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A qualitative study on the PROMEKIN II project in the Democratic Republic of Congo: exploring the local ownership of an externally-managed health system strengthening development aid project

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Table of content

Acronyms

AFD	French development agency
ASF	Action Santé Femme
CECFOR	Centre Congolais de Culture, de Formation et de Développement
DPS	Division provinciale de la santé
DRC	Democratic Republic of Congo
GI	Ginger INTERNATIONAL
HCWs	Healthcare workers
HQ	Headquarters
HSS	Health system strengthening
IDI	In-depth interviews
LICs	Low-income countries
MdM	Médecins du Monde
PH-RDC	Plateforme hospitalière de la RDC
PMU	Project management unit
SDGs	Sutainable development goals

Abstract

Background: The PROMEKIN II project is a complex development project, aiming to improve and strengthen maternal and child health services in two peri-urban neighborhoods in the capital-city of DRC, Kinshasa. Despite involving many local partners including local health authorities, the donor delegated all project leadership to a foreign agency. Our study aims to apprehend the challenges facing building ownership in the case of an externally-managed HSS development project, and to issue recommendations to overcome those challenges.

Methods: In this exploratory qualitative study, 10 participants, representing the involved organizations in the PROMEKIN II project, were recruited using a purposive sampling. Semi-structured, online interviews were conducted individually between April and May 2023. The interviews were transcribed and coded manually. Prior to the interviews, we conducted a document analysis of 3 key project documents. We then analyzed the interviews' content using a triangulation method with the findings of the document analysis.

Results: Six main themes emerged from the interviews: project relevance, project performance, project governance, communication, capacity building and motivation. All participants confirmed the relevance of PROMEKIN II to respond to health challenges in the target areas. However, local health authorities disagreed with the choice of private health facilities as sole beneficiaries of the project. No participant questioned the delegation of project leadership to a foreign agency, but local partners reported the heaviness of project procedures, especially financial ones, which affected their autonomy and level of involvement. Finally, local partners hailed the existence of the technical committee as a governance body of the project, as it fosters good communication.

Conclusion: Although externally-managed HSS projects face a series of challenges in building ownership among local partners, we identified several recommendations to overcome those challenges: communication, participatory governance, providing incentives, providing autonomy, recruiting local staff, integration into national policies and building upon success.

Key words: Development, health system strengthening, local partners, ownership, project leadership.

Introduction

Country background

The DRC is the second largest country and one of the most populous countries in the African continent. In 2021, there were approximately 95,9 million inhabitants in the DRC, with 55% living in rural areas (1). Despite being rich in terms of natural resources, the DRC is one of the poorest countries in the world, with 62% of the population living below the multidimensional poverty line (2). The unemployment rate is nearly 20% on the national level and as high as 40% in the capital-city, Kinshasa (3).

With an estimated fertility of 6.1 children per woman, the DRC expects its population to double every 25 years. In a context of uncontrolled fertility, children are over-represented (47% of the population) compared to people of working age (4). This demographic situation contributes to maintaining the country in poverty, with a proportion of the inactive population exceeding that of the active population.

As many low-income countries (LICs), the Congolese health system is heavily reliant on international assistance to sustain a minimum level of services (5). Furthermore, the public sector suffers from significant shortcomings in terms of service provision, and many functional health facilities are private, either for profit or non-lucrative such as faith-based health facilities. Great disparities characterize health services provision throughout the country. Even in the capital-city Kinshasa, there are substantial differences between the city-center and the suburbs, which usually gather poor population with deprived social services (6).

The main causes of morbidity and mortality in the DRC are related to communicable diseases. The maternal mortality ratio, estimated at 547 maternal deaths per 100,000 live births in 2020 (4), is also high and is still far from meeting the target set by the sustainable development goals (SDGs). In addition to systemic shortages in human and material resources, maternal and child health services face the challenge of a high fertility rate. This results in an overwhelming of maternal health services capacities and a decreased quality of care. For instance, in 2018, only 82.4 % of women in the DRC had at least one antenatal care visit with skilled health care workers (5).

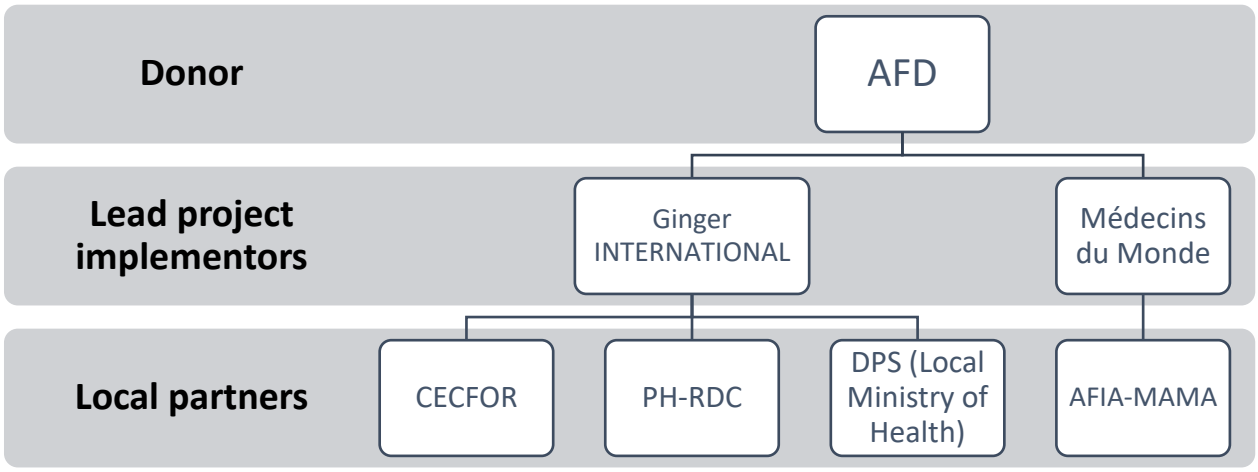
The PROMEKIN II Project

In this context, our host institution Ginger INTERNATIONAL (GI), alongside the international NGO “Médecins du Monde” (MdM), received funding from the French Development Agency (AFD) to implement the “PROMEKIN II” project. It is a complex four-year long (2020-2024) project, aiming to improve and strengthen maternal and child health services in two peri-urban neighborhoods in the capital-city Kinshasa. The project targets 2 faith-based maternities in Kingasani and Binza Météo, two poor suburbs of Kinshasa, with the objective to upgrade their level of care and enable them to become referral centers for the surrounding areas. Of note, these two maternities are private non-lucrative healthcare facilities, contracted with the Ministry of Health to provide health services to the population. Despite being managed by religious organizations, they provide modern medicine in alignment with the national guidelines.

In addition to the lead implementors and the beneficiary maternities, PROMEKIN II involves the following organizations:

- CECFOR (Centre Congolais de Culture, de Formation et de Développement), a big Congolese private non-lucrative institution, comprising a reference hospital (Monkolé Center), a nursing school and a continuous training center;
- PH-RDC (Plateforme Hospitalière de la RDC), a non-governmental network bringing together Congolese hospitals of different sectors (public, private or faith-based) with the aim of strengthening their capacities and sharing best practice;
- DPS (Division provinciale de la santé), which is the local branch of the Congolose Ministry of Health for the province of Kinshasa, including the health districts of Binza and Kingasani;
- AFIA-MAMA, a national NGO based in Kinshasa and working on the promotion of women’s rights and health;
- ASF (Action Santé Femme), a French NGO specialized in reproductive health.

Figure 1: *Involved organizations in the PROMEKIN II project*



PROMEKIN II brings together all these partners to work on 4 complementary components:

- *Component 1* is the major component of the project and focuses on strengthening the two target maternities (Kingasani and Binza). Planned improvements include among others the construction and staffing of operation rooms, the construction of inpatient units as well as setting up new neonatology units. PROMEKIN also provides the maternities with new and modern equipment to improve their quality of care, such as ultrasound scanners. In addition, the project aims to strengthen the maternities' personnel capacities, through a series of trainings provided both by CECFOR and ASF. Finally, this component supports the maternities to develop their strategic plans, including their governance procedures and pricing policies in order to become self-sufficient financially.
- *Component 2* is led by "Médecins du Monde" (MdM) in collaboration with the local NGO "AFIA-MAMA". This component uses a community approach to promote sexual and reproductive health in the local population, thanks to a collaboration with the community leaders of the two target districts (Kingasani and Binza). This entails a door-to-door education work carried out by AFIA-MAMA, as well as the organization of numerous training sessions with the distribution of contraceptive material. This component links

with Component 1 as it helps promoting the new services offered by the maternities, thus rebuilding trust between the population and the health centers.

- *Component 3* seeks to promote a more sustainable health system strengthening (HSS) approach. Led by two local organizations (CECFOR and PH-RDC), both private non-lucrative institutions bringing together a network of local healthcare facilities, this component also involves the provincial ministry of health of Kinshasa (DPS). It aims to build upon the successful experiences of the two maternities, to share knowledge and best practice to other healthcare facilities. It also aims to develop national guidelines concerning quality standards in neonatology and hospital hygiene. Moreover, this component includes the creation of a national center for medical equipment maintenance, and the development of a training curriculum about hospital hygiene.
- Finally, *Component 4* was not planned initially but was added along the way as a response to the COVID-19 pandemic. It included supporting local authorities to develop their response strategy, training healthcare workers (HCWs) to deal with COVID-19 and providing relevant equipment and materials to fight the pandemic.

