



USAID
FROM THE AMERICAN PEOPLE



PUBLIC HEALTH
TEXAS A&M HEALTH SCIENCE CENTER



External Evaluation of the Kinshasa School of Public Health

July 2016

This publication was produced at the request of the United States Agency for International Development. It was prepared independently by Brian Colwell, Ph.D., Texas A&M School of Public Health & Anne Rimoin, Ph.D., UCLA Fielding School of Public Health.

ACKNOWLEDGEMENTS

This work is made possible by the gracious assistance of Dr. Anne Rimoin, Associate Professor, UCLA Fielding School of Public Health, and members of the UCLA/DRC Research Staff; including:

- Kirstin Chickering, MPH
- Reena Doshi, PhD
- Nicole Hoff, PhD
- Cyrus Sinai, BS
- Kamy Museme, MD
- Patrick Mukadi, MD

Many thanks, as well, to the faculty, staff, students and leadership of the Kinshasa School of Public Health, for their gracious assistance and the time that they gave to us.

BRIAN COLWELL, Ph.D.
Professor, Texas A&M School of Public Health

EXTERNAL EVALUATION OF THE KINSHASA SCHOOL OF PUBLIC HEALTH

IN THE DEMOCRATIC REPUBLIC OF THE CONGO

July 2016

Commissioned and Funded by the United States Agency for International Development
Contract No. AID-OAA-A-13-0003

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

CONTENTS

Acronyms	1
Executive Summary	2
Evaluation Purpose and Evaluation Questions	4
Project Background	10
Evaluation Methods and Limitations	12
Findings, Conclusions and Recommendations	14
Findings	14
Administrative Situation	14
Administrative Interviews	16
General Organization	21
Academics	24
Research Efforts	36
Student Life	38
Conclusions	40
Recommendations	42
Annexes	
Annex I: Evaluation of Statement of Work	46
Annex II: Evaluation Methods and Limitations	79
Annex III: Data Collection Instruments	81
Annex IV: Sources of Information	98
Annex V: Disclosure of Any Conflicts of Interest	99

ACRONYMS

ASPPH	Association of Schools and Programs of Public Health
CEPH	Council on Education for Public Health
DRC	Democratic Republic of the Congo
HINARI	WHO Access to Research in Health Program
INRB	Institut National de Recherche Biomédicale (National Institute for Biomedical Research)
KSPH	Kinshasa School of Public Health
MBA	Master of Business Administration
MCZ	Médecin Chefs du Zone
MOH	Ministry of Health
MPH	Master of Public Health
OHADA	Organization for Harmonization in Africa of Business Laws
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
UCLA	University of California at Los Angeles
UNIKIN	University of Kinshasa
USAID	U.S. Agency for International Development
WHO	World Health Organization
ZS	Zones de Santé

EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

This evaluation project, funded by the US Agency for International Development, aims to determine how effective the support provided to the Kinshasa School of Public Health over time has contributed to helping the school fulfill its mandate as a training and research institution. Beyond the primary aim, secondary aims included in the request are “... to identify what assistance could be most effective for enhancing KSPH’s role in strengthening human resources for health in the DRC, answer the question of how well various stakeholders, especially the Ministry of Health, have been served by the school, and provide recommendations to ensure that sound business practices are followed, with an emphasis on improving sustainability.”

PROJECT BACKGROUND

A previous evaluation conducted by Health Systems 20/20 included a variety of goals for the school. This project examined whether the school met those goals and also addressed the primary and secondary aims noted above.

EVALUATION QUESTIONS, DESIGN, METHODS AND LIMITATIONS

As previously noted, the charge for this project was to:

1. Determine how effective the KSPH support received over time has contributed to helping the school fulfill its mandate as a training and research institution
2. Identify what assistance could be most effective for enhancing KSPH’s role in strengthening human resources for health in the DRC;
3. Determine how well various stakeholders, especially the Ministry of Health, have been served by the school; and
4. Provide recommendations to ensure that sound business practices are followed, with an emphasis on improving sustainability.

We visited the campus of KSPH three times, using a mixed-methods approach that consisted of interviews and focus groups with key informants that included interviewing leadership, faculty members, incoming and outgoing students, various stakeholders, and graduates of the program. Additionally, we did document analysis, examining as many class syllabi that could be obtained and comparing stated objectives and competencies with requirements for Council on Education for Public Health accreditation. Additionally, the team examined documentation and records from the business office. Finally, we gathered data regarding a variety of student and faculty performance measures.

FINDINGS AND CONCLUSIONS

The school has many strengths. Admission into the MPH programs is extremely competitive, and KSPH is known for the rigorous academic training of its MPH students. Students in the MPH programs are exposed to content that gives them unique knowledge and skills that clearly help them improve all

aspects of their public health practice. Business practices have improved considerably based on recommendations from the previous evaluation report and the implementation of the use of QuickBooks has allowed for better financial tracking and accountability, which should improve the ability of the school to obtain indirect rates on funded projects.

Still, the school faces a variety of barriers. Due to a peculiar funding mechanism in which faculty members are paid directly by the government, they often need to obtain additional external contracts for both research and teaching in order to supplement their income. This has made accurate tracking of all activities undertaken by faculty in the name of the school nearly impossible. Additionally, the infrastructure remains in disrepair, classrooms are overcrowded and research facilities are inadequate.

Overall, despite a wide variety of political, geographical, and cultural barriers, the school has been effective. Public health professionals trained by KSPH have been on the forefront of disease prevention and control at every level throughout the country and are widely regarded as competent professionals. The school has a critical role in developing public health leadership in the DRC and has performed well given the limited resources at its disposal. This broad assessment has identified a number of areas where improvements can be made, and the school leadership has been enthusiastic about participating in – and learning from – the evaluation project. Based on three trips to Kinshasa, interviews with students, graduates, faculty and stakeholders it is apparent that the investment in the KSPH has been fruitful. There is much work to be done, and many challenges, but there is reason to be optimistic.

A number of recommendations for next steps follow.

EVALUATION PURPOSE & EVALUATION QUESTIONS

EVALUATION PURPOSE

This evaluation project, funded by the US Agency for International Development, aims to determine how effective the KSPH support received over time has contributed to helping the school fulfill its mandate as a training and research institution. Beyond this primary aim, secondary aims included in the request are to:

- Identify what assistance could be most effective for enhancing KSPH's role in strengthening human resources for health in the DRC,
- Answer the question of how well various stakeholders, especially the Ministry of Health, have been served by the school, and
- Provide recommendations to ensure that sound business practices are followed, with an emphasis on improving sustainability.

Given these objectives, the history of the school will not be discussed in depth. For readers interested in learning more about the school's history, that information is available in previous documents. There was a previous evaluation of the school in 2006 by Mock, de Burh, Mukungo & Wemakoy (2006); and another evaluation was conducted by the Health Systems 20/20 project, through Abt Associates, in 2012 (Yank, 2012).

Several findings of the 2012 evaluation, however, are especially salient to this effort. Among those, inadequate faculty salaries was identified as a significant issue. The report recommended changes to the MPH curriculum, which has evolved based on sponsorship from various universities over time. There was a recommendation to re-establish a non-residential MPH program to reduce costs and attract more women. Lastly, funding was mentioned as a consideration in the training and retention of new doctoral faculty.

The Health Systems 20/20 Workplan included a variety of goals, some which have been met at this time. Taken from the 2012 report, those included:

- Development of a leadership team at KSPH capable of guiding the school and the institutional improvement process.
- Development and implementation of a plan to improve the information technology (IT) capacity of KSPH. This focused on strengthening the IT infrastructure and included such tangible improvements as ensuring reliable Internet access and setting up a local area network.
- Strengthening of the KSPH financial management system. This included development of a financial management procedures manual, development of a justified indirect cost rate, purchase and installation of a financial management software package, and development of staff capacity in financial management.
- Development and initial implementation of a resource mobilization plan aimed at increasing the research, consulting, and training activities of KSPH. This included development of a research agenda, identification of market opportunities to fund research, and development of KSPH capacity in resource mobilization.

- Development and implementation of a succession plan for the faculty.
- Development and implementation of improvements to the recruitment and selection process in order to increase the number of women in the MPH program.
- Procurement of critical resources for the school such as a back-up generator and vehicles.
- Improvement of the performance of administrative services.
- Assessment of academic program and subsequent revision of the MPH curriculum.

In general, the leadership team at the Kinshasa School of Public Health has been responsive to these recommendations. While this report details a number of other concerns, many of those that are under the control of the school have been or are being addressed.

Political and Economic Context

The next presidential elections are slated for the Fall of 2016. As with all elections, there is uncertainty regarding future operations of governmental agencies, and this situation is no exception. Still, the DRC has successfully navigated two election cycles in the recent past without major incident. The school has a history of functioning under difficult socio-political conditions, and historical precedent suggests that the surrounding political environment does not pose a direct threat to the functioning of the school.

EVALUATION QUESTIONS

As noted above, the overarching question relates to how effectively the aid to KSPH has contributed to helping the school fulfill its mandate as a training and research institution. The secondary questions focus on how USAID and other funders can best assist the KSPH, how well other stakeholders have been served, and how well the school is adhering to sound business practices.

PROJECT BACKGROUND

Established in 1984, the Kinshasa School of Public Health “aims to be a center of excellence in public health training, research and community services at the national and regional levels. Its core mission is to contribute to the improvement of the health and well-being of Congolese people in three ways elucidated in the Mission Statement, Services and Vision documents. These include:

- Carrying out research to identify and to resolve public health problems;
- Engaging in community activities designed to promote community participation; and
- Strengthening the capacity to build partnerships, self-sufficiency and self-determination.

The school has articulated a set of values that are to drive all activities. These are:

- Excellence in research
- A multi-disciplinary approach
- High ethical standards, integrity and discipline
- Responsiveness to change
- Transparency and good governance
- Gender equality
- Equity
- Promotion of partnerships
- Responsibility and accountability in relation to the population

The Kinshasa School of Public Health provides training at the master’s level in public health and health economics, as well as a variety of short courses in a range of public health specialties (e.g. research methods, finance, monitoring and evaluation) and continuing education for health professionals. Additionally, there is a focus on providing quality research to assess the burden of disease and its impact on populations, to identify solutions to health problems, to evaluate health services and ways to strengthen the capacity of health agents, and to evaluate the impact of health programs. As an overall part of this mission, the school is tasked with providing support to disease control and surveillance, epidemiological investigations, disaster management, and quality control of public health laboratories.

With initial and ongoing support from the US Agency for International Development, the school has not yet become financially independent from international support. This is due, in large part, to a funding mechanism for state universities that induces instability in a variety of ways, as well as financial controls that have led to difficulties in account tracking.

LEADERSHIP

The Ministerial Decree that created the Kinshasa School of Public Health (Ministerial Decree No. 038/Minesu/Cab.Min/RS/2005 of 19 August 2005 Modifying and Completing the Ministerial Decree w Esurs/Cab.Min/C.140/92 of 21 May 1992 Creating A School of Public Health Within the University of Kinshasa (19 August, 2005), Chapter I, Article 6) states that there are three formal committees of the school of Public Health as mandated by the decree:

- The Technical Committee consists of individuals external to the school who are substantially involved in public health in the DRC. This committee is operational and meets once a year.

- The Management Committee meets weekly and provides oversight to all school operations as well as advice to the Director in school management issues.
- The Pedagogical Committee meets once a month and oversees academic issues.

Departments specified by the decree include:

- Epidemiology and Biostatistics
- Management
- Hygiene and Public Health
- Nutrition and Dietetics
- Community Medicine

The school has had multiple changes in leadership over the past few years. Since 1984 the school has had eight Director transitions; and Professor Okitolonda, the current Director, is in his second term of service.

EVALUATION METHODS & LIMITATIONS

We visited the campus of KSPH three times, using a mixed-methods approach that consisted of interviews and focus groups with key informants that included interviewing leadership, faculty members, incoming and outgoing students, various stakeholders, and graduates of the program. Additionally, we did document analysis, examining as many class syllabi that could be obtained and comparing stated objectives and competencies with requirements for Council on Education for Public Health accreditation. Additionally, the team examined documentation and records from the business office. Finally, we gathered data regarding a variety of student and faculty performance measures.

