

Report of the First Phase of the CSE4HFA Project in the Democratic Republic of the Congo

Analysis of the interviews around "Civil society's commitment to Health for All!"

Introduction

As part of the PHM research-action project, funded by IDRC, the Democratic Republic of Congo was among six countries involved, through its PHM countries' circle. Following the workshop held in Cape Town in July 2014, the project was presented to the members of the PHM circle, and the selection process for junior researchers started. Three junior researchers were initially identified: Mr Billy Mwangaza (Kinshasa), Ms Nicole Tsombya (Kinshasa) and Mr Jasper Zagabe (Goma). At the same time, a steering committee was appointed, consisting of 4 active members of PHM DRC : Mr Erick Kambale (Southern Star), Ms Philomene Mukendi (The angels of heaven), Mr Georges Biongo (ACPED) and Mr Paul Muntini. This committee, with the support of the junior researchers' Mentor, Ms Gaëlle Fonteyne (M3M), was responsible for supporting junior researchers and for facilitating relations with members of the PHM circle.

In January 2015, a preparatory workshop in Kinshasa with the three junior researchers, the steering committee and the mentor, and with the support of Ms Chiara Bodini (PHM / M3M) helped launch the first project phase: participatory action research. Initially, the junior researchers were asked to identify organizations to talk to, as members of the PHM Congo circle, and then to contact them with the support of the steering committee. A total of nine people / organizations responded to the call of the junior researchers. In a second step, a questionnaire in French was created on the basis of project documents, and among others, the questionnaire used in Italy. The junior researchers – only two of them from now on - were briefed on the use of the questionnaire and conducted a test phase.

At the same time, the steering committee was expanded to ensure better coordination with the PHM Congo circle, thanks to Mr Gaston Kayenga (CODIC) and Ms Sandra Kanyeba.

During the January-May 2016 period, two junior researchers based in Kinshasa conducted, recorded and transcribed interviews with nine persons / organizations members of the Congo PHM. During the month of May 2016, they analyzed data from interviews with the support of a mentor to prepare this report.

Study context

In the end, the participatory action research was conducted only from organizations / people already members of Congo PHM. It was originally planned that the study would be done in Kinshasa and Goma but the withdrawal of the third junior researcher based in Goma resulted in a failure to extend the study to the east of Congo. Therefore, we had eight interviews with organizations that are all members of the PHM Congo circle and based in Kinshasa.

The purpose of this action research is to emulate ideas to enhance and strengthen the capacity of PHM, and the PHM Congo circle. An effort was made to establish a link between the junior researchers, PHM and PHM Congo (through the expanded steering committee). Two members of the team - a member of the steering committee, Mr Erick Kambale, and a junior researcher, Ms Nicole Tsombya - took part in the World Social Forum held in 2014. The link was also maintained through the support and guidance of Ms Chiara Bodini, and Ms Linda Shuro.

Obstacles and biases

There were numerous obstacles:

- the departure of one of the junior researchers, who was based in Goma, a few months after starting the study resulted in the failure to extend the study in eastern Congo;
- the interruption of communications at the start of the study (Internet and phone were cut off for several weeks following public demonstrations) added to the general problems of communication in the DRC (internet access, telephone charges, etc.) and it made contact very difficult with and between the various stakeholders (members of clubs and organizations, junior researchers, members of the steering committee, etc.);
- the fact that reference documentation written and shared on the project was in English;
- the difficulty for some stakeholders to understand some survey questions during interviews;
- the passivity and lack of reactivity of the PHM Congo circle; and
- the lack of experience of junior researchers and the steering committee, and the lack of clear job descriptions and functions.

Results

The organizations / individuals who participated in the research: our two junior researchers have managed to interview nine persons / organizations based in Kinshasa, and belonging to the PHM Congo circle. Among these nine people / organizations, there were two women. One person was specifically interviewed about the history of the PHM Congo circle.

Organisation

First of all, most of the organizations met have a local base (in Kinshasa and possibly in one or two other provinces) ; only one organization worked at a national level.

Their missions and objectives are mainly social ones, but they are varied and variable, and encompass a lot of themes: participation of young people in political life, addressing the problems of the masses, overcoming social

inequalities, promoting wellness, improving community health, promoting the integral development of man, etc. So it can be said that these organizations often broach items related to social determinants of health, although the concept is not stated explicitly.