Specificity of PROMEKIN II

PROMEKIN is a typical case of recent development aid projects in the field of health. Instead of focusing only on improving service delivery during a short period of time, most international assistance projects include a HSS approach to achieve results on the longer term (7). Recipient countries have been asking for such approaches since decades, and HSS strategies generally align with the Paris Declaration on aid effectiveness principles (2005). Among these, ownership by the local partners is key to achieve success (8).

This also aligns with AFD's vision as a donor. When trying to achieve a HSS objective through a development project, AFD traditionally uses a particular mode of project governance. They transfer the funds directly to the local authorities (the local Ministry of Health), and fund the creation and recruitment of a project management unit (PMU) within the Ministry, which is qualified and fully dedicated to the project. This type of project governance guarantees both efficiency in project management and ownership by local partners. In case of need of international expertise, the donor might also contract with international organizations (private companies or NGOs), whose role is to assist local partners to deal with technical aspects of the project (technical assistance) (9).

However, in the case of PROMEKIN, there is a singularity concerning the project governance. In fact, there was a first phase of this project, PROMEKIN I (2012-2018), which had broadly the same objective of strengthening maternal and child health services, while targeting other

healthcare facilities (10). PROMEKIN I used the traditional modus operandi described above. Unfortunately, this first phase did not achieve its expected results due to a perceived deficit in governance, not to say suspicions of mismanagement. In consequence, the donor (AFD) required all project leadership, including all procurement procedures and activity validation processes, to be centralized in the hands of an international organization for this second phase. Our host institution (GI), which is a consulting firm usually working on technical assistance missions, was selected to carry out this mission. This governance mode is rather unusual for development projects funded by AFD, including in DRC.

Research question

In the light of this choice made by the donor to delegate project leadership to a foreign agency, our study seeks to explore whether there is a contradiction between such type of project governance and the Paris Declaration principles and HSS theory? More specifically, we will attempt to answer the following question:

In the context of LICs, are HSS development aid projects managed by foreign agencies capable of building ownership among local health systems?

To try to answer this question, our **main study objective** is to apprehend the challenges facing building ownership in the case of an externally-managed HSS development project, and to issue recommendations to overcome those challenges. To reach this goal, our study aims to meet the following intermediate objectives:

- Explore the different stakeholders' (local and international) perspectives and motivations in the context of a complex HSS development aid project.
- Assess the pros and cons of both externally-managed and locally-managed HSS development aid projects in the context of a low-income country.

Our hypothesis is that externally-managed HSS development aid projects may be more effective in bringing short-term health gains for the local population, in terms of service delivery and some health indicators. However, we expect that such projects are likely to face significant challenges in building ownership among local actors, which might undermine their stated goal of strengthening health systems on the long term.

Methods

Study design

This study was performed using an exploratory qualitative research design with semi-structured interviews and a purposive sample. The data collection methods for this formative research included in-depth interviews (IDI) with the different project stakeholders. The IDIs aimed to explore the stakeholders' perspectives and views about the PROMEKIN project, its perceived impact, capacity building potential and governance mode. The interview guide can be found in Appendix 1.

Prior to conducting the interviews, we conducted a document analysis of 3 key project documents: the project conceptual note, the narrative report for year 2 and the project's procedures manual. This first step allowed us to familiarize ourselves with the project components and current progress, and also with the different partners' roles, in order to ask relevant questions during the interviews. Eventually, we analyzed the interviews' content in the light of our findings from the project documents analysis, using a triangulation method.

Eligibility criteria

The inclusion criteria are:

- Being an official representative of one of the involved organizations in PROMEKIN II;
- Speaking French fluently;
- Agreeing to have the interview recorded.

The only exclusion criterion is refusal to participate in the research study.

Sampling methods

Participants were recruited using a purposive sampling approach to identify key informants. To do so, we first studied the project documents to identify main stakeholders. Then, we confirmed our findings by asking the project coordinator at our host institution. After preliminary research, we identified 13 target key informants, but eventually we ended up with **10 participants**, as detailed in the following table:

Table 1: *Study participants*

Category	Target key informant	Interview conducted
Donor representatives	AFD headquarters focal point	Yes
	AFD Kinshasa focal point	Yes
Lead project implementors	GI project coordinator at the headquarters (HQ)	Yes
	GI project Manager on the field	Yes
	Médecins du Monde project coordinator	Yes
Local partners representatives	Focal point CECFOR	Yes
	Focal point PH-RDC	Yes
	Local Ministry of Health (DPS) focal point	Yes
	Community assistant AFIA MAMA	Yes
Beneficiaries	Maternity 1 (Kingasani) Manager	No (because unavailable)
	Maternity 2 (Binza) Manager	Yes
Local community	1 healthcare worker	No (because unavailable)
	1 community representative	No (because not French-speaking)

Unfortunately, we were not able to conduct all planned interviews because of the following reasons:

- The maternity 1 manager and the healthcare worker had initially confirmed their participation, but they finally were unreachable despite sending two follow-up emails after 3 and 7 days.
- We couldn't enroll any community representative because we didn't find anyone speaking French fluently.

Study setting

Except for the interview with GI HQ project coordinator, held face-to-face, the study was conducted via online interviews between the researcher located in Paris and the participants

in the DRC or in Paris. Interviews were performed between April and May 2023 and lasted between 30 and 60 minutes. All interviews were recorded with informed consent from the participants.

Ethics note

To protect the participants' privacy, we anonymized all quotes reported in the results section, keeping only the category of the concerned institution for clarity purposes.

Data analysis

The interviews were conducted in French, one of the official languages in the DRC, and spoken fluently by the researcher. The interviews were recorded and transcribed verbatim. Qualitative data analysis was conducted manually. The textual data was first coded based on the themes and sub-themes as detailed below:

- **Project relevance:**
    - Poor maternal and child health indicators
    - Response to the population needs
    - Selection of target areas
    - Selection of project beneficiaries
    - Project extension
- **Project performance:**
    - Delays in the first years
    - Better performance in the following years
    - Necessity of an evaluation
    - Perceived impact
- **Project governance:**
    - Project leadership by a private organization
    - Heavy procedures
    - GI inexperience
    - Lack of autonomy
    - Lack of financial flexibility
    - Adaptability
    - Consultation at the project design phase
- **Communication:**
    - Difficulties between GI and MdM
    - Internal difficulties within GI team

    - Lack of proximity
    - Difficulties with international experts
    - Importance of the technical committee
- **Capacity building:**
    - Improving local staff knowledge
    - Strengthening local partners management skills
    - Strengthening the local health system
    - The place of capacity building as a project objective
    - Integration into the national policies
- **Motivation:**
    - Interest
    - Alignment with the partner's vision
    - Financial incentives
    - Overwork
    - Technical incentives
    - Community engagement

In the results section below, we translated all quotes in English, using a free translation technique. The original verbatim quotes in French can be found in Appendix 2, in the same order of appearance.

Results

Analysis of project documents

Procedures manual

Prior to analyzing the interviews content, it's important to grasp the project procedures and understand the implications of its governance mode.

In the donor's eyes, Ginger INTERNATIONAL is the actual project leader and the only institution having a direct signed agreement with AFD. Consequently, for the donor, GI is the only accountable institution for project performance. GI is responsible for hiring a project management unit (PMU) based in Kinshasa, and conduct regular follow-up of project activities with this unit.

This means GI receives directly all project funds, and then distribute them to the various partners according to their activities. It is important to mention that local partners (CECFOR, PH-RDC and DPS) don't have any transversal financial support from PROMEKIN II, for

example to cover management costs or hire human resources. They are only paid based on the agreed activities, which means that they don't' receive any funding if they don't conduct any activity.

For local partners, the process for planning any activity is the following: They have to prepare terms of references (ToRs) for this activity, including all details (objectives, content, format, budget and logistical details). They send the first draft of the ToRs to the PMU which reviews it, and then send it to GI's HQ for another review. If this first version is not satisfactory, the document is sent back again to the local partner for improvement. Once the ToRs document is finalized, it is sent to the donor for formal approval, through an official letter. If AFD issues its approval, the activity can then take place.

On the financial level, local partners cannot benefit from an advance based on the estimated budget of the activity. Instead, they have to cover the fees using their own resources and then ask GI for a refund, provided they gather the adequate accounting documents. Of note, available funds don't cover transportation fees for the staff nor meals and refreshments for the participants.

As a co-implementor, "Médecins du Monde" has a more flexible agreement with GI, as they benefit from a general annual advance, which enables them to cover their planned activities for the upcoming year. Nevertheless, they still have to pass through the ToR validation process for all the organized activities.

Concerning the project governance bodies, there are two mechanisms:

- The first one is the annual steering committee, chaired by the provincial minister of health, and bringing together high-level officials and donor representatives. Its mission is to review the annual narrative report and approve the annual procurement plan for the following year, without getting into details.
- The second body is the technical committee, held more regularly on a quarterly basis. It brings together all the project partners, including the beneficiaries, and is chaired by GI project manager on the field. The technical committee is an opportunity for all partners to present their upcoming activities, in order to avoid overlaps and study collaboration possibilities.