The mixed-method approach was seen as the most effective way to address questions posed by USAID, which focus heavily on the perceptions of stakeholders. We initially planned to recruit in-country experts to assist with data gathering and focus groups. When the project was initially funded, however, the Texas A&M Principle Investigator met with the UCLA-DRC Research Program team. This group has individuals with research and public health expertise working on site already. Members of the team are both Congolese and American, and all have the necessary public health familiarity and language facility. By using an intact team already familiar with the school and stakeholders, we were able to collect more information than we would have if a new team had been assembled.

The student interviews capitalized on calendar timing to allow for interviews with students who had been in the program for nearly a year on our first visit. During the second and third visits, we were able to solicit perceptions from relatively new students. Many of their responses regarding impressions of the faculty and school needs were remarkably similar. We were unable to conduct truly random sampling, given that exams were taking place during our first visit and not all students were available on the subsequent visits.

In order to assess the academic portions of the program, we adopted a multi-pronged approach. We interviewed faculty members regarding their situation, needs, and perceptions of the school. We also requested all course syllabi, translated them into English, and then compared stated course objectives to competencies listed by ASPPH for MPH students. We gathered other data from a variety of records and interviews, and e-mailed questions to faculty and KSPH leadership. From this information, we constructed modified tables using templates from CEPH.

During each meeting with KSPH leadership, we sought ask for clarification on issues raised by students, faculty, stakeholders or graduates. An initial report was drafted and shared with KSPH leadership and USAID Mission staff for comments and/or clarification in April, 2016.

There are several limitations to the data gathered, and the conclusions drawn. Certainly, the first is that there may have been bias from those being interviewed. Such is the case with any interviews, even anonymous ones. Non-random selection may have also had adverse consequences. While we did not get such an impression from faculty interviews, several students seemed anxious to communicate that they needed more discretionary money from their USAID scholarships, and an organized effort is not out of the question. Data gathering was limited, as well, by the lack of syllabi for all classes. When missing syllabi, or examining syllabi that did not address learning objectives, we were unable to comment on those classes' adherence to ASPPH competencies. Finally, while an online survey of former students was requested at the initiation of the project, the lack of internet and electricity in many of the ZSs

precluded such an approach. As such, we again resorted to convenience sampling and interviews with MCZ graduates who were in Kinshasa for meetings over the period of two months.

Overall, despite data collection weaknesses, we remain confident that we learned a great deal from the exercise, and the findings and conclusions will be helpful to the school as well as to USAID.

FINDINGS, CONCLUSIONS & RECOMMENDATIONS

FINDINGS

After interviews with administrative personnel, students, graduates and stakeholders, we examined the facility, including dormitories, laboratories, the library, cafeteria and other common areas. We also conducted document reviews of all available course syllabi, and mapped them against Council on Education for Public Health accreditation criteria to as great an extent as possible. Our findings are presented below.

I. ADMINISTRATIVE SITUATION

There is clear evidence of capable leadership at the school. Professor Okitolonda has instituted a number of changes that have improved administrative functions and living conditions for students. While some interviewees inside and outside the school indicated that they were uncertain about the future of the school, others remain sanguine. Leadership will evolve over the next few years and the school is well-positioned to continue with its successes. Although there is no written succession plan, highly capable leadership capacity exists at the school to guarantee a successful transition upon Professor Okitolonda's retirement. There is a need to outline a clear and transparent plan for this eventuality.

There is no evidence of a strategic plan in place, but interviews with the school leadership indicate that strategic thinking and planning does occur. Indeed, formal strategic planning is difficult because changes at the ministerial level of the government often lead to mandated changes in the direction of universities and/or some degree of influence imposed on faculty and staff hiring. When we interviewed faculty members they said that they believe that there is a strategic plan, but they do not believe it is updated, nor do they have any input into the process. One said that when a plan is written, they are all too busy to actually use it.

The leadership of the school also expressed concern that there is a pervasive perception among the leadership of the School of Medicine, as well as KSPH faculty, that KSPH is under the control of the School of Medicine with regard to budget and faculty decision-making. The school began as a department in the School of Medicine, but the issue of autonomy seems to have been definitively addressed in the Ministerial Decree establishing the school. Yet questions remain in the minds of others. In that document, Article 2 states: "The School of Public Health has a large internal autonomy of management. Hence, it has a special section in the State Budget. It is, however, listed under the administrative tutelage of the Ministry of Higher and University Education and the academic authority of the President of the University of Kinshasa." The confusion between administrative tutelage and internal autonomy of management has not been helpful to the school's administration or faculty, and additional clarification regarding the status of the school is needed.

One of the first questions posed to the Director and Assistant Director was about their vision for the school in one to two decades. The long-term vision that they articulated was to make the Kinshasa

School of Public Health more international and a draw for students from other countries in central Africa. In the mid-1980s the University of Kinshasa drew students from across the continent, but with the onset of the civil wars and the loss of resources, the school became less attractive. Their desire is to rebuild the school into one with a large regional draw. This is not, however, reflected in a strategic planning document, nor does it seem to be a vision shared by other faculty members yet.

In interviews with USAID staff, several concerns about KSPH were expressed. Despite the external evaluations conducted previously, there is an impression that capacity at KSPH has not increased with regard to financial management and school management. The school has received significant financial aid through scholarships provided to students as well as some research funding, and observers have expressed concerns that the school has not progressed towards financial stability as quickly as expected.

Historically, the school has been unable to adequately document how funds are managed. As a result, funding streams to the school have been routed through local entities that have provided financial oversight. In our initial interviews, Mission staff cited the importance of implementing a system of monthly accounting for not only salaries but for all income and expenses. KSPH officials stated that as much as 80% of external funding inflows originate with USAID but are passed through external organizations, limiting the opportunity for the school to benefit from indirect costs, which is the method by which most universities fund improvements in infrastructure, purchase some research supplies, and provide seed funding for other research projects.

Most universities have a set rate at which they can charge indirect costs associated with project management; these funds, in turn, allow schools to support appropriate infrastructure development and management. Hence, the practice of routing funds through third parties has been a problem because it has hindered the building of financial capacity at the school. As a result, a rigorous financial accounting system would be beneficial to both to the school as well as to external funders.

Since Fall 2015, financial management systems and controls have improved significantly, and will be discussed in more detail in the following pages. But while the improved financial management systems are a clear sign of progress for the school, there are still structural obstacles outside of the control of the school to developing a system in which indirect costs can be used to operate and improve infrastructure.

For example, KSPH faculty members are paid a monthly salary from the Ministry of Higher Education that is supplemented by teaching activities. There is little incentive to run projects directly through KSPH, which would be a source of additional valuable funds via indirect costs. School administrators, USAID, and faculty members all concurred that the perceived financial benefit to faculty members of direct contracting for grants and contracts (including teaching at other universities) presently outweighs any potential benefit of administrative or other support that could be offered by the school.

A consequence of the current system is that faculty members are so busy with additional teaching and/or research projects that they are not available at KSPH. The management committee at the school is aware of, and concerned by, the situation, but because of the way salaries are apportioned by the Ministry of Higher Education, there is little that can be done to change the situation within the University of Kinshasa. USAID staff and other funders have noted that a system in which an appropriate salary is set by the school and all grants and contracts are routed through the school to supplement or fund a percentage of salary, plus other costs, would be most attractive.

USAID personnel indicated that they had trouble obtaining a breakdown of costs per person for those individuals on scholarship, including tuition, lodging, food, etc., although KSPH leadership has indicated

that this information is readily available. In response to the previous evaluation report (Yank, 2012), the KSPH has reported that they have implemented a more rigorous financial accounting system, and tuition is tracked. The \$12,000 per student tuition is apportioned as follows:

Table 1.

BUDGET FOR 30 MPH STUDENTS						
N°	LIBELLE	Unit Cost	Unit	Duration	Quantity	Amount
	Training					
1	Registration fees	\$150.00	person	1	30	\$4,500.00
2	Master Thesis fees	\$1,120.00	person	1	30	\$33,600.00
3	Honorarium for Professors	\$2,100.00	credit hours	1	30	\$63,000.00
4	Field work	\$200.00	person	1	30	\$6,000.00
5	Transportation (local)	\$600.00	person	1	30	\$18,000.00
6	Books & supplies	\$510.00	person	1	30	\$15,300.00
7	Student Master Thesis Field and Coaching Expenses	\$1,100.00	person	1	30	\$33,000.00
	Accommodation					
8	Meals	\$210.00	person/mo	15	30	\$94,500.00
9	Lodging	\$150.00	person/mo	15	30	\$67,500.00
10	Student medical care	\$20.83	person/mo	15	30	\$9,373.50
11	Internet	\$30.00	person/mo	15	30	\$13,500.00
	Others					
12	Communication	\$300.00	month	15		\$4,500.00
13	Fuel - 2 cars	\$600.00	month	15		\$9,000.00
14	Car maintenance - 2 cars	\$415.10	month	15		\$6,226.50
	Total for MPH Student Costs:					\$378,000.00
	Scholarship per student					\$12,600.00

ADMINISTRATIVE INTERVIEWS

The evaluation process began with several wide-ranging interviews with the Director and Deputy Director about all aspects of KSPH operations. They were open and helpful in providing information. They stated that they were excited for this report to learn how to continue improving operations at the school.

Funding for the school and faculty salaries is complicated. While faculty members are paid directly by the Ministry of Higher Education, the school must request additional funds for expansion, rehabilitation and other expenses. In general, the school operates on tuition monies but those funds are insufficient to run a school of this size that is responsible for high-quality teaching, cutting edge research, and service/outreach to a country as large as the DRC. This has led to a constant shortage of funds to purchase replacement equipment such as chairs in classrooms, automobiles for official business and student transport during field experiences, etc.

Faculty members are assigned to the school although they often have other teaching duties at the University of Kinshasa. Most of the KSPH faculty members teach classes in the medical school as well, from a public health perspective. This situation contributes to the confusion about faculty duties and reporting channels. The situation is further complicated by the fact that faculty members are paid through the Ministry of Higher Education and supplement their income through additional teaching at other universities or through direct research or service contracts. As a result, reporting of grants and contracts to the business office is inexact, leading to difficulty in tracking of projects by the school.

While the use of faculty members from other departments is common, and indeed the KSPH uses some faculty members from Nutrition and Economics, the confusion regarding primary faculty assignments and reporting lines needs to be explicitly addressed in a Policy & Procedures Manual as well as through other channels to all faculty members.

School leadership noted a need for several new faculty members, but there is not yet enough funding to hire everyone that is needed. Historically, government ministers have occasionally tried to influence faculty hiring practices but the current leadership indicated that this has not been a problem recently. There is a local pipeline for new faculty. As current doctoral students progress through the system, they can move into a professorial position after they defend their doctoral dissertation. Without funding for faculty line items, however, those graduates must seek other employment and their expertise is lost to the school.

Faculty members do not receive an official annual evaluation, but their teaching evaluations are reviewed by the Management Committee and discussed with each individual. Additionally, they periodically undergo teaching observations. There is no standard procedure for addressing unacceptable faculty performance, and it was explained that before an individual could be removed there would need to be a great deal of supporting documentation.

Promotion and tenure decisions are based, as in many schools, on research and publication history and teaching evaluations. External funding is less of an issue because the culture is not one in which obtaining external grants and contracts to offset salaries pay for graduate students and supplies, etc. is often considered. Faculty members are not required to develop an annual workplan describing research projects, manuscripts or projects underway or being planned, etc.

All KSPH faculty members are paid a base salary as faculty members of UNIKIN with the expectation that they will work 180 hours per year. University work above and beyond this threshold yields extra pay from the Ministry of Higher Education. As previously noted some faculty members indicated that they believe that they are paid as medical school faculty but assigned to KSPH, while others believe that they are KSPH faculty with additional teaching duties at the medical school. All acknowledge that extra teaching at the medical school – or other universities – provides supplemental income.

As with most universities, faculty members are not required to be physically on campus daily. They are expected to be on campus during the times that they are teaching, during their graduate student

defenses, and for meetings. Otherwise, they are free to travel to other schools, do independent consulting, attend conferences, etc. Assistants and Chefs du Travaux are required to be at the school and to do much of the teaching, especially if they are near the date of their dissertation defense. They usually teach under the observation and tutelage of professors. After a period of five to six years assistants become Chefs des Travaux, after which they then have a period of six years to write, defend and publish their dissertations, after which they become a professor. This time period seems fairly standard for doctoral programs and does not seem excessive. If individuals take more than ten years, however, it is cause for concern because their coursework may become outdated.