Their operation mode is based on a simple hierarchical model, well respected by the members, with the terms for decision-making mainly centred on dialogue, consensus and majority vote (in a general assembly).

Although the budget issue was not mentioned explicitly, experience shows that there are few sources for funding and the amounts are quite small and often irregular and / unreliable - apart for two organizations that are partners of M3M as part of a programme which is sustained by the Belgian cooperation. There are mainly four types of financing: 1) membership fees, 2) income-generating activities (sale of certain products), 3) potential donations, 4) a partnership with "external" organizations, that is to say, not Congolese. Actually, the size of interviewed organizations is highly variable - from 9 members for the smallest, to about 20,000 supporters for the largest. But in general, and logically, due to their local roots, we can say that these are small organizations, which also influence the share of membership fees in the budget of these organizations. The question of these organizations' survival is also a crucial and daily issue for the management.

The issue of membership was also rather complex because organizations usually have several membership categories such as: ordinary members, staff members, honorary members, support members, etc. and for each of these categories of membership, different roles, responsibilities and interests. The recruitment of these members is done mainly in two ways: 1) via other members, 2) from organized activities that promote recruitment (trainings, conferences, etc.).

Campaign and Advocacy

Six of the eight organizations reported having already organized a campaign / advocacy but one of the answers describes a one-time action instead (so it has not been included in the analysis). The latest campaigns / advocacy actions led were:

1. Human rights and HIV-AIDS in 2012 (three days) in Kinshasa. It aimed to raise awareness on HIV-AIDS ("Abstinence") and restart UNAIDS activities. The campaign was organized by the National Coordinator of the PNMLS and the Ministry of Justice and Human Rights; the organization was one of the campaign partners.
2. Water for all (one day), in Kivu, in the form of a peaceful community march with 800 activists of the DAS. It was intended to attract the attention of the government around the population's water requirements so that it could find a solution to provide clean drinking water to the population ("Water is life").
3. Gender based sexual violence (GBSV) (12 months) in Kinshasa. The goals were many: analyse and identify gaps on GBSV, develop common agendas, strengthen the leadership of women and girls, reach a consensus with all stakeholders, lead the lobbying for women's rights ("Do not touch my private parts"(from the slogan in Lingala)). The campaign was conducted with national organizations.
4. The campaign for the book and the campaign "not a single home without the DAS" (16 months, still happening), at national level. The main objective is to identify, educate, recruit and train about DAS through actions such as the creation of community libraries, the partnership with universities and higher institutes, to ensure proper analysis of the context and the population's situation, and produce alternatives toward the well-being, equity, and against inequality ("a new Congo by a new Congolese"). Both campaigns are organized as part of the DAS National Movement's creation.

5. Waste Management (was scheduled for 3 years but was conducted only 3 months, for lack of means and people's lack of availability) in Kinshasa. The goal was to raise awareness on waste management ("I love my city and I keep it clean"). It was conducted thanks to university students and the Ministry of Interior.

We can see that the themes vary, but are always around DSS: water, sanitation, DAS, GBSV, HIV, each with an appropriate slogan.

Durations also vary between 1 day and 16 months.

The location is either very local (a district of Kinshasa), or national (in our examples, they were never in connection with an international campaign).

These campaigns are mainly organized by and with local organizations, sometimes ministries, universities / institutes of higher education through students.

We observed that there is no clearly defined event that trigger the start of a campaign but that it comes in response to the general context and possibly as part of a funding or program (as a goal or activity).

Looking at the aims of these five examples of campaigns, we identified three types of objectives: 1) those targeting the population (awareness, training, etc.), 2) those targeting authorities (the needs of the population), 3) those related to the partners (local NGOs, national NGOs, universities, etc.).

As for the organization of the campaign / advocacy, here are the main elements of the analysis of the five campaigns:

Pre-campaign stages are quite "conventional": they are made up by the set-up of the campaign, the training of members and participants, the production of a reference manual (or campaign guide), feasibility studies, preparatory meetings, pretesting and investigations if necessary to draw up an inventory of the situation in relation to the theme of the campaign. Resource mobilization is equally part of the preparatory stages, both financial resources (own contribution or external support), human (voluntary community participation) and equipment (purchase, gift, etc.); they are mainly taken from participants in the countryside and / or external partners. Awareness raising strategies generally happen through educating participants (door-to-door home visits, etc.), meetings / contacts with the authorities (authorization, etc.), distribution of invitations and letters, contact with the media, development of relevant and stimulating messages.