Last narrative report

Before detailing our interview results, we also deemed relevant to present the project's progress by component, until the data collection period (April 2023, which corresponds to the end of the third year of implementation):

- Component 1: PROMEKIN achieved the construction of a new maternity unit for Kingasani facility, whereas Binza facility did not yet start the construction work. The project also completed the purchase and installation of new equipment for the maternities. For the capacity building aspect, the NGO ASF already completed 6 training missions for the maternities' personnel, whereas CECFOR has just started its training cycle;
- Component 2: probably the most advanced component, as numerous health education sessions have been held, with processes organizing field-work and distribution of contraceptive materials well in place;
- Component 3: on the contrary, this component is the least advanced, with planned activities barely starting, such as the creation of a maintenance center for medical equipment (still at the design phase);
- Component 4: since it was designed as an urgent response to the pandemic, all activities were carried out and this component is completed.

Interview results

Project relevance

Most interviewees pointed out that the project is particularly relevant in the context of DRC in general and the city of Kinshasa more specifically. Indeed, PROMEKIN II tackles pressing issues for the local health system, as maternal and child health indicators are still alarming in the country.

> *« It is a very useful project for our country, for the city of Kinshasa. It is a city […] with alarming indicators for maternal and child health. […] Therefore, this mother-child pair is a target that deserves our full attention, and we therefore believe this project gives a good answer to the issue »*
>
> Local partner representative

Besides, many interviewees stressed that one of the strengths of this project is its target population. While many development projects focus on big healthcare facilities located in the city center of Kinshasa, PROMEKIN II emerges as one of the few programs targeting poor suburban areas of the capital city, such as Kingasani and Binza Météo. Thus, it responds to the needs of a particularly vulnerable population, often neglected by other health programs.

> *« These maternities are located at the peri-urban level and do not only drain the population of their health zones; they also serve surrounding health districts »*
>
> Local partner representative

A testament to the relevance of PROMEKIN II is that almost all interviewees would like to see this project extended to a third phase (PROMEKIN III). Some participants even expressed their wishes to extend the operating zone of the project, to include other deprived health districts. However, one of the main drivers of this willingness to extend the project is a shared concern that it won't be able to reach all its objectives by the current deadline (October 2024), as many activities are still lagging. Many interviewees expressed their worry of a lack of continuity if the project is suddenly interrupted.

> *« It is only now that the population is starting to benefit from the project, because the maternity ward has just been inaugurated, but we only have one year left! […] If someone is sensitized for a year and eventually starts to see the results, and all of a sudden, the project stops? In this regard, the project should reflect on an extension »*
>
> Local partner representative

Nevertheless, the local health authorities' representative criticized the selection of the project beneficiaries (the maternities). He argued that it's not necessarily relevant to target those already well-equipped facilities, while other maternities, mainly in the public sector, have urgent needs.

> *« Even before the project, these maternities were already equipped and able to take good care of pregnant women and deliveries. The project chose these maternities instead of dealing with the true problems…because in our public maternities, this is where problems of equipment and staff really exist »*
>
> Local health authorities' representative

Project performance

Most interviewees agreed that the project did not perform very well during the first two years of implementation. In fact, progress was stalling because of two main factors. First, there was the undeniable impact of the COVID-19 pandemic, which prevented the organization of many activities such as workshops and training sessions. The pandemic also diverted the focus of the project managers, which had to adapt and design a whole crisis response component.

> *« During the first year, the performance was clearly below expectations. They had a very low spending rate, about 3% of the allocated budget »*
>
> Donor representative

The second challenge faced during the kick-off phase concerns the administrative procedures, which caused a huge delay in activity implementation. For example, it took almost a year to settle an agreement between the two consortium leaders (GI and MdM). This delay in turn impacted the starting date of the construction work for Maternity 1 (Kingasani).

« I think the project is behind schedule. […] Until now, we couldn't start the coaching component of the maternity teams, because of the delays in the setting up of the new work environment »

Local partner representative

Despite these delays, it seems that the project caught up well starting from the end of year 2, and has currently reached its cruising speed. However, the performance is still variable among project partners. While some organizations, such as MdM, are even optimistic about meeting all their objectives, others are still lagging behind.

« We started late, but we've caught up on everything we hadn't done before. We've done so many activities in 2 years that we are able to meet all our objectives by the end of the project »

MdM representative

When it comes to the perceived impact of PROMEKIN II, many interviewees were satisfied with the project achievements so far, such as the construction of a new maternity unit in Kingasani. Some participants even reported some noticeable improvements in health services delivery and utilization in the target areas.

« Thanks to the project, we now have an operating room which, in 3 months of opening, has already accomplished around sixty caesarean sections, not linked to abusive prescription but to actual emergency cases which had to be referred […] In neonatology too, they had a unit that was below standards, […]. But today, we have acquired good quality incubators […] which really save lives […]. So the impact is very visible, especially when you compare to the situation before the project »

Lead implementor representative

However, many interlocutors felt it was too soon to assess the project's impact. According to them, only a sound evaluation based on a group of impact indicators could answer the question. Relating to this point, there was a discrepancy in the expectations of different stakeholders. While donor representatives were looking for an improvement in the target area health indicators, project managers were more skeptical about the achievability of such a goal.

« It is a 4-and-a-half-year project, and for the moment we are just at the beginning, because the first year was construction, especially in Kingasani. And even there, there are still points to finalize […]. Therefore, talking about impact now is too premature »

Local partner representative

« What I really want to know today is how many people have actually benefited from these services with improved access and quality »

Donor representative

« I would say that if we are looking for the impact on the main MCH indicators, we won't have it. I know the donor always asked us for this kind of indicators, but it's not PROMEKIN that will influence the mortality rate in the Kingasani health district, I don't think so »

Lead implementor representative

Project governance

On one hand, many interviewees found it was a good choice to mandate a private organization to run the project. They argued that private organizations have more flexibility when it comes to management procedures and thus have the ability to accelerate processes.

> *« It is very effective, because a private company is able to conduct the activities quickly since there is not too much public administrative burden »*
>
> Lead implementor representative

On the other hand, most of them complained about the administrative burden of the project and the procedures extreme heaviness. They attributed this slowness to an inappropriate procedures' manual and the inexperience of GI in managing such complex projects, since it's a consulting firm more used to running studies or writing reports.

> *« Unfortunately, what was missing for GI was the internal governance which was not adapted. This project is different from GI's usual business [...] and they did not adjust their tools accordingly »*
>
> Lead implementor representative

> *« It seems to slow down a lot of things, it's very heavy. In fact, in terms of time, it's more the administration and all these procedures that are most time-consuming »*
>
> Beneficiary representative

GI representatives themselves shared this assessment and wished they'd negotiated a more flexible procedures manual with the donor from the beginning.

> *« I think our rules and procedures manual, are not adapted to the project at all. […] I find it extremely heavy. Perhaps we should/could have negotiated before signing the contract, to have slightly more flexible rules and less prior control, with more control at the time of audits. I think this would have really made our lives easier »*
>
> GI representative

Moreover, some interviewees characterized GI management style as excessively prudent, and even overzealous in following the project procedures. Even though it was not admitted per se by GI representatives, they confirmed they were very careful with the procedures. They explained this attitude by their accountability to the donor. According to them, they can't afford any mistake because they have to undergo an annual audit.

> *« You cannot have the money but say "no, we can't do it because when we are audited, we will be ineligible". It's like you're afraid of something, there's some excessive fear »*
>
> Donor representative

> *« It's because it is a private company, which did not want to take risks and change its usual way of doing things. GI always took precautions before any decision, and so finally […] it became time-consuming, and perhaps even more cumbersome than what we saw in other public systems »*
>
> Lead implementor representative

More specifically, most interviewees did not really question the relevance of procurement and tender procedures, as they comply with international standards and are necessary to prevent corruption. However, local partners took issues mainly with the activity validation process, which caused huge delays according to them. They felt the ToR validation process undermined their autonomy and perceived it as lack of trust.

« It was a different modus operandi from other projects I had managed. Here, for all the activities, there was an authorization to request, which made the governance a little heavy and complicated activity implementation »

Lead implementor representative

« In this project, each time it is necessary to rewrite and submit to the donor's authorization. And that goes back and forth. In the best case, it is two weeks after sending the ToRs with the exchanges and the corrections and everything »

Local partner representative

They also expressed frustration with the funding scheme of the project (based on reimbursement of activity fees), which did not include the possibility of having advances. Moreover, local partners deplored the absence of coverage of management fees by the project, even for transportation or refreshments, and felt this was demotivating.

« I think there is still a lot of frustration on their part, on the governance mode. For example, for the activities, they asked us several times if it was possible to have an advance to pay for the venue […]. Frankly speaking, I think it would have made sense »

Lead implementor representative

Nevertheless, most participants admitted there was an improvement in project procedures in the last months. Local partners appreciated that project leadership reacted positively to some of their feedback. For instance, the project is about to fund the recruitment of an assistant to help local partners with administrative tasks.

« Now after 2 years, we have a certain flexibility in the procedures and in the decision-making. At the beginning of the project, we felt they didn't listen to us at all »

Local partner representative

« Lately, we greatly appreciated their openness to recruit an administrative assistant to support us. […] They took into account our need. Unfortunately, it is at their level because we have no HR recruitment budget »

Local partner representative

Concerning local health authorities, they didn't question the delegation of the project to a private actor. In fact, the DPS representative focused instead on the lack of consultation at the project design stage. He repeatedly expressed frustration on the choice of the project

beneficiaries, arguing that local health authorities should have been consulted because they know better the local context.

« For us, if there is a new project to be implemented in Kinshasa, the first step is to associate the local health authorities when designing the project, because we are the ones who know the needs […]. We know how to direct projects to where they really need to be implemented. This time, we weren't really associated in the beginning […], they said the project was already written and validated by the donor »

Local health authorities' representative

Communication

Communication was among the most debated themes in our interviews. The interviewees pointed out shortages in communication at different levels. During the first year of the project, communication was a bit difficult between the two consortium leaders (GI and MdM). In fact, MdM was not used to such strict regulations in their projects and this caused a misunderstanding with GI.