It was noted that there are problems getting diplomas delivered to students after they graduate. The school has a line item in the budget to pay thesis fees, which are transferred to the University of Kinshasa, the institution that formally awards the degrees. There appears to be an administrative complication between the school, the university, and the Ministry of Education regarding awarding the degrees and diplomas. The Director has stated that he is continuing to work to streamline the process and ensure that diplomas are actually awarded to students in a timely manner.

During the initial discussions we also asked members of the leadership team what the areas of greatest concern were from their perspectives so that we could address these issues in the final report. Issues related to growth were a recurring theme. There is not enough space for the current student body, yet there is a need for additional students to serve the increased number (516) of Zones Sante (ZS), or health zones, around the country. Of the 300 individuals that apply each year, only 70 are accepted, so demand remains great. In Kinshasa alone there is high demand for MPH classes as well as short courses, and leadership mentioned that conducting some classes of this nature in Kinshasa during the evening might be helpful. The general perception is that the country can absorb as many graduates as KSPH can produce.

There is a need for additional faculty members, more assistants, and space to accommodate much greater numbers of students. An increase in faculty and improved facilities will also lead to greater research output, which brings in additional funds as well as collaborative opportunities, greater visibility, and presence on the international stage. While it is reasonable to expect faculty members in the future to bring in sufficient external funds to help pay for sabbaticals and attendance at conferences, they will require assistance with that transition. Travel to and from Kinshasa is expensive, and faculty members should have additional opportunities to attend professional conferences that will improve research opportunities and the visibility of the school.

2. ENVIRONMENT

The physical plant was often mentioned as being insufficient, with classrooms too small and conditions crowded. Students and faculty members wondered if some of the programs might be able find meeting space in other parts of the city to reduce crowding on campus. Many also commented, as previously noted, that the school does not have adequate space or resources to train the number of public health professionals desperately needed by the nation. The Director repeatedly mentioned the crowding. He said that while there is a need in the DRC for at least 300 MPH graduates each year, the school could only accommodate about one third of that number. There is an architectural plan to create a new building at KSPH that has been sent to the government for approval and funding, but they have not heard back on their request.

Electricity is fairly reliable, especially compared to many other parts of Kinshasa, and there is at least one generator available for when outages occur. There are frequent problems with water across Kinshasa, and the school is no exception. The situation is now ameliorated because the school has back-up water pumps.

The dormitory facility has been refreshed, with new mattresses and beds, and two students are housed per room. KSPH administration said that each dormitory room should have two desks, but some rooms do not have two because there is not enough space for them. While the dormitory is crowded, Professor Okitolonda said that the Forestry School has provided additional living space for some students. Students report that the rooms are reasonably comfortable.

The students were, for the most part, satisfied with their living conditions. In an interview, Professor Okitolonda said that he had worked hard to ensure that the students had a variety of food and that it was offered at an appropriate time every day. The students confirmed this in their interviews.

It is difficult for any university to function on a daily basis without high-speed, high-bandwidth access to the internet. As libraries move from physical to virtual environments, this need is only becoming greater. Students and faculty all said that the internet is regularly inaccessible and that there is insufficient bandwidth to download articles or watch videos. This has a serious impact on learning.

The school has a data entry center that is used primarily to support research studies, but it can be made accessible to students if necessary. Most students said, however, that they brought their own computers when they matriculated. The computers in the lab are equipped with STATA (version unknown) and Epi Info 10. There is also another computer laboratory with 20 computers equipped with Windows & Office 2010.

KSPH is located on the main campus of the University of Kinshasa (UNIKIN) in its own compound. The KSPH building provides dormitory style housing for 25 students and 10 visiting faculty as well as offices for faculty and staff members. The facilities also include classrooms, a conference room, meeting rooms, two environmental/public health laboratories, a library, computer laboratory, research space, a cafeteria and laundry. The last major renovation was in 1987 and the infrastructure of the KSPH is aging and increasingly insufficient to support further expansion or improvement of the program.

The location of KSPH from downtown Kinshasa is problematic for faculty, students and partners. It can take between 1-2 hours to travel from downtown Kinshasa (where most donor and partner offices are located) to campus. Furthermore, the roads are in poor condition and extremely congested, making traffic jams a regular event. The location of KSPH deters partners and donors from

visiting the school and/or conducting meetings or conferences on campus. Several faculty members have offices in Kinshasa in order to be able to interact regularly with partners, including the Ministry of Health and Ministry of Higher Education.

Library

The KSPH library has a limited set of books and a librarian to assist students, but there is no electronic catalog, and records are kept in a notebook. The library has a wide selection of epidemiology textbooks, many of which were provided by USAID in 2013. The KSPH and School of Medicine publish a journal quarterly, and it is made available to the students. Most journal access is online through HINARI.

Students repeatedly said that there is a lag time between publication of a journal article and when it becomes accessible to them via HINARI. We asked about this several times on all three visits and got the same reports. The librarian at the Texas A&M Health Science Center contacted the WHO HINARI team directly and asked about the situation. According to the WHO, students at KSPH should have unlimited access without embargos. They noted that there may be issues with specific publishers who are being accessed. The WHO staff advised that students contact them directly to address specific access problems. In reviewing the email response from the WHO to the Texas A&M librarian, though, it appeared that the WHO staff member did not know that there is a difference between the Republic of the Congo and the Democratic Republic of the Congo, so there may be language issues present as well. In follow-up questions with faculty members, they also said that they could not access articles less than two years old.

3. GENERAL ORGANIZATION

The Management Committee for KSPH consists of the Director, Deputy Director, the Coordinator of Academic Affairs, and the Business Administrator. The team meets weekly to discuss school issues and make decisions.

Little information was available related to financial management and appropriate fiscal controls during 2013 and into 2014. Spreadsheets showed carryovers from one year to another that were not adequately accounted for, and other irregularities were identified, but definitive findings were impossible to produce.

The UCLA MBA team accompanied the evaluation team to KSPH in March, 2016 and conducted an in-depth assessment of the business functions of the school, as well as a review of mission/activity fit. Team members spent several days speaking with accountants at KSPH as well as the supervisor of business operations who was hired in 2015 in response to USAID recommendations.

Initial findings indicated that financial tracking was disorganized. The school had been doing accounting on individual projects, but there was no coordination or standardization across projects, or integration into the larger KSPH bookkeeping. As noted previously, there was no reconciliation of books. The lack of adequate controls was well-known to USAID and other funders, and was a major concern.

Beginning in late 2014, the school obtained QuickBooks™. Finance office staff members were trained on the software and began using it in 2015. While there is no central accounting software system in place, all accountants are able to reconcile the accounts for which they are responsible on a monthly basis, and monthly reports are provided to the head of the business office, who then produces a monthly statement. The UCLA MBA team noted that the monthly statements are not audited, but "...their creation and maintenance demonstrate significant improvement in financial management and oversight. The new process indicates substantial progress towards institutional accounting standardization and centralized data management...." While it cannot be said that the school is completely transparent, the progress in one year is impressive. Additionally, in a recent meeting with Professor Okitolonda, he said that he has retained Price Waterhouse to perform a thorough external audit of the school. This information is also encouraging.

There are still significant control weaknesses that can be easily resolved. Business office staff said that there are no reimbursements for expenses incurred by researchers, so there is no process for managing such an eventuality. Receipts are not scanned for electronic retention but are instead kept in binders in chronological order. Financial management of projects is complicated by the fact that contracts are between the research funding agency and KSPH, but the professor who is the principle investigator manages the project him/herself. According to the business staff, spending issues are between the PI and the funder only, the school does not check to ensure that expenses are allowable for a particular project. These are significant, but easily rectifiable, issues to be addressed.

The UCLA MBA team observed that the school had complied with requests for the creation of a standard policy and procedures manual to standardize accounting methods across the school. It was also noted that "KSPH accountants currently use OHADA (in English, the Organization for Harmonization in Africa of Business Laws) standards to track finances and prepare financial statements. OHADA laws, which form a system of business practices adopted by 17 African nations, have the primary objective of facilitating foreign investment in African countries (Dickerson, 1997)."

While progress is clearly being made, the UCLA MBA team also noted the need to build business development capacity at KSPH that would “identify minimum financial capability standards/evaluations that potential donor organizations implement prior to directly contracting with a recipient,” after which plans for meeting those standards could be developed. The team noted that this goal could be met within two years, “depending on the extent and effectiveness of the finance team’s strategic planning and implementation.”

The school is well-positioned to begin self-assessments, coordinated with USAID mission staff, which can lead to direct contracts between the United States government and KSPH. The materials (<https://www.usaid.gov/sites/default/files/documents/1868/303sam.pdf>) clearly delineate the expectations of financial controls and reporting mechanisms necessary for this step. As part of a transition, and after clarification of documents and procedures (NUPAS Guidelines, page 7) limited funding may be available through special award conditions as a trial during this time.

It is evident that the school has been responsive to USAID and other funder requests for greater transparency in order to enable direct funding of the school, and the benefits that it would accrue as a result. If KSPH and USAID mission staff can begin working more closely together, with expectations for funding clearly specified and, where appropriate, direction given, the chances for progress in financial management are bright. It is clear, however, that the school will not achieve financial independence until there is greater support at the ministerial levels of government. Even in the absence of true financial independence of the sort seen in American universities, the public health benefit accrued by the training conducted at the school is a real and visible benefit to the public health in the DRC.

Stakeholder Interviews

We interviewed stakeholders, including the Directors of the INRB and Fourth Direction, USAID staff, and officials from the Ministry of Health and the Ministry of Higher Education.

Several individuals recognize that KSPH struggles with an identity issue. There are professionals in the public health community that remember when KSPH was a department in the medical school and they believe that many people, including medical school faculty members, still seem to believe that KSPH remains so. Comments about some degree of administrative autonomy combined with fiscal dependence were repeatedly made. When asked about the ministerial decree establishing KSPH as an independent entity, we often heard comments that it simply was not that way in practice.

There is an impression among these individuals that KSPH has a significant amount of money, but lacks financial autonomy. They see that KSPH faculty members are involved in a variety of international research projects and have more international research funding than the medical school, but those outside of the KSPH administration do not see how the funds are being managed. It was noted that the general public health community sees KSPH as “rich” because of the number of projects in which faculty are involved. The community does not realize that the majority of research projects are not being run through the school, leaving the school without the associated salary support, indirect cost returns, and graduate student support. Essentially, the general perception is that KSPH has enough money but simply does not manage it well.

The leadership at the school is seen as honest and competent. The return of Professor Okitolonda is seen as a positive and an opportunity for the school to recover its focus. One individual noted that the school leadership is forced to take only short-term actions due to lack of government support and funding, although this contrasted with previous comments about the school being perceived as having enough funds. But the political environment, with ministers that change often, which in turn leads to

changes in university leadership, makes long-term planning difficult to see from the outside because school administration must usually be reactive to circumstances. They noted that even if a strategic plan could be developed, implementation would be difficult because of the regular leadership changes. Stakeholders believed that KSPH is managed well compared to the rest of the university, but there is concern among many stakeholders about the political will to make needed changes.

The stakeholders interviewed were all familiar with the fact that KSPH faculty members often teach at other schools and do not route projects through the school, opting for individual contracts that supplement their income rather than offsetting it as salary savings. They observed that if faculty members were provided with a better salary and required to work only at KSPH, the school could be more productive overall. One person noted that since central Africa is where many emerging infectious diseases begin, faculty should be spending much more time working for KSPH and in the field addressing public health needs. Those familiar with research and the medical problems in the field expressed frustration over seeing the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), etc. respond to outbreaks like Ebola & Yellow Fever without any representatives from KSPH faculty. They felt that KSPH input is desperately needed for basic health education messaging in these types of situations. A comment was made that donors would help the University, but they need to have confidence that the money will be managed well. Several individuals commented that projects are often created in the name of KSPH, but the school is not truly involved in the projects, nor do they have access to the finances from these projects.

With regard to USAID involvement at KSPH, there is an expectation for KSPH to better manage their finances and address emerging public health issues, but there seems to be little actual involvement from Mission staff. USAID staff admitted that they rarely travel to KSPH, and some have never visited the school. A closer relationship between Mission and KSPH will be beneficial in the future.

Stakeholders noted that they believed that the original goal of KSPH was to support the Ministry of Health and produce people that could solve the problems of the country. They said that nobody seems to know what the actual goal of KSPH is now: teaching, service to the nation, or something else.

