

Project Evaluation Report

Evaluation details	
Project title	Emergency health service provision in Nana-Gribizi prefecture
Organisation	International Rescue Committee (IRC)
Sector	Health
Project duration	1 July 2008 – 28 February 2009
Project budget (ERF)	\$299,089
Place	Kaga-Bandoro, Patcho, Nana-Outa, Ouandago
Dates of evaluation	5 December 2008
Evaluation team members (name, organisation, contact)	Léa Kollongo (ACTED), Claude Gambolipay Gambale (UNHCR)
Examined documents (project sheet, work plan, reports)	Project document, health statistics

Context

Briefly describe the context in which the project was implemented, including the local security and political context, the displacement situation, and the assessed needs of the people in the area.

All of Nana-Gribizi prefecture had been struck by conflict and displacement during the civil war in 2002 and 2003. The north was again affected by conflict and displacement from 2005 until this day; with the road leading north from Kaga-Bandoro, via Ouandago to Kabo, still being under the control of the APRD militant group. Both times, this resulted in health posts and centres being looted and destroyed, health staff fleeing, and money that communities had collected to buy drugs and medical supplies being lost. This came in addition to generally weak health services with the Ministry of Health lacking the capacity and means to ensure access to even basic healthcare for many Central Africans.

In February 2007, when the IRC opened its office in Kaga-Bandoro, 28,000 people in Nana-Gribizi prefecture – 22% of its population – had been displaced by fighting between rebels and government troops, as well as banditry and conflicts between herdsmen and farmers. The IRC began to support the hospital in Kaga-Bandoro and later extended its programme to the three health facilities (Patcho and Nana-Outa health posts in addition to the Ouandago health centre), by donating medical drugs and equipment, training staff and rehabilitating buildings.

Results

Compare the results (outcomes and impact) on the ground with the 'expected outcomes' and indicators in the project sheet and work plan.

As requested by the ERF Advisory Board in its meeting on 25 September 2008, this evaluation and monitoring mission visited ongoing, as well as finalized projects in Nana-Gribizi prefecture. This IRC project will end 28 February 2008. Thus, activities are still being implemented, and, for some of the indicators, the goals set for the end of the project have not yet been reached.

All patients receive free healthcare, medical drugs and vaccinations at Kaga-Bandoro hospital and the three health posts and centres in Patcho, Nana-Outa and Ouandago that the IRC supports. Pregnant women receive mosquito nets at their last antenatal care (ANC) visit.

While the evaluation team visited the hospital in Kaga-Bandoro and a health post in Patcho, opportunities to talk directly to patients and their family members at hospital and the health post in Patcho were limited.

Outcomes

Three health posts on the Kaga Bandoro-Ouandago axis resume full-time operation and provide primary health and reproductive health care to the displaced population

The IRC has rehabilitated the health posts and centres that it supports in Patcho, Nana-Outa and Ouandago. At the time of the evaluation team's visit, the health posts in Patcho and Nana-Outa were open one day per week and the health centre in Ouandago two days a week, thanks to the presence of a mobile health team from the IRC in Kaga-Bandoro. The IRC plans to have more permanent teams at these health structures soon. In a first step, they would be open four days a week, while later there would be a permanent presence. The evaluation team commends these plans and encourages the IRC to put them in action as soon as possible.

The Kaga-Bandoro hospital provides outpatient and inpatient services, including emergency obstetric care

The IRC has rehabilitated the paediatric building of the hospital, and has constructed a new hospital room here. The surgery bloc has been rehabilitated and a hangar for waiting patients and their family members has been constructed. Outpatient, inpatient and emergency obstetric care services are available here. The referral system for patients from health centres and posts in Nana-Gribizi – whether supported by the IRC or not – should be strengthened (see general health recommendation below).

Rape survivors are treated in accordance with WHO guidelines at the hospital and in the health centres

The number of rape survivors who report to the IRC's gender-based violence programme has substantially decreased. While in 2007 more than 1,000 survivors sought help, there were only 25 rape cases between July and November 2008. Of the 15 rape survivors who came forward within 72 hours, all received PEP assistance in accordance with WHO guidelines.

Indicators

Consultation rate maintained above 0.5 new consultations per person and year

With 11,719 new cases treated at the hospital since July 2008, the consultation rate is 1.04. In the three health structures outside Kaga-Bandoro, 10,032 new cases were received, for a consultation rate of 1.26.

IRC-supported health facilities operate without stockout of five essential drugs during each quarter

There were no stock-outs of quinine, artesunate, amodiaquine, oral rehydration salts and cotrimoxazole in the health structures supported by the IRC during the project period (July – November 2008).

75% of patients receive correct treatment according to the protocols for malaria, acute respiratory infections, and diarrhoea

According to IRC statistics, the lethality rate for malaria was 0.1%, for acute respiratory infections 0.06% and 0% for diarrhoea. Thus, it can be concluded that patients generally received correct treatment.

90% of pregnant women receiving ante-natal care have TT2 immunization before delivery

The rate was only 60% during the five first months of the project, resulting from a relatively low presence of mobile clinics on the ground. Measures should be taken to improve it.