« In fact, MdM are not used to sending documents for validation to the donor, and that was a huge problem at the start of the project, because they had difficulty integrating this mechanism. They really felt like "we were doing this to annoy them" »

GI representative

Although things improved over time, MdM representative still feels the information sharing practices could be better. Recently, they appreciated GI's openness to include them in the design of the project mid-term evaluation.

« I really appreciated that recently, […] for the mid-term evaluation […], it was the first time that we were involved, even in the definition of the ToRs. And for me, […], that's how it should work between partners »

MdM representative

Communication issues also affected GI's internal functioning. At first, it was difficult to clearly define roles between the headquarters and the project team on the field. While the project management unit considered it had the legitimacy to take the lead thanks to a better knowledge of the local context, they felt the HQ were reluctant to give them enough autonomy and perceived this as lack of trust.

« We must also trust the PMU and put in place performance contract mechanisms with regular checks and evaluations, and thus avoid micro-management by HQ […]. We need to give more autonomy and more confidence […]. They were sometimes very demanding and had difficulty giving the management team some autonomy in the field »

Lead implementor representative

This in turn affected local partners, who felt the HQ team a bit disconnected from the local realities. According to them, this lack of proximity explains why some project procedures and requirements are unapplicable in the Congolese context.

« I can't say communication was totally optimal. We see things differently, sometimes with big differences […]. More proximity would be desired. When everything is handled in Paris, far away, sometimes the realities are not the same »

Local partner representative

« My recommendation would be to put in place a manual of procedures taking into account […] the political, social and work environment of Kinshasa. It is also necessary to shorten processing times and clarify the procedures, because until now we don't have optimal visibility on the project's procedures manual »

Local partner representative

Local partners also had some issues with the involvement of international experts, whose added value was not always obvious according to them. For example, one local partner (CECFOR), who was in charge of training the maternities' healthcare workers, did not understand the relevance of including additional training sessions with international experts from a French NGO (ASF). This resulted in a lack of a communication between the two organizations to the detriment of the trainees.

« In addition, there was the involvement of ASF which comes from Paris, which was really surprising for us, because it was not planned initially. At first, our relation with them was quite difficult, because we felt as if they came to check our training content »

CECFOR representative

Despite these several communication issues, all stakeholders agreed the project had well-structured participation mechanisms. Indeed, all interviewees hailed the existence of the technical committee, involving all project stakeholders and held regularly (quarterly). According to them, this committee favors good communication and information sharing between partners, and helps solve some issues or misunderstandings.

« The first technical committee [...] was already a good way for me to meet the main partners and coordinate. And it works well. […] It is a real coordination mechanism. And I almost regret […] that we cannot do it more often »

Lead implementor representative

« In fact, there is a positive difference with other projects, as PROMEKIN II is truly formalized, with organized steering bodies. In many projects, it's not the case. With these bodies, we are really consulted for activities that must take place at the DPS »

Local health authorities' representative

« But what I really appreciate in PROMEKIN is the technical committee. You are a beneficiary but you are also involved in decision-making. […] That's a fundamental difference with other projects »

Local partner representative

Capacity building

For the beneficiaries, PROMEKIN undoubtedly contributes to building their capacities. First, this is achieved through training sessions aiming to improve their staff's skills and knowledge. Besides, the project supports the maternities to work on their strategic plan, thus strengthening their management capacities and helping them acquire more autonomy.

« Once we distribute materials to the maternities, we expect […] good reporting on their utilization. They didn't have such tools before. So today, we are helping the maternities to create tools enabling them to better manage their facilities »

Lead project implementor

For the project partners however, the answers were more mixed. Some interviewees were a bit skeptical about the benefits of PROMEKIN in terms of capacity building for their organizations. One participant argued that the project helps her organization carry out its usual activities, which they already know how to do. Another participant stated that the important workload, added to their involvement in other projects, undermined the potential benefits of the project.

« In terms of capacity building, I would say no! For our organization, we are already a very small team [...] and for PROMEKIN, expenses related to HR recruitment were not eligible at our level »

Local partner representative

However, two other interviewees had divergent opinions. One local partner representative pointed out that in order to prepare for training sessions for the beneficiaries, they had to refresh their knowledge first, which contributes to their own capacity building. The other saw that working on such a complex project, with a significant budget and demanding procedures, naturally leads to an improvement in her organization's management abilities.

« They learned to draft ToRs, to present activities and to manage a project. They understood a bit of the requirements of a donor, while many of them were not used to doing ToRs or requesting an activity validation, and were not used either to a certain degree of accountability for audits etc. And we also trained them on procurement procedures at some point »

Lead implementor representative

« It helped us a lot! I try to explain it to my team, and they realized that themselves. When we take part in such a project, we are the beneficiaries, because before training others you question yourself and you empower yourself to better share knowledge »

Local partner representative

Concerning the local health authorities, the DPS representative also had a mixed assessment of the capacity building effect of the project. According to him, despite including some training sessions for the local health officials, the project does not really strengthen the management capacities of the local ministry of health.

« No, it didn't really build our capacities or at least, it did it partially. During the two years of project implementation, we organized some activities relating to capacity building, and certain officials of the DPS have participated in the trainings »

Local health authorities' representative

When it comes to the capacity building of the local health system in general, we noticed an interesting contradiction between the different stakeholders' perspectives. On one hand, the project apparently includes a local health system strengthening approach, mainly through a series of training sessions and a process of sharing best practices thanks to the PH-RDC network. Some local partners confirmed this beneficial effect on the local health system capacities.

« There will be an impact, in particular thanks to the role of PH-RDC, which brings together several hospitals. Thus, there will be experience sharing that will increase the management capacities of hospitals. And the project also has a capacity building line for the DPS »

Local partner representative

« This makes it possible to capitalize, to share good practice for the benefit of the hospitals of this platform. So it's a choice that has been made »

Donor representative

The project coordinator, herself, affirmed that recruiting an administrative assistant for the local partners aimed to strengthen their management capacities.

« Because local partners have trouble implementing their activities and doing project management, we recruited a Congolese technical assistant […]. The objective is to support them for their activities, but also to strengthen their capacities in project management »

GI representative

Nevertheless, when asked about this issue, both GI and AFD representatives replied that the project doesn't include a capacity building component for the local health system, and that it's not one of the objectives of PROMEKIN. Hence, we cannot assess the project's impact on this level according to them.

« There are projects […] which main goal is to strengthen the governance of authorities, hospital platforms etc. This is not the mandate of PROMEKIN. However, we can say that it is a secondary objective, […], we cannot deny that there is an expectation for that. […] Therefore, it's more of an intermediate outcome of the project, which means it is not our initial focus »

Lead project implementor representative

« It is not the goal of the project, which means we have no clearly identified result called strengthening the capacities of the Ministry of Health, since the project is really focused on the two maternities. […] For me, we are more about strengthening the capacities of healthcare workers than local health authorities »

Lead project implementor representative

Motivation and incentives

Most stakeholders expressed interest in working on the PROMEKIN project, mainly because it meets urgent needs of a vulnerable population. AFD representative even labeled it as a trademark project for the donor.

« In terms of public health, this project tries to achieve several targets at the same time. […] It is really an interesting package, which makes it possible to strengthen the health system. I admit that I found interest in managing this project »

Lead project implementor representative

For local partners specifically, one of the main drivers of the motivation to work on this project is its alignment with their own vision. This includes both the tackled issues (maternal and child health, reproductive health etc.) and the project approach, mainly capacity building and knowledge sharing.

« Yes, as AFIA MAMA members we are really motivated, because it corresponds to our motto. […]. We are really happy to work. We would even like to broaden the scope of PROMEKIN because the needs are really enormous »

AFIA-MAMA representative

« CECFOR has a vision (to provide quality care), a mission (to support other organizations) […]. We can say that PROMEKIN aligns with the mission of CECFOR »

CECFOR representative

« I really like the approach of this project, because it is somewhat similar to the platform approach. At the platform, we use the peer learning approach […] We find ourselves somewhere in our work philosophy »

PH-RDC representative

Besides, many interviewees, especially local partners representatives, mentioned the financial aspect as a source of motivation. They shared that they would be more motivated if the project included a transversal funding for their organizations, covering their management fees. They also complained about the lack of flexibility of financial procedures, which prevent asking of advances for example. They admitted this was a bit demotivating.

« It takes preparation time, or even transport time to go to the 2 maternities which are an hour's drive away and in a not very safe neighborhood... And so people expect a small gratification or facilitating conditions to translate their good will and motivation into action »

Local partner representative

« Another thing, the donor only reimburses fees after execution and validation, […] and that is a somewhat demotivating »

Local partner representative

For local partners, the huge workload and the involvement on many other development projects, added to the procedural complexity of PROMEKIN, are also a source of demotivation.

« It's true that people are happy to participate in the project, to attend the training sessions, I can see that. But on the other hand, it is an additional workload »

Local partner representative

« We already have the workload of our initial projects, and there is the additional PROMEKIN project […] We try to manage but it is quite complicated sometimes »

Local partner representative

On the other hand, two participants mentioned visibility and recognition of their efforts as a source of motivation to take part in the project activities. One local partner representative mentioned that the opportunity to work on a project of such magnitude is a valuable experience on one's CV.