Faculty Interviews

A majority of KSPH faculty members felt that the graduates of the MPH program are competitive with others from schools around the world. Several faculty members had completed their public health training at universities in other countries and felt that the comparison was fair. They felt that the students are hard workers and take the program seriously.

All agreed that the program is rushed, but most said that the students had adequate time to master the concepts in their courses. Several faculty members felt that there is inadequate time and resources given for theses, so a significant number are not very high quality. At the same time, one professor said that faculty members do not do enough field work in the field experiences for classes. Because transportation is so limited by the school, opportunities for better field experiences are limited as well. All of the faculty members interviewed say that they can give students all the help they need during their modules and that they make themselves available for formal or informal meetings as needed.

There was disagreement between stakeholders who asserted that faculty members are not often available to provide assistance during outbreaks and other public health emergencies, and faculty members who insisted that they were available and consulted regularly. Stakeholders felt that some of the faculty had an “ivory tower” mentality and were not readily available for help. This, again, points at what seems to be a mission/action mismatch, in which the unspoken mission for some faculty is

primarily teaching while the unspoken expectation of other stakeholders is apparently service and support. Professor Okitolonda said in one discussion that if the mission of the school becomes clarified that it is to aid the nation to improve public health that will be a positive change, because this will mean that KSPH faculty will become obliged to provide support to interventions on the ground, but they have to be involved from the beginning of interventions. He reported during our last visit that the Ministry of Health had developed a plan and had asked for KSPH feedback, which was a positive development for communication and cooperation.

Several of the faculty members, unprompted, argued that all projects should be run through the school to maintain order and communication. They said that when faculty members have no obligation to work through the school, they disappear when they are finished teaching. Additionally, since most contracts are managed simply as arrangements between an agency and a faculty member, nobody knows what projects are ongoing, nor are indirect costs generated. One said that there are many skilled faculty members and assistants at the school, and that running projects through the school would protect them and perhaps prevent the assistants from leaving. He also said that the school would be able to develop teams that could produce better work that could ultimately get more publications and external funding.

Previously, a Bureau de Gestion de Projets was established by the school for overall project management at the school level, to coordinate efforts. The office is no longer functioning and overall management remains under the supervision of the Office of the Director.

The supplemental pay for professors that is above and beyond the standard salary was variably described. Several people said that if individuals taught a lot at the School of Medicine and at other universities, they could make a substantial amount beyond their salary while others said that the supplemental income was very modest. How much any faculty member actually earns is unclear.

The faculty hiring process is complicated by the involvement of the School of Medicine. After an applicant is approved at KSPH for hire as a faculty member, their file is then sent to the School of Medicine for consideration and approval which seems to have technical veto power over the hire. The only explanation for the approval by the School of Medicine is that the process is simply historical, and if a faculty member will also be teaching in Medicine that individual has to have approval. There was no discussion as to approval for faculty members that might not teach in Medicine.

4. ACADEMICS

Course Structure

All of the MPH programs admit students once a year and take the students through the program in cohorts over the course of the next year to fifteen months. Electives are not offered. The academic calendar is fixed before the beginning of the academic year, in time to allow for students to apply, interview, and make arrangements to matriculate. When the calendar is set the professors are made aware of when they will be required to be on campus to teach. They are also sent a reminder two weeks before they are to teach. If the professor needs to travel during the time that he or she is teaching, then it is the responsibility of that faculty member to arrange course coverage with another faculty member and the approval of Academic Affairs.

Adherence to CEPH Criteria

The evaluation team chose to use data templates that are used for Programs in Public Health accreditation criteria by the Council on Education for Public Health (CEPH). CEPH criteria are changing at present, but we felt that this approach would provide a systematic method of organizing data collection and reporting that could guide curricular evolution at KSPH.

Not all syllabi included course objectives and/or competencies. Some syllabi were so vague that nothing about course content could be inferred and no attempt was made to do so. The matrices of included competencies are included in Appendix A, but readers are warned that listed competencies do not guarantee coverage of material, and missing competencies do not imply that they are not covered.

There are no general competencies specified by CEPH for concentration classes, under the assumption that universities can provide the most relevant training for students in their programs. This is reflected in the different MPH degrees as well, with an emphasis on content related to the conditions in the DRC. CEPH has a set of cross-cutting domains, but they were seen as less relevant to the evaluation process at this point and syllabi were not examined for them.

In general, course content is focused on addressing public health issues present in the DRC, and the available evidence indicates that the most prominent issues in each of the major areas receive appropriate coverage. With the evolution of the CEPH accreditation criteria related to academic issues, it is often an arduous task to keep up with the changes, and seems to be the case as well for KSPH. Nevertheless, based on what the team gleaned from syllabi, course content is comparable to many similar programs in the United States.

MPH in Community Health

The MPH in Community Health entails 738 class hours, six weeks of fieldwork, and eight weeks devoted to researching and writing the thesis. This is equivalent to 49 credit hours of coursework, plus the additional hours of fieldwork and thesis. The coursework covers the MPH core classes as well as a variety of public health promotion and management courses.

The competencies for the MPH in Community Health program provide a heavy focus on Data and Analysis, covering all except one. There is a similar heavy emphasis on Program Planning and Management, covering all except one that applies to proposal development. Three of six competencies related to Factors Related to Human Health were mentioned in syllabi. Two of four competencies related to Leadership were covered and both of the Systems Thinking competencies were covered.

Competencies related to the Profession and Science of Public Health appeared less frequently in syllabi, with only two of seven competencies covered. Two of three Communication competencies were covered, one of five Public Health and Health Care Systems competencies were covered and one of three related to Interprofessional Practice were covered. It should be noted that syllabi for five courses had no listed competencies or learning objectives.

Table 2.

MPH IN COMMUNITY HEALTH		
MODULE	COURSE NAME*	CLASS & CONTACT HOURS
Module 1	Informatics and Internet Research	18
Module 2	Biostatistics	60
Module 3	Epidemiology	60
Module 4	Applied Informatics	60
Module 5	Research Methods	60
	Fieldwork: Applied Research	2 weeks
Module 6	Behavioral Science and IEC	60
Module 7	Resource Management and Planning	60
	Fieldwork: Managerial Analysis in a Health Zone	1 week
Module 8	Environmental Management	60
	Fieldwork: Environment	1 week
Module 9	Disaster Management	30
Module 10	Organization of Health Systems	30
Module 11	Politics and Financing of Health	30
Module 12	Program Monitoring and Evaluation	30
	Fieldwork: OSS, PFS, SEP	1 week
Module 13	Public health Laboratory	30
Module 14	Nutrition	30
Module 15	Maternal and Child Health	60
Module 16	Health of Specific Populations	60
	Fieldwork: LSP, Nutrition, SME, SGS/LM	2 weeks
	Thesis	8 weeks
	Total class hours	738
	Total fieldwork	6 weeks
	Total thesis time	8 weeks

MPH in Nutritional Epidemiology

The MPH in Nutritional Epidemiology entails 1158 class hours, twelve weeks of internship and six months of fieldwork and thesis research/writing. This is equivalent to 77 credit hours of coursework, plus the additional hours of fieldwork and thesis. The coursework covers the MPH core classes as well

as a variety of public health promotion and management courses. The curriculum has a heavy emphasis on research ethics and methods, as well as a variety of nutrition-related classes.

The competencies for the MPH in Nutritional Epidemiology program focus heavily on Factors Related to Human Health (six of six) and Data and Analysis (seven of eight). The program covered three of seven competencies related to Profession and Science of Public Health and three of five related to Public Health and Health Care Systems.

Two of three competencies related to Communication were addressed, and one of five for Policy and Advocacy as well as one of two for Systems Thinking were covered. None of the three Interprofessional Practice competencies were covered.

Table 3.

MPH IN NUTRITIONAL EPIDEMIOLOGY		
MODULE	COURSE NAME*	CLASS & CONTACT HOURS
Module 1	Scientific English	60
Module 2	Basic Biostatistics	90
	Intensive English	30
Module 3	Informatics and Internet Research	18
Module 4	Principles of Nutrition	60
Module 5	Problems in Nutrition	60
Module 6	Ethical Considerations in Research	30
	Computer Literacy	60
Module 7	Nutritional Assessment and Measures	120
Module 8	Epidemiology I	90
Module 9	Food Production and Food Security	30
Module 10	Global Nutrition	30
	Introduction to Qualitative Research	30
Module 11	Hygiene and Nutrition	45
Module 13	Biostatistics II	75
Module 12	Principles of Management	30
Module 14	Epidemiology II	120
Module 15	Research Methods	120
Module 16	Climate Change and Nutrition	30
Module 17	Gender and Nutrition	30
	Internship	12 weeks
	Fieldwork and thesis writing	6 months
	Total class hours	1158
	Internship	12 weeks
	Fieldwork and Thesis	6 months

MPH in Health Economics

The MPH in Health Economics entails 738 class hours, seven weeks of fieldwork, and ten weeks devoted to researching and writing the thesis. This is equivalent to 49 credit hours of coursework, plus the additional hours of fieldwork and thesis. The coursework only covers three of the core classes: Epidemiology, Biostatistics, and Management. It then covers a selection of health economics and econometric classes as well as a significant number of classes devoted to management, policy, negotiation & public finance.

There were no learning objectives or competencies provided for Resource Management & Planning, Environmental Health, Basic Math, Microeconomics, Econometrics, Negotiation, Marketing, Public Finance or Economic Assessment, making accurate assessment of the competencies impossible. Nevertheless, other courses listed competencies. Seven of eight competencies related to Data and Analysis as were four of six in Program Planning and Management.

One of seven competencies related to Profession and Science of Public Health, one of six related to Factors Related to Human Health, one of five in Policy and Advocacy, and two of three competencies for Communication were addressed. None of the competencies related to Leadership, Interprofessional Practice and Systems Thinking were covered.

The MPH in Health Economics seems to actually be more akin to what one would expect to see in a Master's of Health Administration degree. The coverage of MPH core content is less thorough but the coursework on financial management is highly detailed.

Table 4.

MPH IN HEALTH ECONOMICS		
MODULE	COURSE NAME*	CLASS & CONTACT HOURS
Module 1	Informatics and Internet Research	18
Module 2	Biostatistics	60
Module 3	Epidemiology	60
Module 4	Applied Informatics	60
Module 5	Research Methods	60
	Fieldwork: Applied Research	2 weeks
Module 6	Behavioral Science and IEC	60
Module 7	Resource Management and Planning	60
	Fieldwork: Managerial Analysis in a Health Zone	1 week
Module 8	Environmental Management	60
	Fieldwork: Environment	1 week
Module 9	Basic Math Concepts	15
Module 10	Financial Management and Health Accounting	45
Module 11	Basic Concepts of Microeconomics	30
Module 12	Econometrics	30
Module 13	Health Economics	30
Module 14	Negotiation	30

Module 15	Marketing	30
Module 16	Public Finance	45
Module 17	Economics	45
Module 18	Fieldwork: Public & Private Organizations	3 weeks
	Thesis	10 weeks
	Total class hours	738
	Total fieldwork	7 weeks
	Total thesis time	10 weeks

MPH in Field Epidemiology

The Epidemiology degree program has a heavy focus on monitoring and surveillance, and this was seen as a strength of the programs. Given the regularity of disease outbreaks in the DRC, graduates should be expected to have a high level of competence in this area.

The three tracks in Field Epidemiology and Laboratory Training Program address different core competencies. The Field Epidemiology track addresses four of seven competencies related to the Profession and Science of Public Health, one of six competencies related to Factors Related to Human Health, and seven of eight related to Data and Analysis.

The Laboratory Management track addresses three of seven competencies related to the Profession and Science of Public Health, one of six competencies related to Factors Related to Human Health, and seven of eight related to Data and Analysis.

The Veterinary Epidemiology track addresses three of seven competencies related to the Profession and Science of Public Health, one of six competencies related to Factors Related to Human Health, and seven of eight related to Data and Analysis.

All three tracks addressed three of four related to Leadership, three of three related to Communication, three of three related to Interprofessional Practice, two of two in Systems Thinking, and covered none of the competencies related to Public Health and Health Care Systems.

Table 5.