To sustain a campaign, organizations choose the following strategies: working on / with an organized population; or basing the campaign on the interests of stakeholders and beneficiaries, establishing consultative framework to monitor and ownership the achievements of the campaign, choosing strategic awareness days, etc. And to ensure the success of the campaign, they follow these strategies: identifying the needs of beneficiaries of the campaign, awareness of target groups, training, producing and popularizing the campaign reference documents, creating coordination units at all levels, regularly evaluating the campaign with beneficiaries, partnering with other organizations.

When we try to judge if campaigns produce new knowledge, the fact finding is that, apart from some expertise in the organization of a campaign, there is not really new knowledge produced, or at least, no evaluation of new knowledge. It is possible that this is not actually considered as one of the campaigns' and advocacy actions' goals. Did these organizations empower other activists? Three of eight organizations answered yes, they have

empowered church members, school members, linked organizations, women's organizations, authorities. However, we did not get details on how, or what subject, etc.

In terms of opportunities, organizations have mainly discussed: the support of the authorities, campaign themes that would reflect population's concerns (everyone agreed to participate), external technical assistance, the initiation of a second campaign following the first (to emphasize the legal aspect of VS), the set-up of a coalition of partners and synergies. And in terms of obstacles: lack of financial resources, distrust or lack of ownership from the authorities / organizations of civil society (for lack of resources and also because the theme of the campaign challenges the role of the authorities), security.

We observe that there is a concrete experience from different organizations who have participated and / or organised a campaign, but this experience has not yet been shared, or put in common within the PHM circle which has not yet organized a campaign or an advocacy action to date. These campaigns are relatively "isolated" in terms of location, partnership, resources, time, etc., as well as from a more general framework of actions promoting health for all. Thus, to the question "what could be the inputs for health for all?" there was virtually no response, and the few answers we received were not relevant.

And finally, regarding the body of the campaign, three organizations, out of the five that have organized a campaign, report that the campaign took place as planned, and that "all steps have been followed." One organisation replied that the campaign, scheduled over a period of three years, was finished in three months due to lack of resources. We can see that the organizations are primarily concerned with following the proper steps. They do not mention achieving any results.

About the inputs to the campaign: either directly linked to the organization or to the objectives, we find two types of inputs: 1) in terms of acquired knowledge / know-hows (knowledge on non-discrimination of PLWHA, on waste management, etc.) and 2) in terms of the organization's functioning (the organization has become known, and can recruit, test the potential of mobilizing members and the trust and involvement of the authorities, contact with the health area, etc.).

The concept of good practice is little used and not very popular with the organizations; the answers to this question shows that this concept is not really mastered (i.e. abstain and protect against sharp objects, choose good message for the banners, dissemination of the concept of GBSV to the population).

Changes discussed following the campaign are few and mostly oriented towards the functioning of the organization (involvement of women and youth in awareness-raising activities, installing GBSV focal points in every town). The obstacle mentioned is "nothing has changed because it is too localized"; there were no assessment of changes during and after the campaign. However, this does not prevent many organizations from contemplating new campaigns around advocacy for prisoners' conditions of life, child's development, or use the same campaign for awareness rising. At this stage, the organizations mentioned ideas but no concrete plan.

Several organizations mentioned that the campaign / advocacy ideas exist, but they lack the means to deliver them, and they think a collaboration with international organizations is necessary to be able to realize them.

Movement building

According to the few available documents, the existence of the PHM Congo circle has been mentioned since 2010, is coordinated by a few volunteers (we found no document relating to that period) who occasionally participate in some activities organised by PHM International (IPHU, Senegal, 2011). During the mission of a

PHM International's member, Mr Claudio Schuftan in 2012 in Kinshasa, the Congolese NGO South Star, already a member of the PHM Congo circle got involved in the coordination of the Circles and they still are up to now.

About movement building, nine persons / organizations were interviewed including one of the founding members of the circle. Out of these nine persons / organizations, eight reported knowing the PHM (this can be put down to the fact that we chose to interview members of the PHM Congo circle). Note that the person who answered "no" is part of an organization that is a member of PHM.

