

Project Evaluation Report

Evaluation details	
Project title	Support to primary health services, Nana-Gribizi prefecture
Organisation	Merlin
Sector	Health
Project duration	23 July 2007 – 22 January 2008
Project budget (ERF)	\$100,000
Place	Ndenga, Botto and Grevai Pamia sub-prefectures
Dates of evaluation	6 December 2008
Evaluation team members (name, organisation, contact)	Léa Kollongo (ACTED), Daniel Bangui (UNHCR)
Examined documents (project sheet, work plan, reports)	Project document, final narrative report, 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 October 2007, when Merlin 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. In coordination with IRC, MSF and AMI, the three other health NGOs working in the area, Merlin began to support 11 health posts and centres east, west and south of Kaga-Bandoro, by donating medical drugs and equipment, training and supervising staff, and constructing 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. If possible, add summaries.

The evaluation team visited a health post in Gazao, 60 km southeast of Kaga-Bandoro, and a health centre in Ndomete, 10 km south of Kaga-Bandoro, to meet with staff of the Ministry of Health and the communities in both places. Both structures, as well nine other ones in the area, are supported by Merlin. Merlin's ERF-funded project included the following indicators:

100% of sites receive appropriate rehabilitation, basic diagnostic equipment and use standard case definitions and treatment guidelines

In Gazao, Merlin and volunteers from the community have constructed a new building with an observation room with a capacity of six to eight beds, a delivery room with a new delivery table, a pharmacy with a small warehouse attached, a treatment room, and an office which doubles as the consultation room, as well as an external toilet and shower, a needle pit and an incinerator. The new building, finished in October 2008, had not been opened at the time of the evaluation. However, the facility was handed over to the community in late December 2008. The health team had been working from a private home across the street which was donated by a community member, covering a catchment population of 1,380 people in Gazao and surrounding villages. In Ndomete, Merlin rehabilitated the health centre and constructed a new maternity ward. The buildings include a vaccination centre with a cold chain and a pharmacy. (Three of the health structures that Merlin supports have a vaccination capacity, working in conjunction with the Ministry of Health: the two health centres in Ndomete and Dissikou, and the isolated health post in Grevai, which serves 6,000 people. Advanced strategy vaccination teams are also organised from Ndomete, using fuel supplied by Merlin for their motorcycle.) The health centre has a capacity of seven beds, four of them in the maternity ward. During the team's visit, staff from the health centre and Merlin were affixing solar panels onto one of the building's roof to power radios used to signal emergencies to the hospital in Kaga-Bandoro and facilitate the referral of patients.

As there is no ambulance available to transport referred patients to Kaga-Bandoro hospital, their relatives use hand-carts or bikes to transport them, or patients have to walk for up to 60km.

In Ndomete, according to the supervisor of the health centre, the number of consultations per day has increased from between 4 and 10 to about 50, following the start of Merlin's health programme. The health centre here had been built by the community in 1985, when they pooled savings from selling cotton.

In addition to these two health facilities, Merlin, together with volunteers from the communities, has also rehabilitated one health centre (Dissikou) and four health posts (Doukoumbe, Banziti, Ndenga and Mbiti). In addition, Merlin has constructed health posts in Domodo, Doukouma, Grevai and Badia. Together, the rehabilitated or newly constructed health posts and centres serve a catchment population of 65,820 people, who now have access to better quality care as a result of Merlin's work.

Merlin's health programme has a catchment population of 65,820 people. Over nine months in 2008 (January to September), 25,542 (52%) of consultations at the health facilities were for new cases.

60% of deliveries in the target area attended by a skilled birth attendant

In Gazao, the two birth attendants said there were about three to four deliveries per month, all at the health post. At the health centre in Ndomete, the health team assists about 15 to 25 deliveries per month. Overall, Merlin estimates that the health staff they support assist 39% of all deliveries in Nana-Gribizi (762 out of an estimated 1,975).

100% of CPN (prenatal consultation) and CPS (post-natal consultation) activities will have vaccines available for routine EPI

80% of infants and pregnant women will be vaccinated according to the standard schedule

The two health centres, in Ndomete and Dissikou, and the remote health post in Grevai, have vaccination centres, where vaccinations against polio, measles, yellow fever and tetanus are available. To complement national vaccination campaigns and activities at Kaga-Bandoro hospital,

during the first nine months of 2008, 2,221 children under five (out of a population of about 8,540) received routine vaccinations, as well as 254 pregnant women.

At the health centre in Ndomete, the freezer (used to chill vaccine coolers for advanced vaccination campaigns) in the vaccination centre was working but the refrigerator was not.

100% of children under five and pregnant or breastfeeding women will have received a mosquito net

In Ndomete, mosquito nets are regularly distributed to children under five who have made at least three visits to be vaccinated at the clinic.

100% of selected staff will be trained on community outreach, gender-based violence programmes and STI/HIV/AIDS diagnosis, primary health care management and referral

Both in Gazao and Ndomete, local health staff said that they had participated in a number of regular trainings organised by Merlin together with the local health authorities in Kaga-Bandoro. Some, including the head of the health post in Gazao, also said that they would like to participate in further trainings to deepen their knowledge and strengthen their medical skills.

In all 11 health posts and centres that Merlin supports, only one out of 56 staff has gone through formal training, becoming a “state-licensed nurse” (with three years of education); a second received two years of education and is a “health assistant”. Most of the others only completed internships of a few months, mostly at Kaga-Bandoro hospital, to become ‘triage-nurses’ (*infirmiers-secouristes*). Some participated in an 18-month training programme, also consisting mainly of an internship, organised by the Central African Red Cross.

Merlin’s efforts to train staff are thus extremely important and should be pursued and strengthened, even if difficulties are faced, such as the fact that the Ministry of Health owes most health staff in the area at least four months of salary arrears.

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?

Merlin together with the community has constructed a new health post in Gazao, which the evaluation team visited at 60km southeast of Kaga-Bandoro. The main building, external toilets, an incinerator and equipment are ready for an opening of the post. Yet, the post’s team – a head nurse, two birth attendants, a manager of the pharmacy and nutrition social worker – was operating from a private home, generously vacated by an inhabitant of Gazao during the construction of the new health post. The reason for the delay in the opening of the new health post was that the Minister of Health wishes to be present at the opening ceremony. The evaluation team recommended that a compromise solution be found and was pleased to learn that the new building was handed over to the community in December 2008. Negotiations with the Ministry of Health for an official inauguration continue.

As most health programmes in CAR, and probably programmes in most other sectors as well, the low capacity, education and training of local staff. As noted above, only one of 56 staff in the health structures that Merlin supports has received a formal training to become a nurse. As a result, providing high-quality services to the population is a challenge. In addition, training staff becomes a large, and costly, part of any health programme.

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?

This ERF contribution supported Merlin's overall health programme in central northern CAR. Merlin secured other funding, from OFDA, UNICEF, DEC and private donors, to ensure the continuity and extension of these activities. The Common Humanitarian Fund, which has replaced the ERF, recently contributed \$93,458 to Merlin's health programme in Nana-Gribizi. As many humanitarian organisations in CAR, Merlin is deeply concerned about funding to its programmes in 2009, as CAR risks to slip out of international attention. In October 2008, Merlin also opened an office in Bouar in western CAR and is in the process of starting a health programme in support of existing health structures there.

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 Merlin's health programme to be implemented in a professional manner and effective in its results. Merlin's support to local health structures has greatly increased the access of people in the area to basic health services, and the quality of the care provided.

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. 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.