MPH IN FIELD EPIDEMIOLOGY AND LAB MANAGEMENT		
MODULE	COURSE NAME*	CLASS & CONTACT HOURS
	Block I	
Module 1	Introduction to Computing and Internet	18
Module 2	Introduction to Public Health	12
Module 3	Basics of Bioethics	18
Module 4	Methods in Epidemiology	90
Module 5	Biostatistics	60
Module 6	Biostatistics II	30
Module 7	Applied Informatics	60
Module 8	Research Methods	60
Module 9	Introduction to Qualitative Methods	30
Module 10	Epidemiological Surveillance	60
	Block 2	
Module 11	Management and Leadership	30
Module 12	Disaster Management	30
Module 13	Development Skills Training	30
Module 14	Scientific Communication	60
Module 15	Public Health Laboratory	30
	YEAR 2	
Module 16	Laboratory Methods	30
Module 17	Laboratory Methods II	30
Module 18	National Laboratory Network	30
Module 19	Biosafety	30
Module 20	Laboratory Management and Quality Control	60
Module 21	Effectiveness of Prevention	30
Module 22	Biostatistics and Multivariate Analysis	60
Module 23	Epidemiological Analysis	60
Module 24	Veterinary Toxicology	60
Module 25	Zoonotic Health Emergencies.	
Module 26	Emerging and Re-emerging Zoonoses	60
	Total class hours	1068
	Internship first year	12 weeks
	Internship second year	20 weeks

Faculty Course Coverage at KSPH

We compared the names of all faculty nominally assigned to the KSPH faculty and tallied the contact hours that they had with students based on courses taught. Those hours ranged from twenty to over four hundred. Instructor names and teaching assignments are listed in Appendix B. Workload varies a great deal for faculty members, and some feel that when they are asked to teach their courses for all four of the degree programs, the workload is excessive.

Diversity

Data from 2012 to 2015 indicate that the school has been successful in recruiting students from all regions of the country. With the increase in the number of health zones (ZS) to 516, however, the need for trained public health professionals continues to grow.

Table 6.

KSPH STUDENT ENROLLMENT BY PROVINCE, 2012 - 2015			
PROVINCE	COMMUNITY HEALTH	HEALTH ECONOMICS	FELTP
Bandundu	16	29	3
Bas-Congo	12	8	4
Equateur	8	7	3
Kasai-Occidental	12	8	0
Kasai- Orientale	6	6	4
Katanga	8	4	7
Kinshasa	43	22	24
Maniema	7	4	3
Nord Kivu	5	3	1
Orientale	8	6	2
Sud Kivu	2	0	1

The school has made a commitment to increasing representation of women in the MPH program. While women continue to be underrepresented in the program, the percentage in the program has increased.

Table 7.

KSPH STUDENT ENROLLMENT BY SEX					
	MAJOR				TOTALS
	Community Health	Health Economics	Field Epidemiology	Nutritional Epidemiology	
2012-2013					
Female	7	3	2		12
Male	32	41	10		83
2013-2014					
Female	11	1	3		15
Male	32	21	17		70
2014-2015					
Female	8	3	3	5	19
Male	33	28	17	5	83

What follows is a synthesis of student focus groups & interviews regarding academic issues.

Students

Reasons for Attending

Most of the matriculating students are physicians, often functioning as Médecin Chefs du Zone (MCZ). They enrolled because they felt that they needed to learn more about public health beyond medical responses to issues in their zones. Many said that they had peers who had earned an MPH from the

program and those peers seemed to manage programs and public health problems better than others. MPH graduates are seen to have a better understanding of problems. In their role in the field, KSPH graduates are the source of much information about the program and seem to be good recruiters for the program. Graduates have a higher quality of work when they return to the workforce. They are perceived as having a different way of working, with a greater tendency to use data and statistical analysis, and having better computer skills to address problems.

With regard to perceptions of the school, they frequently said that KSPH is highly respected across the country. Several said that since the other schools of public health in the country were using faculty members from KSPH, they should just attend KSPH. The professors from KSPH are perceived to teach at a higher level, providing more content, context, and field skills than those from other schools. This reputation provides a powerful recruiting and marketing tool that the school can use in future endeavors.

A final reason for attending KSPH is that USAID provides scholarship funds for some students. Since most students need financial assistance they felt that they had to attend.

Students repeatedly said that they are learning more about the foundations of public health and a broader view than offered in medical school. They believe that they are getting practical training related to what's going on in the field, although this impression contrasts with that of stakeholders, who said that the students spent too much time learning theory. The students said that the field training experiences are different from many programs and are very helpful. They often see outbreaks of diseases such as malaria, measles and yellow fever and they feel more prepared based on what they're learning.

The overwhelming opinion of nearly every student interviewed was that there is not enough time in modules to properly learn the material. Material that is presented over the course of a semester in other schools is often provided in the span of two to four weeks. The students feel rushed and only memorize material for the next test, and complain that they don't have time to synthesize new material. For example, they noted that in Research Methodology they only have 2 weeks to learn methodology, protocols, how to gather data, etc. After that they are expected to go out into the field and collect data. Rushing through material in this way contrasts with learning theory and works to the detriment of the learning experience. In contrast to many programs in the United States, incoming MPH students have a wealth of experience, and if given time the degree program could allow them to integrate many of these experiences with information provided. But they rush through material because of the course calendar does not seem to allow for integration and synthesis. At least one other student noted that he would like more opportunities to engage in supervised research in order to hone his skills.

An associated concern is that, despite testing before admission, students matriculate with variable skill sets. The students who said that they are struggling also said that they don't believe it is a matter of being a poor student, but more a case of taking a bit longer to learn material. The rapid pace has prevented them from taking the time to go back and learn material better. Interestingly, one student dissented with the prevailing opinion because he felt that the rapid pace forced all students to be highly disciplined with their learning. Additionally, because of the short time frame for each class, the students feel that professors don't have adequate time to properly evaluate the students to determine if they have really learned the material or just simply memorized material for tests.

While discussing the calendar issues several students said (unprompted) that a 15 to 18 month program would allow them to proceed more slowly and learn the information better. They said that they understand that more time means more costs, but they feel that it is important to consider. One group

explicitly said that they understand that time and funds are important, but so is quality of education. In one meeting with students, several believed that a full two years (similar to many American and European universities) would be helpful. There were comments that trying to do the coursework and a thesis in a limited time is not feasible, and they observed that the majority of those in the preceding class did not get their theses submitted on time.

When asked if they would be interested in taking more than one class at a time, but extending the time for courses, students were very supportive. An example might be scheduling students to take Biostatistics and Informatics concurrently, so that they could integrate projects and skills.

In focus groups with both new students as well as those who had nearly completed the program, Biostatistics was repeatedly mentioned as a problem area. Nearly every student said that the class moves too quickly for them to be able to learn the material, and some said that even the professors believe that they are moving too quickly, although we were not able to verify this with any faculty members. One group of students said that they are trying to get some professors to return to re-teach some of the material during out of class time.

All of the students said that they can talk to professors if they don't understand something, and some professors even give their cell numbers out so students can call with questions. The overall level of involvement of the professors and assistants during the modules was high. The students noted, however, that when the professors are not teaching, they are often not easily accessible.

Students in several groups, as well as graduates of the program, said that they would like to stay in contact with the school after they leave. This would allow them to turn to faculty for advice and consultation as well as just to keep in contact with a broader group of professionals.

In other comments about the classes, some students said that they did not believe that the pop quizzes were helpful. The students understand that the quizzes make them focus on the information, but they said that they concentrate more on memorization for the coming quizzes than they do actually assimilating the information.

They said that professors adhere to the syllabus and schedule, making classes predictable, and they appreciate the respect that faculty members show for their time. One noted that he felt that professors treated them as colleagues. Interestingly, most said that they like the group work. They said it helps them understand material better, and working on collaborative teams is very much like what they will have to do on the job. It also builds friendships that will continue through their careers.

With regard to the field research experiences, the students see them as very important. These experiences teach the students how to do research in field conditions, on real problems. Students overwhelmingly said that they got a lot out of their field experiences, but there were difficulties with transportation. There were suggestions that other forms of transport would allow them to have a broader variety of field experiences. The transportation line in the scholarship budgets refers to transportation costs of travel to and from home to the school and not daily or field transportation. The school uses buses it owns for transport to and from field experiences, renting others if necessary. Nevertheless, given the poor quality of roadways around the school and the ubiquitous traffic in and around Kinshasa during the day, transportation for is a daily challenge for all.

Doctoral students are concerned that there are not enough assistants being advanced to professorial positions, and they feel that this will limit their advancement opportunities in the KSPH. Others believe

that the program is somewhat ill-defined and they would like to see more structure to the doctoral program.

Graduate Reflections

The graduates who were interviewed held a variety of positions across the country, many in leadership positions.

Graduates noted that they learned much beyond their clinical skills. All believed that the coursework prepared them well for their current jobs in public health. The graduates said that their MPH changed the way they work on a daily basis because they understand public health problems better and can manage them more effectively. Several talked about their improved management skills, how they understand their managerial and leadership positions better as a result of their classes, and how they feel their training helps them analyze public health issues in different ways. They said they are better communicators and managers, and that they have a greater understanding of finance and financial management. They feel that they understand their jobs better now and are able to do tasks that they previously could not do (e.g. writing proposals & abstracts and managing projects). The presentation skills that they learned were also cited as a major benefit in their current jobs, as well as their improved writing skills. They also believe that the program at KSPH is better than the others in the country.

With regard to classes, the most common comments revolved around the fact that the program did not provide the students enough time to learn the material well, and they could not assimilate the material. There were other comments about no time for breaks and feeling that faculty did not interact with them in a respectful way. Those who had graduated several years ago said that they did not write theses and they felt that this reduced the quality of their educational experience. Comments throughout the interviews also revealed a feeling that assistants did much of the coaching of students out of the classroom. They appreciated that assistants were readily available for consultation, because they felt that faculty members were gone much of the time when they were not teaching class.

There were several comments about needing more and better evaluations of faculty members. A recurring theme was that, while they were satisfied with most of their professors, there were some with whom they were very dissatisfied and that they believed they could not evaluate them in a meaningful way.

Almost all respondents said that the classes that were the most helpful to them were Epidemiology, Research Methods, Biostatistics and Management. Two individuals mentioned Informatics, and Environmental Health, Health Economics classes, and Community Health were seen as most valuable. When queried about classes that would be helpful but were missing from the curriculum, the graduates listed more business administration & financial management, English (because so much research is now written in English), community participation & cultural diversity, scientific writing, more informatics and more field epidemiology. All said that they would like to pursue a doctorate, but would need scholarships in order to afford it.

There were mixed opinions on how effective the professors were in helping students to learn. As with current students and stakeholders, the graduates noted that, other than while class was in session, professors were often absent, but that the assistants were very helpful. But some professors were very available and helpful while others were distant and less helpful. Most of the graduates said that they had the opportunity to do evaluations of their professors, but they did not know if the professors were taking their comments seriously.

A final question we asked all of the graduates was whether they believed that the time and scholarly effort required for the MPH was appropriate for the degree, and there were mixed responses. All believed that the degree helped them, but they noted that there was not enough time in the program and that the schedule was too intense. Some felt that the level of intensity left some individuals sick. The lack of adequate time was a constant theme in the responses.

Stakeholder Reflections

We interviewed a variety of stakeholders in the KSPH program, from high ranking officials in the Ministry of Health and the Ministry of Higher Education.

Acknowledging that the majority of non-governmental and non-USAID stakeholders had a strong background in epidemiology and bench science, the prevailing opinion was that the students in the FELTP program seem to have better skills than the other public health students. Multiple individuals said that the students in general know a lot of theory but are weaker in practical skills that are needed in the field. They believe that students at KSPH are overloaded with material that is not needed and they get lost. In a complaint heard about nearly all modern public health training, it was felt that students should spend more time in the field to improve basic skills instead of learning theory. Others felt that students need more environmental health and behavioral sciences.

Stakeholders felt that, while students are trained to work in the ZS, after they graduate too many are hired by nongovernmental organizations, so they are not seen as working to improve conditions in their zones. The interviewees noted that the same thing happens with newly trained Ph.D.s that graduate from the University of Kinshasa in related sciences. The main reason for leaving the ZS positions is for better pay, against which it is difficult to argue.

USAID Mission staff members interviewed see the benefits of MPH training at KSPH. One individual said that she had seen MPH-trained individuals around the world and KSPH graduates are "... some of the best educated public health graduates, with in depth technical skills, of any of the public health trained individuals I have worked with." Throughout conversations over three visits, with multiple staff, most concerns are clearly associated with past financial management of the school and not academic performance.