« Thanks to this visibility, to these achievements of PROMEKIN, it also indirectly promotes our organization, because it is a project helping us to have the means to implement what we already know »

AFIA-MAMA representative

« And the companionship we do with this maternity strengthens us, and it will be a highlight in the CV of the whole team that they accompanied this big maternity »

CECFOR representative

« For us it is very beneficial and it makes the platform very visible. »

PH-RDC representative

When it comes to the maternities, their representatives identified several other incentives to enroll in the project. First, acquiring new skills was identified as a motivation for the healthcare workers. Secondly, the improvement in working conditions, thanks to the construction of a new maternity unit and the purchasing of new equipment, is also an incentive for the personnel to actively take part in the project. In addition, the opportunity to upgrade the maternity's level and become a referral center was also mentioned as a source of motivation by the maternity 2 representative.

« The involvement is positive, because beyond the acquisition of equipment and materials, there are training courses planned for our staff, and many of them have participated in several training courses »

Beneficiary representative

« It's really a great project since we work with maternities […] who are very committed and motivated in the management of the hospital. […] Honestly, I think it makes a great difference, it's no match with other projects we've seen »

Lead implementor representative

Finally, for the communities, the interviewees affirmed that they actively engaged in the project activities such as the health education sessions or the distribution of contraceptive materials. According to a local health partner representative, this active participation of the communities is driven by the concrete achievements of the project and the fact that it meets pressing needs for the population.

« Sometimes, the population itself suggests topics for training sessions, such as contraception. They wait, they listen and they talk about it at home. They recommend our education sessions...Even other health districts start to recommend our sessions, especially at the school level, because we offer concrete content »

Local partner representative

« For mobile clinics, I remember we were targeting about 50 people for 3 days of activities in each health district (=50 new users of contraceptive methods). And in fact, on average we are much closer to 200-250 people than to 50 »

Lead implementor representative

Discussion

Our study enables us to identify the main stakeholders' perspectives and motivations in a complex development aid project such as PROMEKIN. Understanding these perspectives is key to design projects capable of truly building ownership among local partners, even though they are managed by external entities. Ownership, in turn, is a fundamental condition to

achieve health system strengthening and meet the sustainability goal of the Paris aid effectiveness principles, reiterated during the 2011 Busan conference (11).

In the following, we will try to answer our research question and objectives through an analysis of our results. We will then present a list of recommendations that we deemed relevant to build ownership in HSS development projects.

Stakeholders' perspectives

To facilitate our analysis, we will group the project stakeholders into three different groups: the donor (AFD representatives in our study), the project implementors (GI and MdM) and the local partners (among which we include project beneficiaries: the maternities and the communities they serve).

From the donor perspective, we can summarize the expectations in two key words: efficiency and visibility. Efficiency is key because it means the project has good return-on-investment, with significant impact compared to the financial input. This explains why donor representatives repeatedly referred to the spending rate when assessing the project performance in our interviews. This is consistent with the described attitudes of donors in the literature (12). Efficiency has also driven the choice of the project implementors and beneficiaries. In both cases, the donor opted for private organizations (non-lucrative in the case of the maternities), as they have better perceived governance and management skills. In the case of the target maternities, although the choice was questionable from a public health perspective (according to the local health authorities), the donor insisted on selecting private beneficiaries.

Efficiency also entails an obligation of visibility on project indicators for the donor, to assess whether the project is performing well or not. Donor representatives insisted a lot on the necessity of having result indicators, and shared their disappointment that it was not yet the case for PROMEKIN. This imperative of visibility on project indicators implies in turn robust reporting processes by the project implementor (13). According to different interviewees, this also motivated the choice of a private organization for project implementation, especially after experiencing serious reporting deficits during PROMEKIN I. Moreover, the visibility imperative influenced the project governance, as the donor preferred to centralize all reporting processes in the hands of GI. Thereby, the donor has to deal with only one responsible entity, which makes the reporting processes simpler.

For project implementors, especially GI, the most important feature was their accountability to the donor's requirements. This obligation of accountability encompasses two aspects of the project management. First, they had to be beyond reproach when it comes to complying with the project financial procedures, as they undergo an annual financial audit. Secondly, they felt

they were also responsible for the activities' documents quality, as they are the ones who transmitted the ToRs to the donor. Such constraints faced by implementing agencies are well described in the literature (14).

This sentiment of accountability towards the donor explains GI attitude and project management style. As they bared all responsibility for project performance, they adopted a prudent management style, double-checking each procedure and activity ToR. This impacted their relationship with local partners, who felt a lack of autonomy and sometimes a lack of trust in their abilities (15). Similarly, GI project management unit on the field had the same feeling, and this resulted into a lack of fluidity in GI's own internal procedures. To make matters worse, GI inexperience with managing such complex development projects made them chose an inappropriate procedures manual for the project, when signing the grant agreement.

From the local partners perspective, they had the motivation to enroll in the project because they were convinced with its pertinence, in terms of responding to the local population's needs. Besides, PROMEKIN objectives aligned with their organizations' visions and approaches. Surprisingly for us, no one really questioned the delegation of project leadership to external (foreign) organizations. Some partners were even understanding that the donor preferred relying on private organizations, as they are perceived as more efficient. Other studies in the development literature also found that aid recipients are usually well aware of donors' agendas and priorities (12).

However, local partners were rather frustrated with the project procedures, in which they perceived a lack of autonomy. They wished they had more flexibility to organize their own activities, and not having to validate each ToR with GI, which was very time-consuming. Added to an already important workload, this impacted their motivation and it helps explain why their involvement in the project was not optimal. This frustration with excessive "Proceduralization" was also reported in the literature (12). When it comes to local health authorities, they did not question the project leadership either, but they shared their disappointment with the selection of only private healthcare facilities as beneficiaries. Although they admitted these facilities provided valuable services to the population, they felt they did not have enough oversight on the project activities and, thus, their level of involvement was also limited.

Besides, we identified other elements driving local partners motivation and involvement in the project (16). One of them is undoubtedly financial incentives, whether on an individual level (to cover transportation fees for example) or on the organization's level, as local partners wished the project supported them to cover overhead costs. Other incentives include gaining professional experience by working on a big development project, learning new skills and upgrading the maternities' level and improving working conditions for the beneficiaries.

Advantages and drawbacks of externally-managed HSS projects

In the context of low-income countries, such as DRC, local organizations (governmental or non-governmental) often have limited capabilities and don't have enough experience to manage large-scale projects. This applies especially to local health authorities which suffer from high staff turnover, chronic underfunding and limited supervision capacity. Besides, local organizations are often overwhelmed by the number of development projects they are already involved in, and can't dedicate enough resources to a new project. Therefore, delegating project leadership to external organizations, bringing international expertise and having robust governance, appears as a credible alternative for donors (17). Our study showed that the donor was essentially expecting efficiency and good performance indicators from an implementor, and this guided its choice of an international organization.

In addition, donors, who attach great importance to the notion of accountability as we've seen it, are keener to mandate organizations which they can easily hold accountable for project results. However, when dealing with local organizations, especially local health authorities, it's often difficult for donors to take strong stances against implementors, even in case of mismanagement. This is due to the sensitivity of diplomatic relations and historical complexity, often involving a colonial legacy (18). On the contrary, dealing with private organizations is much easier for donors, who can then afford adopting a demanding posture and impose strict procedures on the implementor. Many participants in our study confirmed this perspective guided the donor's choice of project leadership, especially after the negative experience of PROMEKIN I.

However, strict accountability standards could have the opposite effect on external organizations managing complex HSS projects. While donors usually seek flexibility and efficiency when delegating project leadership to private organizations, requiring heavy reporting procedures is often incompatible with this goal and hampers the project's fluidity. Moreover, pressure resulting from the donor's requirements affects the project manager's attitude, and makes private organizations lose their biggest advantage: flexibility (19). Our study results illustrate this matter of fact, with GI's attitude qualified as excessively prudent and rigid by some participants, due to the fear of missing the audit's requirements.

Another drawback of externally-managed HSS projects concerns the level of involvement of local partners. Although motivated by the various opportunities offered by large-scale projects such as PROMEKIN, our study showed they might get rapidly demotivated if they feel project leadership doesn't give them enough autonomy. This feeling of demotivation can be deepened if local partners perceive project leadership as distant or disconnected from the local realities. Finally, apart from the project implementation itself, the lack of consultation at the project

design phase also hampers project ownership by local partners (12). Our results showed that DPS representatives regretted selecting private beneficiaries only when designing the project, given they don't have enough oversight on those facilities. This helps explain their limited involvement in the project activities.

How to overcome ownership challenges?

From our understanding, a health system strengthening approach should always seek to promote ownership in order to succeed. In fact, ownership by local partners is key to achieve sustainability in a development project's impact, and to succeed in conducting the disengagement phase of the project (20). Obviously, the best option for this purpose would be to let local partners take full charge of the project implementation. Unfortunately, we've seen that this is not always possible in a low-income setting, where local organizational capabilities are limited.