The rate of deliveries by qualified staff in health facilities is above 50%

The rate was 86% during the reporting period, thus well above the target.

Hospital mortality remains below 3%

During the first five months of the project, 41 out of 23,840 patients at Kaga-Bandoro hospital died. Thus, the rate, at 0.17%, is well below 3%.

90% of rape survivors who present themselves at a health facility within 72 hours receive post-exposure prophylaxis (PEP) for HIV

All 15 rape survivors who presented themselves within 72 hours received PEP treatment.

Generally, the results measured against these indicators are very positive, and the evaluation team commends the IRC on its health programme.

Constraints

What constraints were faced during the implementation of the project, including security and logistical constraints or constraints internal to the organisation (lack of staff, etc.)? Was the project duration extended as result? If yes, was it justified?

The unavailability of drugs at the national level posed at times problems for the IRC's health programme in Nana-Gribizi. However, this did not lead to stock-outs for the five essential drugs (according to Central African health protocol) in the health structures supported by the IRC.

The IRC requested an extension of the project period by two months, to 28 February 2009 instead of 31 December 2008, citing the late arrival of allocated funds from the ERF (which, in turn, was due to the late arrival of pledged funding from donors, as well as internal delays). The evaluation team considers this extension justified, and hopes that the IRC can complete all remaining activities within the timeframe.

Impact of ERF funding

What impact did ERF funding have on the overall programme activities of the organisation? Were ERF-funded activities compatible to activities of other organisations in the same area? Were these well coordinated?

The ERF contribution was important in assuring access to basic medical services for the conflict-affected people of Nana-Gribizi. It is important now to ensure the continuity of these services and to maintain the quality of care and therefore to secure follow-on funding.

Conclusion

What is the evaluation team's overall conclusion? Was ERF funding helpful? Was the project implemented according to the plan? Did it have an impact on the ground? What are the lessons learnt?

The evaluation team found the IRC's health programme to be efficiently managed and effective in its results. Given the poor health situation in Nana-Gribizi, in particular before the arrival of international humanitarian organisations such as the IRC, ERF funding has directly contributed to saving lives in this case. The team encourages the IRC to quickly move ahead with ensuring health services at the health posts and centres outside Kaga-Bandoro on more than one or two days a week, to improve people's access to healthcare even more.

The evaluation team makes the following recommendation to all international organisations working in the health sector in Nana-Gribizi, as well as to WHO as health cluster lead and UNICEF as nutrition cluster lead. They are identical for all health projects evaluated during this mission:

- Most urgently, all organisations working in the health sector, together with health authorities at the regional and national level, as well as WHO as health cluster lead, should ensure that all villages in the area have access to health structures within a reasonable distance. Currently, there are no health structures on several roads, such as the Kotagombe area, and only one health post in Grevai for 13,000 people in the entire commune. Merlin plans to support local health authorities by constructing additional health facilities here, as soon as it has secured the necessary funding.
- Both IRC and Merlin, together with local health authorities, plan to incrementally move from the free provision of medical drugs and services to a partial cost-recovery scheme, except for the most vulnerable people. The evaluation team has some concerns on whether people will be able to afford medical services, even if prices are low, as they still hardly have any income. If cost recovery is introduced, this should be done in a coordinated, well-planned way, across the prefecture and in neighbouring areas such as in health structures on the road from Ouandago to Kabo where MSF-Spain/Belgium supports health structures. Similar cost-recovery schemes should be introduced in health structures supported by different international NGOs at the same time. WHO, as health cluster lead, with its offices in Bangui and Ndélé, should lead this process together with the Ministry of Health. Organisations should take the time to support health authorities in training members of local health management committees.
- The medical referral system in Nana-Gribizi, with complicated or urgent cases being referred from health posts or centres to the hospital in Kaga-Bandoro, should be strengthened in a coordinated manner. Health authorities, WHO or another organisation should provide an ambulance for this.

- Merlin has a community nutritional programme in place and IRC treats malnourished people that come to Kaga-Bandoro hospital. Between January and September 2008, health posts and centres supported by Merlin registered 382 malnourished individuals, and counted 42 deaths due to malnutrition. Yet, there is no therapeutic feeding centre in the prefecture. Data on the nutritional situation is insufficient. However, Merlin conducted a rapid nutritional assessment in June 2008, with the following findings: out of 4,042 children assessed prior to programme implementation, one in five were malnourished, 139 were severely malnourished, oedema was evident in 25 cases, and 25% of those screened were deemed 'at risk'. Merlin has submitted a request for funding to conduct a complete nutritional evaluation, and to augment its current programme. Merlin with the support of UNICEF plans to conduct a nutrition study in the prefecture, and should urgently do so. Depending on the results of such a study, health organisations under the leadership of WHO and together with the health authorities should put in place a system to address malnutrition, if needed.
- The four points above point to an issue that was raised by several people the team met in Kaga-Bandoro. Health and nutrition coordination needs to be strengthened in Nana-Gribizi and the evaluation team recommends to WHO and UNICEF to more efficiently coordinate efforts to address these issues.