Stakeholders said that nobody has been successful at convincing faculty members to bring in contracts to buy a portion of their time, given how the current salary system operates. Publications may indicate that someone at KSPH is involved in a research project, but in actuality none of the work was done at or through KSPH. One individual said that the school has strong professors that are well trained, but they tend to manage the projects on their own without incorporating them into the school or collaborating with others.

The diversity of the student cohorts is seen as a strength. Students are enrolled from all provinces, allowing students to interact with others from different regions and cultures, as well as learning how to manage different health problems from a variety of perspectives. Faculty members interviewed were also pleased with the geographic diversity as well as the fact that the school is admitting individuals who are not solely MCZ.

The barriers to conducting research are clearly seen by everyone. Several said that if individuals have an office connected to the internet, they are able to do their work, but it is difficult and expensive to have regular internet service in Kinshasa. As several faculty members noted, it is problematic to conduct

literature reviews or to write research protocols when it is so difficult to just to download articles. One stakeholder commented about the faculty, “It is not easy to do research here - not very many people have access to information here - it's like writing a paper with one hand tied behind your back.”

5. RESEARCH EFFORTS

KSPH has a solid reputation with partners and donors for applied research. KSPH is regularly consulted for operational research studies such as Immunization Coverage Surveys, Multiple Cluster Indicator Surveys (MICS) and the Demographics and Health Survey (DHS). The school often provides support for these studies including data collection, data entry and basic data analyses. Research activities have touched a wide range of topics such as health systems management, water quality, malaria prevention, HIV/AIDS, behavior change, immunizations, nutrition, and child health.

Despite the large amount of data that has been collected by KSPH faculty, publication rates are low and publications often have long lag times. Increased publication would increase visibility and credibility of both the faculty and the school.

The Associate Director, Professor Kaba, oversees research activities. Because of the way that faculty members conduct their research activities (discussed previously), there is no official list of funded and/or unfunded research projects in which faculty members are involved. Our team saw one list of funded projects that are routed through KSPH, but there were only four projects listed, and three professors (including Professors Okitolonda and Kaba). Recently the number of funded projects routed through the school has increased, so efforts are paying dividends. Given the Associate Director's workload, it may be advisable to resurrect the Bureau de Gestion de Projets, or create a similar office, to distribute the workload. A research office could focus efforts on research support.

Faculty members do not provide an annual activity report that details presentations and publications, so it is difficult to track the impact of research activities conducted by faculty members.

The research agenda at KSPH is generally driven by its partners, rather than by its own faculty. As stated in the Health Systems 20/20 evaluation, the business model of KSPH is for donors to fund its academic programs, and for consulting and research to be funded by demand-driven donors and partners. The consulting and research activities, however, are managed individually by professors who share little or no financial or other information with KSPH itself. As noted, these activities provide financial benefits to the individual faculty members, but not to the school. In fact, there was no central list or files of existing research grants and contracts, and no knowledge of the total dollar value of those grants and contracts.

There was also recognition that the school did not have adequate capacity to pro-actively mobilize resources. KSPH leadership needs to develop a business plan based on its own research agenda and grounded in an analysis of potential funding sources. There was a lack of proposal-writing capacity, and no protocol for proposal development and review.

The KSPH has a well-functioning Institutional Review Board (IRB) that obtained Federalwide Assurance (FWA) assurance in 2002, which commits the institution to comply with the United States HHS requirements for the protection of human subjects. The KSPH IRB meets regularly and reviews protocols using standard procedures.

Leadership said that the school has an official indirect cost rate of 12%, but some funding organizations, such as the Gates Foundation, do not give full indirect rates. Others are waiting for evidence of comprehensive financial controls that are being implemented. As more projects are routed through the

school and funds generated by salary savings and indirect rates become the norm, there is an opportunity for the school to dramatically improve both its research capacity and its infrastructure.

The school has two laboratories. One is for Environmental Health teaching and, ostensibly, research. The other is a microbiology laboratory. With the death last year of the laboratory supervisor, there are currently only three laboratory technicians. The understaffing and lack of organization made our attempts to tour the labs and obtain comparisons of the labs with best practice standards difficult, and it was noted that there is a need for more biologists with doctoral training to staff and use the laboratory regularly. Most of the laboratory analyses associated with research at KSPH are conducted at the Institut National de Recherche Biomedicale (INRB), which is the National Reference Laboratory.

The primary goals of the laboratories are:

- Training of KSPH students: The laboratories are primarily used for training in laboratory management but are sometimes used to train laboratory technicians from other locations as well.
- Research: The laboratories are not used heavily in research programs. There is some research activity associated with the CDC-PEPFAR (The U.S. President's Emergency Plan for AIDS Relief) program. The testing capacity is underused because of a shortage of chemicals, expired diluents and reagents, and lack of critical materials. The laboratories are available to the school of Medicine researchers as well, but are underused for the same reasons. Most of the bench researchers at KSPH are affiliated with National diseases control program and the National Institute for Biomedical Research (INRB), which have better supplied and up to date facilities.
- Providing support to community: the laboratories provide community support by providing resources for training of external laboratory technicians, who can return to their worksites with improved research skills.

Equipment & Facilities: The laboratories are in two large rooms with work benches. Equipment consists of one standard and two multiple-head microscopes. There are 3 CD4 counters, 6 Sysmex machines, a spectrophotometer, one centrifuge, and a small autoclave. There is also a water distillation system.

The laboratory is clean; however, windows, curtains, and equipment are old and dusty and may lead to contamination when performing analyses. There is little capacity for specimen storage at the school, so researchers must store their samples in other laboratories in Kinshasa. Without a reliable sample storage facility containing appropriate freezers, etc., sample quality cannot be ensured and many samples are lost.

With regard to best practices in laboratory management, major issues regarding documentation were noted:

- There is no inventory or tracking system of samples in the labs.
- There is no inventory of reagents, diluents and/or common laboratory chemicals. Upon examination, most of the products in the labs were expired. It was noted that many of the reagents were provided by CDC PEPFAR.
- There are no documented Standard Operating Procedures.
- The laboratories do not meet Laboratory Biosafety Level I criteria.
- There is no equipment inventory, maintenance history, or calibration records.
- There appear to be no internal or external quality assurance procedures in place, although one lab worker said that waste is disinfected and then burned at the university hospital incinerator.

- There is no training available for Good Laboratory Practices.

Overall, the research infrastructure for bench science is in disrepair due to a lack of supplies and qualified daily supervision. Given frequent power outages and no backup generator specifically for the laboratory, it is difficult to repository samples at KSPH.

6. STUDENT LIFE

We asked students a variety of questions regarding student life, and they provided a wide assortment of responses, often based on what their individual concerns were. It was difficult to organize these concerns into consistent themes.

Perhaps the most common concern of many students was the confusion about the distribution of USAID scholarship funds. Several students said that the school was “managing” their funds and they had not received any of it for daily expenses. Several said that they are not working and are dependent on their families for income, and there was resentment because the students believed that the school was holding back money that was intended for their living expenses. The school has demonstrated that it is using the scholarship funds in the manner that has been agreed upon with USAID. Because of the confusion on the part of the students with regard to how such funds are to be used, though, there is a clear need for KSPH to clarify how scholarship funds are used to students so that expectations can be set before matriculation.

Students said that they are supposed to be paid their salaries through the Ministry of Health but in practice they say that the funds that the Ministry provides to the health zones for salaries is not provided to the students in the form of ongoing salary support, so they are functionally unemployed during their time at school. That assertion was disputed by school leadership, who said that the salaries now reach the students as employees of the Ministry of Health, but students lose the supplemental salaries that often accompanied their undertaking additional work beyond their basic job responsibilities.

Women said that they are treated well, and equally. They said that because the sacrifice is so great, women should be encouraged by the MOH to become MCZs and for more to seek advanced training. All acknowledge that female students are in a difficult position. They are seen as equally competent, and there is a need for more women in the program, but many are unable or unwilling to leave their families for a year. If they arrive pregnant or become pregnant, it is even more difficult for them to continue in the program. The Nutrition program was noted as being more accommodating to the medical needs of pregnant students.

Lodging conditions are good. There is internet access and the rooms are cleaned daily. Several noted that the food is good, although sometimes it gets a bit monotonous. Some noted that mattresses in the rooms have been changed and are much more comfortable now. Electricity outages are uncommon and short.

A few students had concerns about practical access to medical care. One person mentioned that it can take up to two days to get permission to go to the clinic.

They appreciate that Professor Okitolonda is always checking in on activities to ensure that things are running smoothly, that meals are being served on time, etc. Holiday breaks are appreciated. They noted that things have changed with regard to working microphones in classrooms, better tables and chairs, etc. The constant and visible monitoring by Professors Okitolonda and Kaba is clearly improving morale of the students, who believe that their voices are being heard.

Graduate Reflections

As with the current students, graduates of the program had lingering questions about how USAID scholarships were managed. One former student wanted to know what happened with the scholarship money and also asked why the school did not supply money for daily expenses. There were some

comments about the students having no money or time for entertainment, leaving the students very stressed. These comments seem to reflect a student culture of suspicion of the school leadership, combined with confusion regarding the intended purposes of USAID scholarship funds. As transparency continues to improve and incoming students are educated regarding expectations of funding, these concerns will dissipate.

The MPH graduates said that there were areas that needed a lot of improvement, including internet access and the library.

A suggestion from one graduate was that the Management Committee should consult with students more often when making decisions. Many of the students enrolled are practicing professionals and may have good insights and ideas.

It is an encouraging sign that all students said that they had expected to make sacrifices to earn their MPH, and that the training they received was worth the sacrifice. Former students said that they are respected and that their skills have improved as a result of attending KSPH. Several said that more short courses to keep up their skills up would be desirable as well as other courses to provide advanced training. In the educational setting, language is an issue. Several students said that they would like to learn more English since so much of the scientific literature is now in English, but it is difficult to see how extended language training could be incorporated in the MPH curriculum.

CONCLUSIONS

Four questions were posed when this project was initiated. After collecting and analyzing a broad set of salient data, we respond to those questions.

1. **How effective has the support received by KSPH over time contributed to helping the school fulfill its mandate as a training and research institution?**

Overall, despite a wide variety of political, geographical, and cultural barriers, the school has been effective. Public health professionals trained by KSPH have been on the forefront of disease prevention and control at every level throughout the country and are widely regarded as competent professionals. The school has a critical role in developing public health leadership in the DRC and has performed well given the limited resources at its disposal. This broad assessment has identified a number of areas where improvements can be made, and the school leadership has been enthusiastic about participating in, and learning from, the evaluation project. Based on three trips to Kinshasa, interviews with students, graduates, faculty and stakeholders it is apparent that the investment in the KSPH has been fruitful. There is much work to be done, and many barriers, but there is reason to be optimistic.

The goals listed in the Health Systems 20/20 Workplan have largely been met. Administrative operations of the school are more efficient, effective, and transparent. Instruction remains at a high level and the quality of life for students has improved. It seems clear that the leadership at the school took the suggestions in that report seriously and has taken clear steps to improve the school.

2. **What assistance could be most effective for enhancing KSPH's role in strengthening human resources for health in the DRC?**

The socio-political situation in the Democratic Republic of the Congo is complicated. Many systems barely function and working effectively in the DRC is difficult for any organization. As such, funders are wise to be cautious with regard to supporting any agency based in the DRC without oversight. The Kinshasa School of Public Health operates in the context of these difficult circumstances. There is great need in all areas of the school, including student support, faculty pay and workload, infrastructure and supplies. The scholarship money from USAID has been effective in providing support to students wishing to attend, and ongoing support is justified. In fact, an argument can be made for increased support for the school. There are certainly other ways in which funds can strengthen KSPH; these will become more apparent as the mission and activities of the school are brought into alignment. Given the current conditions in the DRC today, one cannot yet expect KSPH to become financially independent in the near term.

There seems to be little hope that governmental funding to the KSPH will improve significantly in the long run. Other than salaries, the government provides no support to the school, and the school remains very dependent on USAID and other scholarship support and some external research support. Yet the physical facility is in disrepair, labs do not have critical reagents, equipment, or space to conduct either cutting edge research or teaching. Additional sources of funding will clearly be necessary to advance the school.