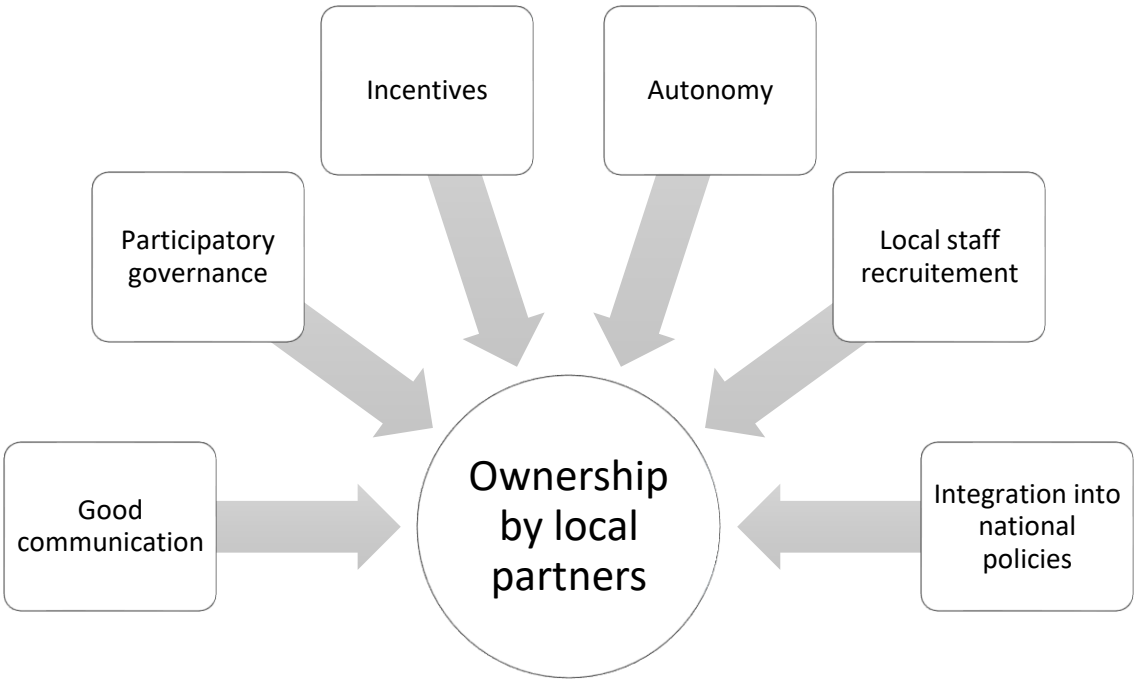
Nevertheless, even in the case of an externally-managed HSS development project, our study enabled us to identify some examples of good practice in order to promote ownership. A surprising result for us was that no stakeholder questioned the principle of delegating project leadership to an external agency. While local partners representatives criticized some aspects of GI's management, they were also aware of their own organizations' limits and understood well the donor's perspective and expectations. From our study interviews and subsequent literature research (12,20,21), we are able to formulate the following recommendations to build ownership:

- **Good communication:** communication is key at all levels. It is important right from the beginning, to explain the project procedures in a pedagogical way. It also helps solve potential misunderstandings and share information correctly, so that all partners are aware of the different project's activities and identify with its achievements. Linked with communication, the notion of proximity with the locals is also fundamental, with a project management team on the field having adequate prerogatives to coordinate with local partners.
- **Participatory governance:** even though implementation is delegated to a foreign agency, the project governance should include a coordination body involving all relevant stakeholders, and having oversight on activity planning. Beyond the classical steering committee, held annually and involving local authorities in a tokenistic way, PROMEKIN showed us that a more regular (quarterly) technical committee is a more efficient coordination body. Indeed, all participants hailed the existence of such mechanism, and linked recent improvements in the project governance with the resumption of its meetings (after the pandemic).

- **Incentives:** this is one of the key findings of our study. Although civil society organizations are usually committed to their work, heavy workload and difficult conditions on the field often hampers their involvement. Donors should act in a pragmatic way and include various kinds of incentives to guarantee the local partners' engagement. Incentives can be financial of course, by covering overhead costs, but one must also think of gaining experience, career perspectives, improving working conditions or institutional growth.
- **Autonomy:** our study showed that one of the main causes of demotivation for local partners was their perceived lack of autonomy, which often translated into a feeling of lack of trust. Autonomy can be achieved through simplified project procedures, especially when it comes to planning activities. In the case of PROMEKIN, the ToRs validation requirement could be waived for small-scale activities, and financial procedures could allow paying advances to the local partners so they can start their activities. Another option would be to validate an annual action plan, transfer the corresponding funds and control the partners' performance afterwards.
- **Recruiting local staff**: even though leadership is delegated to an international organization, a smart way to contribute to the local capacity building and build ownership is to recruit mostly local staff. Here, we can take the example of MdM as good practice, since all team members except the team leader (five people) were locally-recruited. This also contributes to the feeling of proximity for local partners, which facilitates communication, as we saw it.
- **Integration into national policies**: in a low-income setting, it can be difficult to deal directly with local health authorities, and donors may prefer funding civil society organizations which are often more committed. However, HSS projects should always link their activities with the local health system and existing policies. We can say that PROMEKIN tried to achieve that through upgrading beneficiary maternities as referral centers for surrounding health districts, and sharing best practices thanks to the PH-RDC network. However, local health authorities perceived a lack of consultation at the project design phase, and did not agree entirely with the beneficiaries' selection. To solve this issue, a middle-ground solution could have been found with the inclusion of both public and private maternities in the project.
- **Success**: this may seem obvious, but project achievements are the best way to promote ownership among local partners and even community engagement, as we saw it in our study. Although beginnings can be difficult, this is an incentive for project managers to overcome initial challenges and work hard on the first achievements. Once impact is concrete, bringing everyone on board is much easier. An important

aspect here is to properly highlight the projects' achievements, thanks to a well-considered communication strategy.

***Figure 2**: Recommendations to promote ownership among local partners*



Source: Author

Limitations

Local partners, including project beneficiaries, were over-represented compared to other categories. This might have influenced the study's findings by making the researcher consider their views as predominant. Of note, two target individuals (Maternity 1 director and a local healthcare worker) couldn't be interviewed. As they are part of the local partners group, their absence could have influenced our findings on this group's perspective.

Another limitation concerns the position of the researcher as an intern at Ginger INTERNATIONAL (GI), which was well-known by all interviewees. Since GI's performance was one of the study's topics, this could have influenced the way participants expressed their views regarding this issue.

The data was coded by only one researcher, therefore inter-rater reliability was not tested. This may be a source of bias due to the subjectivity of the data analysis, and the results and interpretation may not be reliable.

Conclusion

To meet health system strengthening objectives in development projects, building ownership among local partners remains a key issue to achieve sustainability. Ideally, the best option to reach this goal would be to delegate all project leadership to local partners, and give them enough autonomy so they can integrate the project's activities into local health policies. However, in the context of low-income countries, this is not always possible due to several constraints, often incompatible with donors' requirements of accountability and efficiency.

Our case-study, the PROMEKIN II project, is a typical illustration of this issue, as the donor opted for a rather unusual governance mode, by delegating all project leadership to an external entity (an international consulting firm). At first glance, this may seem contradictory with the Paris principles of aid effectiveness, especially the principle of ownership. Our qualitative study, made of in-depth interviews of the project's stakeholders in addition to a review of project documents, attempted to investigate this issue.

An intermediate objective of our study was to explore the different stakeholders' views in a complex HSS development project, such as PROMEKIN. Interestingly, we found that local partners, even local health authorities' representatives, did not really question the delegation of project leadership to an external agency, as they perceived private actors as more efficient and experienced. However, they acknowledged that other factors affected their motivation and, thus, their ownership of the project achievements. These factors are mainly related with heavy project procedures and the lack of autonomy, which translated into a perceived lack of trust.

The second intermediate objective was to assess the advantages and the drawbacks of such governance mode for HSS development projects. While choosing experienced international organizations may seem the best option to guarantee efficiency for donors, we discovered that this might have a perverse fact. In fact, when accountability requirements and reporting procedures are too stringent, it reduces the flexibility of private implementors, who might adopt an excessively prudent management style to honor their commitments and protect their reputation. This in turn impacts the fluidity of all project activities, as well as the relationship with other project partners.

Finally, although delegating leadership to foreign agencies threatens project ownership by local partners, our study enabled us to identify some recommendations of good practice to mitigate this effect. Indeed, we found that good communication and proximity, facilitated by recruiting local staff, as well as participatory governance and autonomy were all key to catalyze local partners' involvement. In addition, aligning project objectives with national health policies is also necessary to get local health authorities on board. Finally, we must not forget that there

is nothing more attractive for partners than achievement and success, especially when they see the project benefiting their own communities.

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Appendix 1: Interview guide

1. Pouvez-vous vous présenter ?
2. Pouvez-vous présenter votre institution ?
3. Que pensez-vous du projet PROMEKIN II ?
4. Pouvez-vous décrire le rôle de votre institution au sein du projet PROMEKIN II ?
5. Votre institution a-t-elle participé au projet PROMEKIN I ? Si oui, qu'avez-vous pensé de ce projet ?
6. Comment évaluez-vous l'impact du projet PROMEKIN II sur l'état de santé de la population cible ?
7. Comment décririez-vous le degré de motivation et d'implication de votre organisation pour travailler sur PROMEKIN II ?
8. Comment jugez-vous le bénéfice du projet PROMEKIN II sur votre organisation, notamment en termes de renforcement de capacités ?
9. Dans quelle mesure pensez-vous que le projet PROMEKIN II contribue au renforcement de capacités du système de santé congolais ?
10. Pour vous, y a-t-il des différences entre le projet PROMEKIN II et vos autres projets menés localement ?
11. Comment jugez-vous la gouvernance du projet PROMEKIN II, en termes de répartition des rôles entre les différents partenaires ?

