contribution of these trainings? Do these trainings meet your expectations regarding psychosocial support of persons with mental health problems?

- Do you have any other training needs in mental health? If yes which ones?
- We know that South Kivu is not always stable (armed conflict, population displacements).

What are the strategies developed to meet the expectations of the population in terms of psycho social support for victims of violence within this context of instability?

- What do you think of the developments of the situation regarding the health care management of people with mental health problems in South Kivu?
- What are the effects of the actions carried out by the mental health project on the population?
- What do you think of the collaboration between State structures and the civil society regarding the health care management of victims of violence? (consistency, difficulties, possible solutions)
- What is the status of ownership of the project actions by health workers?
- What is the guarantee of the project impact in the long run?
- What are the (technical and financial) prospects for the sustainability of actions carried out in the project framework?
- What are your possible suggestions and proposals for the success of the mental health project in South Kivu?
- You have to conduct some supervisions in some areas targeted by the project. According to you, what is the added value of these supervisions?
- Do you have any questions to ask me or other elements to add?

Trained doctors and nurses within the project framework:

- What do you know about mental health (definition in 10 words)?
- Have you been trained on mental health during your basic training as a physician/nurse?

- Apart from the mental health project of Panzi Foundation, have you received trainings on mental health? If yes which ones?
- Have you received training within the mental health project of Panzi Foundation? If yes which ones? Are these trainings are adapted to your needs regarding health care management of mental health patients? Do you need other trainings in mental health? If yes which ones?
- What are the interest and contributions of these trainings in carrying out your job? What has changed in your daily practices in relation to the trainings received?
- Do you come across mental health cases among the patients you receive? Which ones for example and how do you proceed based on the cases you receive?
- How do you combine physical health care and mental health care management?
- How do you get cases of mental health patients? (By themselves, by referrals, etc.)
- What are the immediate effects of the trainings received on the population of your health area?
- Could you show me your health registry (Medical care verification of cases of mental health patients)?
- Have you been supervised in the mental health project of Panzi Foundation? If yes what is the merit and the contributions of these supervisions?
- NCA, Panzi Foundation and PHI intend to continue the mental health project activities. Based on the experience you got from the trainings you received, what advice would you give to the mental health project stakeholders?

Community agents trained:

- What do you know about mental health (definition in 10 words)?
- Apart from the mental health project of Panzi Foundation, have you received trainings on mental health? If yes which one?
- Have you received training within the mental health project of Panzi Foundation? If yes which ones? Are these trainings adapted to your needs? Do you need other trainings in mental health? If yes which ones?
- What are the interest and contributions of these trainings?
- What are the benefits of your knowledge in mental health on your neighborhood?
- Are there any cases of people with mental health problems in your area?
- Which ones for example and how do you proceed based on the cases you get?
- How do you identify people with mental health problems?
- What are the immediate effects of the trainings you received on the population of your area?
- Have you already organized awareness sessions on mental health in favor of your neighborhood? If yes, how many times and how many people have been impacted?
- Have you already referred cases of people suffering from psychological problems to health facilities? If yes, how many times?
- Are there any listening centers in your area? If yes which ones?
- NCA, Panzi Foundation and PHI intend to continue mental health project activities. Based on the experience you got from the trainings you received, what pieces of advice would you give to the mental health project stakeholders?

Other international and national NGOs working in the psychosocial field:

- Could you summarize briefly your activities in mental health in South Kivu?
- Do you know other NGOs or institutions working in the same field of mental health in South Kivu? Which ones?
- Do you know NCA and Panzi Foundation? Do you work in collaboration with NCA and/or Panzi Foundation in the field of mental health for victims of violence? If yes specify. What are your possible proposals for a better work in synergy between the different institutions involved in the field of mental health in South Kivu?
- According to you, what are the advantages (strengths) of a mental health project in South Kivu? What are the weaknesses (difficulties) of a mental health project in South Kivu?
- We know that South Kivu is not always stable (armed conflict, population displacements). What are the strategies developed to meet the expectations of the population in psychological care management in this context of instability?
- What are the effects of actions carried out on the population (awareness, behavior change towards GBV victims)?
- What do you think of the collaboration between State structures and the civil society in the psychological health care management of victims of sexual violence? (consistency, difficulties, possible solutions)
- What do you think of the relevance of mental health project activities of Panzi Foundation which are focused on the training of health workers?
- What are your possible suggestions and proposals for the success of the mental health project in South Kivu?
- Do you have any questions to ask me and/or other elements to add?