The school could benefit from technical assistance by individuals who could assist with the wide variety of issues discussed in this report. With regard to Academic Affairs, technical assistance

might focus on issues that could bring the school closer to readiness for CEPH accreditation, ensure course content is appropriate, and conduct workshops related to CV formatting and preparation, standardizing course syllabi, etc. Research-related technical assistance can focus on how to write fundable proposals to the CDC and (U.S.) National Institutes of Health develop laboratory standards, etc. Other possible activities might revolve around locating and approaching donors and funding agencies for additional assistance to reduce the burden on USAID.

3. **How well have various stakeholders, especially the Ministry of Health, been served by the school?**

Despite the shortcomings noted in the previous pages, stakeholders have been served well by the educational efforts of the school. There is room for improvement, and the scientific enterprise can significantly improve lives in the nation with appropriate investment, but the school has certainly served the Ministry of Health to the best of its ability, given the constraints it faces.

4. **What recommendations can be made to ensure that sound business practices are followed, with an emphasis on improving sustainability? What other general recommendations are available?**

A set of recommendations will be found in the following section.

RECOMMENDATIONS

Administration

The issue of **faculty salaries and lines of reporting** is critical. Faculty members believe that they are so underpaid that their only option is to do outside teaching and take on research or service contracts in order to supplement their salary. The school has significantly improved its financial accounting capabilities, and USAID – and other funders – should expect to see consistent improvement and transparency of financial management. The establishment of policies and procedures for bookkeeping is an encouraging step, and the business office should be expected to continue improving processes.

Faculty need leadership by example with projects, with leaders first running their projects through the school before others will buy in. This will require delicacy. In order to be maximally effective in generating indirect cost recovery, as well as providing transparency in accounting and accuracy in budgeting, **all faculty members must route their projects through the school**. This will require a substantial overhaul in salary structures, personnel oversight, and reporting mechanisms. Without these mechanisms there is little motivation for faculty to direct projects through the school. Academic business consultants may be able to provide suggestions for how to make this transition. One model used frequently in the United States is to set an expectation that some percentage of one's salary is to be generated from external sources by each faculty member, with the salary support used to support other assistants and graduate students. Once that threshold is met, faculty members can earn a portion of the excess as a salary supplement and/or giving that faculty member control over a salary savings account that can support travel, training, additional equipment or even graduate students.

Any funding changes will not absolve the Ministry of Higher Education of responsibility to increase funding, both for improved salaries, as well as the desperately needed expansion and renovation of the physical plant. Ideally, funds allocated from the ministry would cover operations and salaries, with a set-aside for building and capital improvement.

There is a pressing need for **clarification** of the relationship of the school to the School of Medicine to faculty members, stakeholders and even students, who will carry the facts in the future. Addressing misinformation and asserting independence seems to be critical to true autonomous functioning.

KSPH should **generate an annual report** each year. The report would include faculty and student accomplishments such as publications and research grants. This report can then be used internal marketing within the university as well as external marketing to potential funders and other stakeholders.

The Director has a clear succession plan, but it is not written into a larger strategic plan. There is a **need for documents such as a strategic plan, lines of reporting and communication, and a succession plan**. Additionally, formal operating agreements that describe the relationship between KSPH and every agency with which the school works should be present and easily accessible. Such agreements should be reviewed and renewed on a regular basis. As noted by the UCLA Executive MBA team, the mission of the school does not seem clear to an outsider. There is so much demand placed on the school that there seems to be a mission/activity mismatch. Clarification of the organizational mission will be critical for KSPH because the demand for public health professionals is expected to remain high, and the public health needs are so great. An exercise in which the school **mission is re-examined** and compared to current activities, from which a strategic plan can be developed will be an important task for the leadership team.

USAID personnel expressed a desire to obtain a **breakdown of costs per person** for those individuals on scholarship, including tuition, lodging, food, etc. With the additional information provided, it may be a good time to explore, in collaboration and with close monitoring, limited direct funding efforts if the NUPAS Guidelines can be met.

Although USAID cannot fund construction, **renovation activities** may be considered. Dr. Okitolonda is currently seeking funds for construction of a new building on the UNIKIN campus. Nevertheless, whether or not this effort is unsuccessful, renovation in the most critical areas could be helpful.

The school should **consider restarting the currently nonfunctional Bureau de Gestion de Projets**. This will allow the school to provide and demonstrate a coordinated approach to research management at the school level, both to individual researchers on the faculty as well as to external funders.

Academics

The review of syllabi was a difficult task. There were a variety of formats used, with a wide variety of detail included in each syllabus. Extraction of course information, objectives and competencies ranged between difficult and impossible. Missing information from syllabi does not mean that classes did not cover the information, but simply that we could not ascertain what was being covered. A similar issue was seen with regard to methods of student evaluation for each course. Presumably students are evaluated in all courses, but the details of how they were evaluated were not always included in the syllabi. Where the information was present, virtually all learner evaluations consisted of group work, presentations, and exams. Instructors should consider a wider variety of evaluation methods for classes (term papers, poster presentations, etc.)

Standardized course syllabi can be required for every course, allowing for easy access to information as well as in-depth institutional self-study for academic accreditation purposes. In some cases our team noted multiple syllabi for the same course, which caused additional confusion. A variety of individuals with experience in academic public health can provide technical assistance on syllabus, objective and competency writing, assisting with issues such as measurability, proper action verbs, etc.

Courses with similar titles in different degree programs were challenging to differentiate. A **course numbering system** would simplify understanding of the curriculum. Sometimes there are multiple course syllabi with the same course name, and it is impossible to tell if the “epidemiology” or “research methods” modules offered in one MPH program is the same as the one offered in another. A distinct course number will help to avoid confusion.

Nearly all current and former students said that the program is hampered by the rapid pace of classes. All complained that students often memorize information for tests rather than learning and integrating it. There is an urgent need for a **reconsideration of the length of the program** and how courses are structured. While there may be significant barriers to lengthening the program, there are significant benefits from consideration of this approach. Additionally, consideration should include matching enrollment in two courses simultaneously so that material is integrated in a better way. As cited in the previous evaluation, an evening program for those working full time, or a part-time program conducted in Kinshasa city center, is worth considering.

Faculty should be evaluated annually by their department heads, and department heads by the Academic Coordinator. Annual reports should be submitted, detailing teaching, research and service activities, funds acquired, and a general accounting of the time for each faculty member. Annual

workplans for the coming year, including intended or proposed research activities, proposals for funding, external contracted work, etc. should also be submitted at that time. These are not considered binding contracts, but roadmaps for future evaluations.

The school administration should continue working to ensure that diplomas are awarded in a timely manner. Progress, obstacles and expectations should be communicated regularly to students and funders, who may become advocates for system change.

We concur with the current and former students who believed that having **more students who are not physicians** would add a needed element of diversity of experience to the student cohorts. While the inclusion of only physicians in the program initially is understandable, with the diversification and growing professionalism of the workforce, diversity in the student body is appropriate.

The Academic Coordinator should work with the University of Kinshasa librarian to **communicate with HINARI** regarding the difficulties that the students have accessing information. Direct communication, without a language barrier, may help all parties to determine how articles are being delayed, and what can be done to alleviate the problem.

Research Efforts

All faculty members should have **CVs and NIH biosketches in standardized formats**, modified annually. The faculty CVs we saw had a variety of formats, each including or withholding information that could be critical to funders. While academic CVs can take a variety of general forms, there are some pieces of information that are critical, and use of a standardized format will ensure that no information is missing. Standardization of job titles, areas of specialization, and even names, would be helpful. Having NIH biosketches may also be helpful. While the biosketch format now varies according to what proposal it accompanies, having the skeleton available and ready for modification in French and English would be little work for much possible benefit.

Leadership and faculty members should work together to develop a **marketing plan** in order to identify and go after opportunities for funding the research the school wishes to undertake. The UCLA MBA program has tentatively offered to assist with this type of activity in the future, and this expertise will be highly valuable.

Leadership within the laboratories is lacking, and there is a need to hire someone to supervise and organize them. With increases in research funding, improvements in the laboratory can be initiated, but **cleaning and organization** are immediate tasks that will require little additional cost in the short-term.

IT/ Website/ Software

The website should have regular security reviews, with appropriately scheduled upgrades. **More information** regarding the different MPH tracks should be posted, including class sequences, costs, etc.

Now is an optimal time to conduct a **detailed security review** of all servers and workstations. Malware of many types widely circulates, and data loss or capture by ransomware could be very damaging to the school.

Instruction

If the school wishes to pursue CEPH **accreditation**, either as a Program in Public Health or a School of Public Health, it will require a multi-year approach to addressing the topical areas that do not meet accreditation criteria. Some changes to the curriculum would be necessary, as well as additional documentation of administrative practices. While accreditation is not yet feasible, it is a worthy goal and would make a strong statement to have the first CEPH-accredited program in Africa.

There are times during the academic year when the classrooms do not appear to be heavily utilized. Such times are an excellent opportunity to begin offering **short courses** for public health professionals in the area. Such courses may provide basic skills for those unable to afford an MPH, or those who do not have the time to devote to school. Other courses may serve as an introduction to public health concepts for others that could prepare them for graduate study in the future.

General

Given the variety of issues presented, the breadth of recommendations, and many other issues not addressed in this report, it would be advantageous to retain a **technical assistance** team that can provide a variety of insights, resources, and advice. Some activities could take place in a relatively short time frame, such as development of standardized syllabi and CVs. Others will take longer, as with any actions that the school wishes to make toward compliance with Council on Education for Public Health accreditation standards. The UCLA/Anderson School of Business representatives have said that they are willing to partner with KSPH for a multi-year arrangement, and this relationship can be used to build management capacity, improve accounting policies and processes, provide strategic business planning, and position the school to capitalize on more financial development opportunities.

ANNEXES

ANNEX I: EVALUATION STATEMENT OF WORK

SCOPE OF WORK

PERFORMANCE EVALUATION

USAID Support to the Kinshasa School of Public Health

I. BACKGROUND

A. Country context

The Democratic Republic Of The Congo (DRC) is a strategic priority country for U.S. foreign assistance due to its size, location, and geopolitical role in the region. Despite its tremendous economic potential, the DRC with a GNI per capita of \$660 according to the World Bank (2012) is among the world's poorest and least developed countries. Despite its enormous natural resource wealth, in 2012, the United Nations Development Program ranked the DRC as the least developed country in the world (ranked 186 out of 186 a human development index) with Niger. Pervasive corruption, historical political instability, and a lack of infrastructure severely limit both domestic and foreign investment.

The DRC is home to nearly 70 million people and the largest sub-Saharan country. DRC features among the five countries that together contribute to fifty percent of global under-five mortality. Despite recent significant improvements in health status, including a one-third reduction in child mortality, persistent health system weaknesses persist in DRC. Consequently, formidable barriers to access and utilization of quality health care services exist throughout this vast country.

One of the key health systems challenges in the DRC is a deficit of sufficient and appropriately trained health sector leaders retained in the public sector. USAID has supported the Kinshasa School of Public Health (KSPH) since its inception in 1984 with the objective of improving the capacity of health sector managers and leaders in DRC. The KSPH is one of the oldest modern public health schools in Sub-Saharan Africa established with the support of USAID through Tulane University on the American academic model of problem-oriented and experiential learning. Initially, the school operated as a project until September 2005 when the DRC's Ministry of Higher Education accepted KSPH as a post-graduate school of the University of Kinshasa operating under the umbrella of the Faculty of Medicine. From the time of its founding to the present day, KSPH has responded to the country's need for qualified health professionals to assume the responsibilities of effectively directing and managing health services and systems in the DRC and provided technical support to the Ministry of Health.

In 1992, the KSPH stated its objectives to be:

- Preparing individuals to administer and manage public health programs providing primary health care;
- Participating directly in research on the prevention and control of diseases of public health importance;
- Participating in the development of model public health programs and services to improve health and quality of life;

- Serving as clearing house and information resource on the control and prevention of diseases of importance in central Africa; and
- Providing consultation for planning and evaluation of public health services and related research in Zaire and Africa.

In 2004 the KSPH formulated five objectives for the school, “which cumulatively seek to improve the health of the Congolese people and promote development”¹,:

- Train and educate undergraduate and post-graduate health professionals in public health;
- Update the knowledge and skills of Congolese health professionals as needed to address health management priorities;
- Enhance disease surveillance, health research and operations research to gather and evaluate health data and programs in the DRC;
- Offer quality, direct health services to the community including management of maternal and child health services; and
- Provide leadership and training to health program managers and policy makers in the DRC on the use of information technology.