Six out of the eight could clearly explain what PHM represents to them. The following emerged: PHM is 1) an international movement, 2) which aims to improve health for all, 3) which is composed of activist organizations / grassroots activists. Two people have also mentioned PHM work in low-income countries and for the poor. But one interviewee evoked the idea of a counter-power. We can see that PHM's general objectives are known by members but that some important concepts - like the counter-power - are not sufficiently known.

The meeting with PHM is done in four different ways: 1) via individual members of PHM, 2) via social networks (internet, PHM website), 3) via the activities of PHM (IPHU, Brazzaville MHM circle) and 4) via national and international partner organizations (EDS, M3M). And although eight people know PHM through one of these four medias, three of them have not signed the Charter: either they do not know the Charter exists, either they do not know how to sign it. Moreover, it is difficult to distinguish between those who signed as individuals and those who signed on behalf of their organization. About the Charter's goals which caught their attention, they named: Health for All, Community Participation, Responsibility / Good Governance, Advocacy, Assessment.

About the PHM Congo circle: eight out of nine people know the circle (see above point regarding who does not know the PHM), and half of them knows at least one founding member (three know all founding members / organisations). It is important to note that the majority of the founders of the circle have been inactive lately, so new members will find it hard to know them. Seven people stated they had already participated in the circle activities (conferences, general assembly meeting, IDRC project) and two people (members of the EDS) participated in activities at the PHM international level: FSM in Tunis, PHA3 in Cape Town, etc. These two people are / were members of the coordination PHM Congo circle. At this stage, it is necessary to remember that there are very few documents produced by PHM Congo and we could only have access to a few (mainly minutes of the last meetings).

Their opinion about the PHM Congo circle is quite clear: first, they think it's a good thing that must be encouraged, but then, they are also witness to many problems in the organization and the management of the circle such as: the need to have strategies, to re-launch the circle to make it active, to reorganize and restructure the circle, to improve communication and to avoid making the same mistakes as in the past. In short, everyone is aware of the importance / usefulness of the circle but regrets its inactivity, its structural problems, etc. Yet expectations vis-à-vis the circle exist: to recruit CSOs and new members, to organize regular activities such as campaigns, monitoring and evaluation of these activities, to organize the exchange of experiences in compliance with the Charter, to publish reports. And for this reason, people feel the need to improve the functioning of the circle, monitor, improve dissemination and understanding of the vision of the PHM circle in the DRC, improve communication, involvement of members from the field, offer synergies, use management tools and planning tools.

The question of the political orientation of the circle was understood differently and, therefore, there are three types of responses: 1) some have a political vision of the circle, 2) others have an operational vision around "political" activities and finally 3) others have an idealistic / consensus / general vision.

The question relating to the number of people reached and recruited was difficult to understand because of its wording: the interviewees could not clearly distinguish the two. For example: sign the charter, participate in an activity, be in the list: how to distinguish between reached people and recruited people? And how to distinguish between those recruited individually or on behalf of an organization? Therefore, people gave very different figures: sometimes two, sometimes 1,000.

However, the PHM remains one of the major movements known around the DAS in the DRC. Someone quoted the DAS National Movement which is a similar movement in the PHM Congo circle and is currently under construction. Someone else mentioned a list of networks and organizations at local and regional level but could not tell us their goals.

Finally, eight people who responded to questions about the construction of the movement stressed the importance of:

- better communication around PHM;
- exchange of experiences between the circles;
- capacity building of the circle and its members;
- reconciliation between the circle and the DAS National Movement in Congo which is under construction;
- production, knowledge dissemination and capacity building

The eight organizations surveyed state that the production and practical application of information is a goal of their organization, although we have few details about what, how, who, etc., and that they produce information for social change. For example about the mass struggle for DAS, an alternative report on gender and GBV in DRC or gardening techniques. Note that it was difficult for people to cite concrete examples. This knowledge is used thus: organizations publish them to inform, document, and train; there were no signs indicating how these organizations use information and for what purposes. At the same time, they all have access to other sources of knowledge, including : libraries, newspapers, internet, radio, MONUSCO pamphlets, that is to say, the various media, through conferences, training (on empowerment and community participation, gender, DAS, NGO management, the environment, etc.), workshop partners for capacity building, legal texts (on the health care system for instance). International trade is not mentioned, and there is no reference about academic / scientific sources.