4. The Terms of Reference for the evaluation (annexes 4)

1. CONTEXT AND JUSTIFICATION

The Democratic Republic of Congo has been living in a situation of conflict for 2 decades and the situation of the population, exacerbated by insecurity, is characterized by widespread human rights violations including sexual and gender based violence (GBV), which are frequent and complex in nature. According to the estimates, about 40% of women and 24% of men were victims of gender-based violence. This situation causes also mental health problems which, by lack of response, are likely to perpetuate the cycle of violence.

There is a little understanding in the population but also among mental health workers, of the needs in mental health, particularly the psychological trauma related to conflict and Gender Based Violence. The number of clinical psychologists, psycho-social assistants and/or psychiatrists trained in the region is very limited.
In DRC, approximately 100% of the psychosocial support to survivors is provided by local and international NGOs. Generally speaking, community-based animators trained on the field that provide psychosocial support are not recognized by the state or by the state health network.

NCA has been present in the great lakes region since 1994 and in DRC since 2002. It has two offices, in Goma (North Kivu) and Bukavu (South Kivu). At the moment, NCA DRC is implementing 2 strategic priorities: the right to Peace and Security and the right to water and health, with gender as a cross-cutting theme.

Since 2010, NCA has been working with Panzi Foundation, in collaboration with the Provincial Health Inspection (PHI) in South Kivu (through its department of mental health) to address the challenges raised above through a mental health project. The project aims to improve the psychosocial care management of trauma victims, including survivors of sexual violence.

2. BRIEF PRESENTATION OF THE MENTAL HEALTH PROJECT TO BE EVALUATED

The mental health project has covered the entire province of South Kivu (34 health districts) and has been implemented in three phases:

1. In the first phase of the project, a national protocol of psychosocial care management as well as a training module for health workers were developed through a participatory process involving all the stakeholders in the field.

The development process was followed by their validation in a national workshop organized in Kinshasa in November 2011 that was attended by 20 officials from the offices of the national Ministry of Health in collaboration with the experts from the University of Kinshasa, the Provincial Health Inspection (PHI) Kinshasa as well as the medical directors of general hospitals.
During this phase, there was a training of 34 Physicians Chiefs of Health Districts as trainers.

2. During the second phase, the project has enabled the training of 819 incumbent nurses from all the structures of the province (1 per health facility). Physicians Chiefs of Health Districts were sensitized to take ownership of the project and the PSNR involved.

3. The last phase of the project focused on a single territory, Kalehe, in order to have a greater impact. A refresher training was organized for 168 assistant incumbent nurses already trained in the second phase, as well as the training of 84 assistant incumbent nurses (2 persons per structure) and 200 community relays/agents (these are community volunteers playing an important role in the referral local system). 16 psychologists from the general referral hospital have received a training on psychological and psychiatric care management to ensure effective support in the event of a referral.

A post-training monitoring was conducted in 4 of the districts by the South Kivu Provincial Health Inspection (PHI) through a direct partnership with NCA.
The project also aims at improving the data collection system by setting up a database at the level of the health districts.

Thus, health districts in South Kivu can be classified according to three different approaches:

- Training of 1 nurse per health facility (all the South-Kivu)
- Training of 1 nurse per health facility with a post training monitoring (4 health districts in South Kivu)
- Training of 2 nurses with the monitoring and training of community agents (Kalehe territory)

3. THE OVERALL OBJECTIVE OF THE EVALUATION

The main objective of this evaluation is to enable NCA and Panzi to review and compare the methodologies used during the second and the third phase in order to guide the strategy/methodology and the activities for the next period of the project (2015-2017). The evaluation should also give an analysis of the results achieved by the activities already carried out.