Appendix 2: Original quotes in French

Quote order of appearance	Verbatim transcription in French
Quote no 1	*« C'est un projet très utile pour notre pays, pour la ville de Kinshasa. C'est une ville […] avec des indicateurs dans le rouge pour la santé maternelle et infantile. […] Par conséquent, ce binôme de mère-enfant, c'est une cible qui mérite toute notre l'attention, et nous pensons donc que ce projet vient donner une bonne réponse »*
Quote no 2	*« Ces maternités se trouvent au niveau péri-urbain et ne drainent pas seulement la population de leurs zones de santé, mais servent aussi d'autres zones de santé environnantes »*
Quote no 3	*« C'est maintenant que la population commence à bénéficier du projet, car la maternité vient d'être inaugurée, mais il nous reste seulement une année ! […] Si quelqu'un est sensibilisé pendant une année, il va commencer à voir les fruits, et d'un seul coup le projet s'arrête ? Sur ce plan-là, le projet devrait réfléchir à une extension »*
Quote no 4	*« Ces maternités-là, avant qu'elles ne soient appuyées, étaient déjà équipées et étaient déjà à même de bien prendre en charge les femmes enceintes et les accouchements. Plutôt d'aller où le problème se pose réellement…parce que dans nos maternités, c'est là où se pose réellement le problème de plateau technique et de renforcement du personnel »*
Quote no 5	*« La première année c'était une année où la performance n'était pas vraiment celle qu'on attendait. Ils ont un taux de décaissement qui était très très faible (environ 3% la première année sur 8 M€) »*
Quote no 6	*« Je trouve que le projet a pris du retard dans les réalisations. […] Pour CECFOR, nous sommes chargés du volet des formations/compagnonnage des équipes de maternités. Et pour pouvoir accompagner les équipes, il faut que le travail des maternités soit commencé avec un environnement au point »*
Quote no 7	*« Nous on démarre tard, mais tout ce qu'on n'avait pas fait avant, eh ben là on a rattrapé. On a tellement fait d'activités en 2 ans que nous, faire tenir le projet en deux ans, on est capables »*
Quote no 8	*« Grâce au projet, on a désormais un bloc opératoire qui, en 3 mois d'ouverture, a permis la réalisation d'une soixantaine de césariennes, pas liées à des abus mais vraiment à des cas d'urgence qui devaient être référés […] En néonatologie aussi, ils avaient une unité qui n'était pas aux normes, […]. Mais aujourd'hui, on a acquis des couveuses de bonne qualité, […] qui permettent vraiment de sauver des vies […]. Donc l'impact est très visible, surtout quand on voit d'où on est partis avant le projet »*

Quote no 9	*« Il s'agit d'un projet de 4 ans et demi, et pour l'instant on est juste au début, parce que la première année c'était la construction, surtout à Kingasani là où je suis présente. Et même là, il y a encore des points à finaliser […]. Par conséquent, parler d'impact maintenant est trop prématuré »*
Quote no 10	*« Moi ce que je veux savoir aujourd'hui, c'est combien de personnes ont bénéficié de ces services avec amélioration de l'accès et de la qualité »*
Quote no 11	*« Je dirais que si l'on cherche l'impact sur les grands indicateurs de santé maternelle et infantile, on ne les aura pas. Je sais que l'AFD nous demandait tout le temps ce genre d'indicateurs ; ce n'est pas PROMEKIN qui va influer sur le taux de mortalité sur la zone de santé de Kingasani, je ne pense pas »*
Quote no 12	*« Il est très efficace, parce qu'une structure privée doit être en mesure d'aller vite sur les activités puisqu'il n'y a pas trop de lourdeur administrative publique »*
Quote no 13	*« Malheureusement, ce qui a manqué pour GI, c'est la gouvernance interne qui n'a pas été adaptée. C'est un projet différent du métier habituel de GI […] et GI n'a pas réajusté ses outils pour faire face à cette subvention »*
Quote no 14	*« Ça semble ralentir beaucoup de choses, c'est très lent. D'ailleurs, en termes de temps, c'est plus l'administration et toutes ces procédures qui prennent beaucoup de temps »*
Quote no 15	*« En fait, nos règles et notre manuel de procédures, je trouve, ne sont pas du tout adaptés au projet. […] Je trouve que c'est extrêmement lourd, et qu'on aurait peut-être dû/pu négocier avant de signer le contrat, d'avoir des règles un peu plus souples et moins de contrôle en amont, et avoir plus de contrôle au moment des audits. Je trouve que ça nous aurait vraiment facilité la vie »*
Quote no 16	*« Vous ne pouvez pas avoir de l'argent et dire « non, on ne peut pas faire parce que lorsqu'on va nous auditer, on sera inéligibles ». C'est comme si vous craignez quelque chose, il y a une certaine peur »*
Quote no 17	*« Parce que c'est une structure privée, qui ne voulait pas prendre de risque, qui n'allait pas facilement avec les autres façons de faire les choses. GI prenait toujours des précautions avant d'y aller, et donc finalement […] ça devenait chronophage, et peut-être même plus lourd que ce qu'on voyait dans les autres systèmes publics »*
Quote no 18	*« Un mode opératoire qui est différent des autres projets que j'avais gérés. Ici, pour toutes les activités, il y avait un ANO à demander, qui rendait le dispositif un peu lourd et qui compliquait la mise en œuvre des activités »*
Quote no 19	*« Dans ce projet, à chaque fois il faut réécrire et soumettre à l'ANO de l'AFD pour que cela puisse passer. Et ça, ça fait des va et vient. Dans le meilleur des cas, c'est deux semaines après l'envoi des TdR avec les échanges et les corrections et tout »*

Quote no 20	*« Je pense qu'il y a quand-même beaucoup de frustration de leur part, sur ce modèle de gestion. Je sais que par exemple, ils nous ont demandé à plusieurs reprises, pour les activités, si c'était possible d'avoir une avance pour nous permettre de payer la salle […]. Moi honnêtement, je pense que ça pourrait être pertinent »*
Quote no 21	*« Là après 2 ans du début du projet, nous avons quand-même une certaine souplesse dans les procédures et dans les prises de décision. Avant, on avait l'impression qu'on n'était pas du tout écoutés »*
Quote no 22	*« L'ouverture que nous avons beaucoup appréciée dernièrement, […] on a vu la nécessité qu'ils recrutent à leur niveau (malheureusement c'est à leur niveau parce que nous on n'a pas de budget de recrutement de RH) »*
Quote no 23	*« Pour nous, s'il y a un nouveau projet qui est implémenté à Kinshasa, il faut d'abord qu'on associe lors de l'écriture du projet, les autorités de la ville et surtout la DPS, parce que c'est nous qui savons là où il y a le besoin […]. Nous savons comment orienter les projets là où ils doivent être réellement implémentés. Là au début, on ne nous avait pas réellement associé dans ce sens […], ils ont dit que le projet était déjà écrit et validé dans ce sens-là par l'AFD »*
Quote no 24	*« En fait, MdM n'ont pas du tout d'habitude d'envoyer des documents pour validation à l'AFD, et ça ça a été un énorme problème au début du projet, parce qu'ils avaient du mal à intégrer ce mécanisme. Ils avaient vraiment l'impression qu'"on faisait ça pour les embêter" »*
Quote no 25	*« J'ai beaucoup apprécié que ces derniers temps, […] pour l'évaluation à mi-parcours […], c'est la première fois qu'on a été impliqués, même dans la définition des TDR. Et pour moi, […], c'est comme ça que ça devrait fonctionner tout le temps »*
Quote no 26	*« Il faut aussi faire confiance à l'UGP qui a été mise en place, et mettre des mécanismes de contrats de performance avec des contrôles et des évaluations régulières, et éviter ainsi la micro-gestion par le siège […]. Il faut donner plus d'autonomie et plus de confiance […]. Ils étaient parfois très regardants et avaient du mal à donner une certaine autonomie à l'équipe de gestion sur le terrain »*
Quote no 27	*« Je peux dire pas totalement. On a une longueur d'ondes différente, avec parfois de grandes différences […] Un rapprochement serait souhaité. Que tout se traite à Paris, loin, des fois les réalités ne sont pas les mêmes »*
Quote no 28	*« Ma recommandation c'est que GI puisse mettre en place un manuel de procédures tenant compte de […] l'environnement politique, social et de travail de Kinshasa. Il faut aussi écourter les temps de traitement de dossier, et ils doivent être connus, parce que jusque-là on ne connait pas le manuel de procédures de GI »*