Compared to PHM. Half of the organisations do not use the knowledge for the PHM Congo circle (or do not know how to do it, or because PHM is not the beneficiary of the action); for others who report using information for PHM circle, we have no details on the information used for PHM, or how. As for the information produced by PHM, the majority said they did not have access to it, but would agree to use it if they could get it. They ask that PHM disseminate its reports in French. One person, member of the coordination PHM Congo circle, said he/ she used the analysis that was developed when Mr Claudio Schuftan was doing his assessment and during the visit of Mr David Sanders, both members of the International PHM. In conclusion, the vast majority does not use information from PHM because they do not have access to it; and the only person who uses it is a member of the circle coordination. He/she benefits from the visits of international PHM members (no reference to documents and analyses produced by the PHM).

So, how can we improve the production of information? Many needs were mentioned: computer skills, human, technical, financial resources and logistical / equipment needs, capacity building of local actors, training and exchange of experience.

Regarding capacity building, the eight organizations also said that it was their organization's strategy, and that they were insuring it through the following strategies: invitation of experts, training in capacity building (as organizer and / or as participant), workshop, panel discussion, open- days, SOM strategy, and personalized support. As for the dissemination of information to strengthen the militants' capacity building: all 8 organizations answered yes, they did share internally between members / militants by example / practice - showing people what to do -. They also use other strategies to empower the members: an UN training manual, participation in workshops, creating focus and analysis groups, dissemination and popularization of results and solutions, setting up a unity of action that mobilizes the beneficiaries, initiation, training, accountability.

Training

The eight organizations organize training, it aims to ensure member retention, to enhance their capabilities and to change their understanding and behaviour: it can be technical and practical training (how to plant cabbages in swamps, information about plants' diseases, how to lead a campaign, awareness techniques, penetration and communication, work methods and management) but also political (popular empowerment, the right to health and social rights, environmental, human rights and political issues).

The identification of training needs is done mainly through surveys / reports from recipients or during a training (which triggers the organization of another training).

The trainings' preparation is conceived in two phases: 1) the educational preparation (program, teaching material, method, etc.) and 2) the practical preparation (room rental, invitations, etc.). Following a training, all organizations do an evaluation either: by practice and field exercises, based on the individual change in behaviour or through a test.

The question of the training impact on the organization was not well understood; to the question "what is the training for?" all organizations replied : "to ensure the visibility of the organization and get partnerships, to train trainers who will represent the organization in exchanges, to strengthen members, to help to change behaviours".

Political dialogue and governance

All organizations find it useful to have contacts with the authorities to: facilitate advocacy for populations, for administrative reasons, to support the roll out of the policies, to work with the population. The organizations believe that their work relates to authorities at all levels. And eight organizations actually have relations with the authorities. Some authorities are members of the popular health committees, others are involved in consultations at local and municipal level, etc. All consider it necessary to make efforts to consolidate contacts with the authorities. This is clearly a strategy for seven out of the eight organizations.

How can the organization achieve and maintain these contacts? Through activities to which the authorities are invited (as a partner, actor or participant), filing reports and correspondence to inform them of our activities, meetings, contacts, presentations and invitations, or working in anonymity and letting mouth-to-ear reach the authorities.

But what are the actual impacts on policies? All the organizations believe that their actions have an impact on the political level, and they give as examples: the active participation in the election of the Kinshasa governor, the advocacy actions for the adoption of the law concerning protection of people living with HIV, for prisons' visits and advocacy for prisoners, etc. It is clear from these examples that the organizations wish to have an

impact on the political level but remain limited because these examples do not show how their action impacted the actual authorities' changes in policies.

The opportunities and risks of these actions are identified by the eight organizations. In terms of opportunity, they mention: familiarization with the authorities, participation in decision making, visibility, playing the role of a real middleman between the population and the authorities, and getting the authorities involved / solicited. As for the risks, they mention: being targeted by the authorities in case of discrepancies, attracting the greed of authorities who ask for money, the political context, prison, exile, death.

As for political dialogue and governance led by PHM at WHO, five said they knew about this, two of whom stated that "the PHM has an observation structure of WHO activities" in order to "indicate and report to WHO several negative consequences on human health", but only three organizations are familiar with reports produced by the PHM in this context. Out of these three, only one declared drawing on "what seems to be useful" according to him in the local context.

It indicates that 1) PHM should multiply the communication channels for its different members, organize meetings to exchange experiences and strengthen its action in the South, and 2) the PHM Congo circle must work to mobilize all the organizations that promote health for all and create a lobby able to influence the WHO report on Congo.