SPECIFIC QUESTIONS OF THE EVALUATION

- Has the project been implemented as planned?
- Have the project's objectives been achieved?
- How to make a comparison between the different approaches used in the project, in terms of relevance, costs, results obtained and impact?
- What are the difficulties encountered that have impeded the achievement of the results or the processes carried out that have enabled to achieve the results?
- What are the lessons learned and the recommendations for future directions?

4. METHODOLOGY

Interested consultants are requested to submit a more detailed methodology proposal with their quotation. The proposed methodology must be a participatory methodology.

- Documentary review (projects, project reports, project monitoring tools, national data and studies on mental health, etc.).
- Interviews with stakeholders and key informants of the project (health district, Provincial Health Inspection, Panzi Foundation, NCA)
- Interviews with trained nurses and community agents.
- Visit to the health facilities and communities (to be selected by taking the 3 approaches into account).
- Interviews with the members of the community (to be selected with the help of community agents and incumbent nurses)
- Interview with other NGOs (local and international) working in the psychosocial/mental health component (choice guided by psychosocial working group)

5. TIMING AND RESPONSIBILITIES

Timing: The evaluation will be carried out from the month of November and will last for a maximum of 35 days.

Responsibilities:

- To provide inputs/feedbacks to the methodology, to the reports provided by the consultant: NCA, Panzi Foundation and Provincial Health Inspection
- To provide the necessary information/documents: NCA, Panzi Foundation
- To accompany the consultant during field visits: NCA, Panzi Foundation, Provincial Health Inspection (PHI).
- To approve all deliverables: NCA, Panzi Foundation, Provincial Health Inspection.
- Security: NCA DRC
- Logistics and finances: NCA

The consultant is responsible for:

- Conducting the evaluation according to the Terms of Reference (ToR) and the contract,
- Validating the methodology to be used/questionnaires/interview guides with NCA
- Ensuring the daily management of the evaluation
- Coordinating the team of evaluators and/or field interviewers as needed
- Producing the deliverables according to the contract
- Coordinating with NCA and Panzi Foundation
- Planning the movements well in advance for the logistical planning
- Respecting the ACT alliance code of conduct
- Following all the security instructions of NCA.

6. DELIVERABLES

The consultant shall provide the following, within the agreed deadline:

- An evaluation plan with the calendar as well as the logistical and financial needs
- A restitution workshop of the preliminary results of the evaluation to various stakeholders (NCA, PHI and Panzi Foundation) at the end of the visits (final week)
- A draft report at the end of the evaluation that shall be subject to comments by various parties
- A final report taking the comments into account.
- The report will be written in French with a brief summary in English (1-2 pages)

- This report should not exceed 25 pages (plus the annexes) with 1 page of recommendations, 2 pages of executive summary, 1 page of conclusions, 1 page of methodology and the rest for the results themselves.

Suggested timetable:

- Evaluation: Period : November- December 2014
- A restitution workshop (1 day) of the preliminary results in the final week of the evaluation
- A draft report produced by 20 December
- Production of the final report by 15 January 2015

7. Qualifications and skills

- Advanced degrees in the relevant fields.
- Experience in the evaluations of psychosocial projects; preferably of mental health projects
- Experience of 5 years of working in developing countries
- Sound knowledge of fragile States contexts and of DRC in particular. The knowledge of the South Kivu province will specifically be an advantage.
- Excellent capacity to communicate, to work as part of a team, able to adapt to social and cultural differences of peoples
- Proven experience in the production of quality documents in French and English.
- Ability to communicate in French and English.

8. Proposal (+ Budget)

NCA is interested in receiving applications from individual consultants or teams of consultants. Teams of national and international consultants are encouraged to apply.

The application form shall contain at least:
- An expression of interest
- Evidence of past experiences in the evaluations of mental health project
- A methodology proposal to conduct the evaluation
- A CV with 3 reference persons
- Tools to be used
- The human and material resources needed

The total budget proposal shall be submitted with the details of costs as follows:

- Professional costs
- Travels and per diem
- Other costs related to the meetings on the field
- Other costs related to the sub contracts envisaged

Please send a proposal to the NCA DRC Country Representative, Madel Rosland: mgu@nca.no with a copy to the Senior Officer, Mental Health and Psychosocial Support of NCA DRC, Rachel MBONWA:rachel.mbonwa.biraheka@nca.no