Quote no 29	*« En plus, il y a l'intervention d'ASF qui vient de Paris, qui pour nous est tombé comme un cheveu dans la soupe, car elle n'était pas prévue au départ. Nos relations au départ ont été assez corsées, parce qu'ils venaient dans une approche d'évaluation de nos contenus de formation »*
Quote no 30	*« Le premier comité de pilotage […] c'était déjà pour moi une bonne façon de rencontrer les partenaires principaux et de se coordonner. Et ça fonctionne bien. […] C'est quand-même un vrai mécanisme de coordination. Et limite je regrette […] qu'on ne puisse pas le faire plus souvent »*
Quote no 31	*« En fait, il y a une différence positive, dans la mesure où le projet PROMEKIN II est vraiment formalisé, avec des organes de pilotage. Dans plusieurs projets, il n'y en a pas vraiment. Avec ces organes, nous sommes vraiment consultés pour des activités qui doivent se passer à la DPS »*
Quote no 32	*« Mais ce que moi j'apprécie beaucoup dans PROMEKIN c'est le comité de pilotage. Vous êtes bénéficiaires et on vous associe dans la prise de décision. […] Ça c'est une différence assez fondamentale quand-même »*
Quote no 33	*« Une fois qu'on va distribuer aux maternités des intrants, c'est attendu […] qu'on ait des rapports de consommation. Ça c'est des outils qui n'existaient pas. Donc aujourd'hui, on aide les maternités à créer des outils qui vont les aider à gérer leurs structures »*
Quote no 34	*« En termes de renforcement de capacités, je dirais non ! Pour notre organisation, on est déjà une équipe très réduite […] et pour PROMEKIN, les dépenses liées au recrutement d'une personne ressource n'ont pas été éligible à notre niveau »*
Quote no 35	*« Ils ont appris à faire des TdR, à présenter les activités, et à gérer un projet. Ils ont compris un peu les exigences d'un bailleur, alors que beaucoup d'entre eux n'avaient pas l'habitude de faire des TdR ou des ANO, et n'étaient pas habitués à un certain degré de redevabilité pour les audits etc. Et on les a aussi formés sur les procédures de passation de marché à un moment donné »*
Quote no 36	*« Enormément ! Et j'essaie de l'expliquer à mon équipe, et eux-mêmes ils ont réalisé cela. Le fait de participer à un tel projet, c'est nous les bénéficiaires, parce qu'avant de former les autres vous vous remettez en question et vous vous capacitez vous-mêmes pour mieux partager »*
Quote no 37	*« Non. En fait, je peux dire partiellement, dans la mesure où depuis les deux ans de la mise en œuvre de ce projet, on a eu quand-même à organiser des activités ayant trait au renforcement de capacités, et certains cadres de la DPS ont participé à des formations »*
Quote no 38	*« Il y aura un impact, notamment grâce au rôle de la PH-RDC, qui réunit plusieurs hôpitaux (notamment celui du CECFOR). Ainsi, il y aura un partage d'expérience qui fera monter les capacités des hôpitaux en*

	gestion/management. Et le projet a aussi une ligne de renforcement des capacités pour la DPS »
Quote no 39	*« Cela permet de capitaliser, de mettre en commun des bonnes pratiques hospitalières au bénéfice des hôpitaux de cette plateforme. Donc c'est un choix qui a été fait »*
Quote no 40	*« Ce qu'on a essayé de faire, parce qu'ils ont du mal à mettre en œuvre leurs activités et de faire de la gestion de projet, c'est qu'on a recruté un assistant technique congolais […]. L'objectif c'est qu'il les accompagne pour leurs activités, mais aussi qu'il renforce leurs capacités en gestion de projet »*
Quote no 41	*« Il y a des projets aujourd'hui […] qui servent vraiment à renforcer la gouvernance d'autorités, de plateformes hospitalières etc. Là, ce n'est pas le mandat du projet. Après, je vais pouvoir dire que c'est un à-côté, […], il se trouve quand-même qu'il y a une attente. […] Voilà, ça va venir sur des à-côtés du projet, donc ça veut dire que ce n'est pas notre focus initial »*
Quote no 42	*« Ce n'est pas le but du projet, c'est-à-dire qu'on n'a pas de résultat clairement identifié qui s'appelle renforcer les capacités du Ministère de la Santé, sachant que le projet est vraiment ciblé sur les deux maternités. […] Pour moi, on est plutôt sur du renforcement de capacités de personnel soignant que vraiment le Ministère »*
Quote no 43	*« C'est un projet qui, en termes de santé publique, permet d'atteindre plusieurs cibles à la fois. […] C'est vraiment un package assez intéressant, qui permet de renforcer le système de santé. J'avoue que j'ai trouvé de l'intérêt à piloter ce projet-là. »*
Quote no 44	*« Oui, AFIA MAMA nous sommes vraiment motivés, parce que ça correspond à notre devise. […]. Nous sommes vraiment heureux de travailler. Nous souhaiterions même élargir le champ parce que les besoins sont vraiment énormes »*
Quote no 45	*« CECFOR a une vision (donner des soins de qualité), une mission (accompagner les autres structures) […]. On peut dire que le projet répond à la mission du CECFOR »*
Quote no 46	*« J'aime beaucoup l'approche que le projet utilise, parce que ça s'apparente un peu à l'approche à la plateforme. A la plateforme, nous utilisons l'approche de l'apprentissage par les pairs […] On se retrouve quelque part dans notre philosophie de travail »*
Quote no 47	*« Ça demande du temps de préparation, ou même du temps de transport pour aller aux 2 maternités qui sont à une heure de route et dans un quartier pas très sûr...Et donc les personnes attendent une petite gratification ou une facilité pour traduire en actes cette bonne volonté et cette motivation »*
Quote no 48	*« Autre chose, l'AFD ne rembourse qu'après exécution et validation, […] et ça démotive un peu »*

Quote no 49	*« C'est vrai que les gens sont contents de participer au projet, d'assister aux formations, je le vois. Mais en contrepartie, c'est un peu une charge de travail supplémentaire »*
Quote no 50	*« Nous on a déjà la charge de travail avec nos projets initiaux, et il y a le projet additionnel de PROMEKIN […] On essaie de gérer mais c'est assez compliqué quand-même »*
Quote no 51	*« Grâce à cette visibilité, à ces réalisations de PROMEKIN, ça vend aussi indirectement AFIA MAMA, parce que c'est un partenaire technique et financier qui nous aide à avoir les moyens de mettre en œuvre ce que nous connaissons déjà »*
Quote no 52	*« Et le compagnonnage qu'on fait avec cette maternité nous renforce, et ça reste dans le CV de toute l'équipe qu'ils aient accompagné cette grande maternité »*
Quote no 53	*« Pour nous c'est très bénéfique et ça rend très visible la plateforme »*
Quote no 54	*« L'implication est positive, parce qu'au-delà de l'acquisition des équipements et matériels, il y a des formations prévues pour nos personnels, et ils sont nombreux à avoir participé à plusieurs formations »*
Quote no 55	*« C'est vraiment un super projet puisqu'on travaille avec des maternités […] qui sont hyper impliquées et motivées dans la gestion de l'hôpital. […] Je trouve que franchement ça fait la différence sur un projet, ça n'a rien à voir »*
Quote no 56	*« Des fois la population elle-même propose des sujets de sensibilisation (contraception etc.). Ils attendent, ils écoutent et ils en parlent à la maison. Ils recommandent nos séances de sensibilisation…Même les zones de santé commencent même à nous proposer, surtout au niveau des écoles, parce que nous au niveau des écoles on est vraiment dans le concret »*
Quote no 57	*« Pour revenir aux TDR des cliniques mobiles, je crois qu'on ciblait une cinquantaine de personnes pour 3 jours d'activités sur chaque zone de santé (=50 nouvelles utilisatrices de méthodes de contraception). Et en fait, en moyenne on est beaucoup plus proches de 200-250 personnes que de 50 »*

Abstract in French

Titre : Etude qualitative sur le projet PROMEKIN II en République Démocratique du Congo : exploration de l'appropriation locale d'un projet d'aide au développement de renforcement du système de santé géré par une agence externe.

Contexte : Le projet PROMEKIN II est un projet complexe de développement, visant à améliorer et à renforcer les services de santé maternelle et infantile dans deux quartiers périurbains de la capitale de la RDC, Kinshasa. Malgré l'implication de nombreux partenaires locaux, y compris les autorités sanitaires locales, le bailleur de fonds a délégué toute la direction du projet à une agence étrangère. Notre étude vise à appréhender les défis de l'appropriation par les partenaires locaux d'un projet de RSS géré par une agence externe, et à émettre des recommandations pour surmonter ces défis.

Méthodes : Dans cette étude qualitative exploratoire, 10 participants, représentant les organisations impliquées dans le projet PROMEKIN II, ont été recrutés à l'aide d'un échantillonnage raisonné. Des entretiens semi-structurés en ligne ont été menés individuellement entre avril et mai 2023. Les entretiens ont été transcrits et codés manuellement. Avant les entretiens, nous avons effectué une analyse documentaire de 3 documents clés du projet. Nous avons ensuite analysé le contenu des entretiens en utilisant une méthode de triangulation avec les résultats de l'analyse documentaire.

Résultats : Six thèmes principaux ont émergé des entretiens : pertinence du projet, performance du projet, gouvernance du projet, communication, renforcement des capacités et motivation. Tous les participants ont confirmé la pertinence de PROMEKIN II pour répondre aux défis sanitaires dans les zones cibles. Cependant, les autorités sanitaires locales ont exprimé leur désaccord avec le choix de formations sanitaires privées comme seuls bénéficiaires du projet. Aucun participant n’a remis en cause la délégation de la maîtrise d'ouvrage à une agence étrangère, mais les partenaires locaux ont critiqué la lourdeur des procédures de projet, notamment financières, ce qui a affecté leur autonomie et leur niveau d'implication. Enfin, les partenaires locaux ont salué l'existence du comité technique comme organe de gouvernance du projet, car il favorise une bonne communication.

Conclusion : Bien que les projets de RSS gérés par une agence externe soient confrontés à une difficulté d'appropriation par les partenaires locaux, nous avons identifié plusieurs recommandations pour surmonter ces défis : la communication, la gouvernance participative, les incitations, l'autonomie, le recrutement de personnel local, l’intégration dans les politiques nationales et la capitalisation sur les succès.

Mots clés : Appropriation, développement, maitrise d’ouvrage, partenaires locaux, renforcement du système de santé.