USAID has conducted two evaluations of KSPH, one in 2005 conducted by Johns Hopkins University and another by an independent evaluation team in 2006. These evaluations highlighted a number of institutional weaknesses that, if addressed, could strengthen the performance of KSPH. Based on these findings, in 2008 USAID/DRC requested a centrally managed USAID project, Health Systems 20/20 (HS 20/20), to provide comprehensive institutional strengthening assistance to KSPH and to support a scholarship program for Master of Public Health (MPH) and Doctor of Philosophy (PhD) students. HS 20/20 ended in 2012 after which USAID/DRC used an interim central mechanism (African Strategies for Health) to continue the scholarship program for MPH/PhD candidates. In 2014, USAID initiated a scope of work through the centrally managed Health Finance and Governance (HFG) activity to continue both scholarship and institutional support to KSPH, which includes the objective of enhancing the school’s financial management capacity to bring it in compliance with USAID requirements for direct support.

B. Project Identification

In 2008, USAID funded the Health Systems 20/20 project to provide institutional capacity development to the KSPH for improved institutional sustainability and to increase the number of female professionals in the field of public health. This project was implemented for four years at a cost of around \$6.3 million through a central mechanism. The assistance commenced in

¹ Nancy Mock, Elke de Buhr, Munyanga Mukungu, Okitolonda Wemakoy, *Public Health Training in the Democratic Republic of Congo: A case study of the Kinshasa School of Public Health* (John Hopkins Blumberg 2006), p. 43

October 2008 with a rapid assessment of KSPH's organizational capacity and a work plan based on the assessment findings, which identified the following areas of assistance:

- Development of a leadership team at KSPH capable of guiding the school and the institutional improvement process.
- Development and implementation of a plan to improve the information technology (IT) capacity of KSPH. This focused on establishing the IT infrastructure and included such tangible improvements as ensuring reliable internet access and setting up a local area network.
- Strengthening of the KSPH financial management system. This included development of a financial management procedures manual, development of a justified indirect cost rate, purchase and installation of a financial management software package, and development of staff capacity in financial management.
- Development and initial implementation of a resource mobilization plan aimed at increasing the research, consulting, and training activities of KSPH. This included development of a research agenda, identification of market opportunities to fund research, and development of KSPH capacity in resource mobilization.
- Development and implementation of a succession plan for the faculty.
- Development and implementation of improvements to the recruitment and selection process in order to increase the number of women in the MPH program.
- Procurement of critical resources for the school such as a back-up generator and vehicles.
- Improvement of the performance of administrative services.
- Assessment of academic program and subsequent revision of the MPH curriculum.

At the end of the project, HS 20/20 produced a final report on the work they did with the KSPH. Many key results were achieved including:

- Increased knowledge and skills in leadership and managing change;
- Involvement and participation of new professors and junior faculty in leadership roles formerly reserved for established professors;
- Reliable internet access to faculty and students;
- IT infrastructure to support a sound financial management system;
- IT, financial, procurement policies and procedures manual established and followed;
- Financial management software installed and used;
- Resource mobilization plan that helps to guide KSPH resource mobilization activities;
- Business development center with dedicated and trained staff in place;
- KSPH website designed, updated, and accessible on-line
- Three new professors (two female) added to KSPH's faculty; and
- Master's thesis added in 2011-12 to the health management concentration.

From its creation until 2013, KSPH has graduated 763 MPH, of which 112 were women (15 percent), with a break in 1992 and 1994 due to the conflict situation in the country. In the last five years, USAID supported 123 MPH students out of a total of 177 (69.5 percent); 30.5 percent were supported by other partners including the Centers for Disease Control.. Anecdotal observation suggests that most of these graduates remain and practice in country at national leadership and mid-level management of the national health care system. In the current academic

year, 25 students are supported by USAID for Master degree training and 3 for PhD, among them one female.

As USAID assistance to KSPH shifts to a new mechanism-HFG-and seeks to improve the long-term sustainability of the school, USAID desires to understand to what extent the outputs and key results of prior investments have been sustainable and to what extent this training program has impacted the public health professional environment in the country. It is hoped that this information can help refine future investments in the school to achieve more sustainable results.

II. PURPOSE OF THE EVALUATION

The purpose of this external evaluation is to assess the support provided to KSPH to date and to identify what assistance could be most effective for enhancing KSPH's role in strengthening human resources for health in the DRC. The evaluation should have a focus on how well the needs of public health community, including the MOH, as expressed prior to 1984 have been met. The evaluation must also include specific recommendations to inform development of a sound business plan to chart a path to greater sustainability of the school.

III. EVALUATION QUESTIONS

Some questions and sub questions that the evaluation team will be tasked to address are the following:

1. Has KSPH reached its primary objective to build the capacity of individuals to administer and manage primary health care in DRC?
 - What is the real number of individuals trained in KSPH, their profile, and their career path after the training?
 - Have the outputs met the expectations of the main users - the MOH (health zones, national programs) in increasing staff skills in managing health programs in the context of DRC?
 - To what extent was the training gender equitable? What are some of the specific challenges to increasing the proportion of female students?
 - If some expectations were not reached, what are the key elements that did not allow KSPH to play completely its expected role in DRC?
 - How do KSPH and stakeholders think the issues could be addressed?
2. Has KSPH played an appropriate role in research on prevention and control of disease of public health importance?
 - ✓ Is KSPH research production sufficient to address major public health issues in DRC?
 - ✓ Does KSPH staff demonstrate sufficient commitment to promoting research and supporting students?
 - ✓ How did the KSPH respond to the MOH's human resources needs in a strategic manner (based on a clear plan)?
 - ✓ What is the perception of KSPH in the research community?
 - ✓ To what extent do KSPH research activities contribute to improved management of maternal and child service in DRC?

- ✓ What, if any, inefficiencies in research activities have been identified?
 - ✓ How do KSPH and other stakeholders think the issues could be addressed?
3. How have different forms of support KSPH received overtime enhanced its autonomy and sustainability as an academic institution?
- ✓ To what extent have both KSPH and the MOH benefited from USAID support?
 - ✓ What have been the advantages or disadvantages of supporting the KSPH through central mechanisms?
 - ✓ To what extent has KSPH improved management capacity (administrative, and financial)? What have been some of the key challenges to making or sustaining these improvements?
 - ✓ What additional improvements would be required to enable KSPH to receive direct funds from the USAID?

IV. METHOD AND PROCEDURES

A. Evaluation Design

This evaluation is to be conducted by an impartial external party as a performance evaluation with an overall purpose to determine how effective the KSPH support received over time has contributed to helping the school fulfill its mandate as a training and research institution. The evaluation should also establish to what extent this support helped KSPH meet the expectations of direct and indirect beneficiaries as stated in its objectives. The evaluation design should focus on producing key findings and recommendations for improving future support to KSPH. Taking into account that it is a non-experimental design with no comparison group or randomized assignment, the investigators will use adapted, mixed evaluation methods to identify results achieved and recommendations for improving USAID assistance to KSPH.

B. Evaluation Methodology

This performance evaluation will require collection and analysis of existing data from multiple sources, which should include USAID and implementing partner reports and planning documents as well as KSPH progress reports, research publications, planning documents, operational procedures guidelines, academic, training, and public information materials. The evaluation team should generate new data from key informant interviews, focus groups, and, potentially, surveys, to gain a profound understanding of the factors influencing performance of KSPH. While qualitative methods will be essential to this evaluation, quantitative methods may also prove useful to elucidation of strengths, weaknesses, threats, and opportunities for USAID assistance to KSPH.

This evaluation will perform semi-structured interviews with key stakeholder groups and extensive desk review of grey literature, including KSPH administrative documents, and peer-

reviewed journal articles as appropriate. Interviews will be conducted at the KSPH and with various stakeholder groups including but not limited to:

- a. KSPH faculty (professors and assistants);
- b. KSPH students and alumni
- c. Representatives of the DRC MOH at multiple levels;
- d. Central administration of the University of Kinshasa;
- e. National and international NGOs; and
- f. Donor organizations.

V. IMPLEMENTATION

Evaluation Team

The evaluation team should be composed of one international consultant, one national expert and up to four additional team members (data collectors). One of these consultants should be identified as the Team Leader. The national expert will be responsible for contracting and mobilizing data collectors..

Evaluation Team personnel are expected to have the following skills and experience:

- An excellent theoretical and practical background in Public Health, Health System Strengthening, and Human Resources for Health Development.
- Extensive evaluation experience particularly in the Africa; demonstrated experience in undertaking similar evaluations.
- Extensive experience in employing different qualitative methods to gather data from different sources and conduct the required analysis.
- Expertise in quantitative data collection methods and analysis.

Roles and Responsibilities

Kinshasa School of Public Health (KSPH):

- Review the Scope of Work (SOW)
- Serve as a key point of reference and information, providing key planning, reporting, and academic materials.
- Provide concurrence with inception report and work plan.
- Participate in oral debriefing.
- Review and comment on final report.

USAID:

- Select and contract the evaluation team.

- Provide a USAID staff point of contact to the evaluation team to participate in evaluation activities as appropriate (without being a team member and without an oversight role).
- Coordinate and facilitate the evaluation process.
- Review draft report and provide feedback.
- Sign off the final report.
- Submit evaluation report to USAID/PPC/CDIE and the DEC (Development Evaluation Clearing House).

Evaluation Team Leader's roles and responsibilities:

- Guide and manage evaluation exercise.
- Responsible to USAID for all deliverables

National Expert's roles and responsibilities are:

- Recruit and train data collectors
- Provide any pertinent information that may affect the implementation of the evaluation strategy.
- Contribute to evaluation strategy.
- Support for ensuring data quality.
- Ensure translation into French of the draft and final evaluation reports.

Reports and dissemination:

VI. DELIVERABLES

Deliverable	
<p>Final scope of work and inception report</p> <p>Inception report will include:</p> <p>i) A detailed work plan showing a timeline for each evaluation activity to be undertaken</p> <p>ii) Methodology detailing sampling/selection procedures for evaluation informants</p> <p>iii) "Ready for pre-test" instrument for data collection</p>	
2. Oral briefing to USAID, MOH and KSPH to present methodology, data collection instruments and analysis plan.	
3. Oral debriefing of USAID, MOH and KSPH to present key findings prior to submission of draft report	
4. Draft evaluation report for review by USAID and KSPH (in French and English).	
5. Final evaluation report incorporating feedback from USAID and KSPH(in French and English)	



ConDev, Texas A&M University & USAID/DRC Partnership: Evaluation of the Kinshasa School of Public Health

Submitted to:

USAID/Democratic Republic of Congo (USAID/DRC)

Submitted by:

Edwin C. Price, Ph.D.

Director

Center on Conflict and Development at Texas A&M University (ConDev)

p. +1 (979) 845-3270 e: ec-price@tamu.edu

Shahriar Kibriya, Ph.D.

Center on Conflict and Development at Texas A&M University (ConDev)

p. +1 (979) 458-9395 e: shahriar@tamu.edu

An Award Under the Higher Education Solutions Network Cooperative
Agreement

No. AID-OAA-A-13-00003

Evaluation Technical Lead:

Brian Colwell, Ph.D.

Professor, Department of Health Promotion & Community

Health Sciences Texas A&M school of Public Health

p. +1 (979) 436-9345 e: colwell@sph.tamhsc.edu

ConDev Contact:

Kelly Prendergast

Center on Conflict and Development at Texas A&M University (ConDev)

p. +1 (979) 458-9399 e: kelly.condev@tamu.edu

August 2015

Table of Contents

Objective	3
Background Information and Context	4
Evaluation Technical Approach	6
Data Collection	10
Period of Performance	11
Budget Narrative	11
Budget Outline	11
Timeline and Deliverables.....	12
Reporting Requirements.....	14
Attachments.....	15

Objective

The USAID/Democratic Republic of Congo (USAID/DRC) seeks to partner with the Center on Conflict and Development at Texas A&M University (ConDev) to conduct an evaluation of the Kinshasa School of Public Health (KSPH).

Funding Mechanism

The mechanism used to support this evaluation will be a "buy-in" from USAID/DRC to an existing cooperative agreement between ConDev and the Higher Education Solutions Network (HESN). Recognizing that this "buy-in" is under a cooperative agreement in the form of assistance, the relationship between HESN, ConDev, and USAID/DRC will be a collaborative partnership between all parties.

Relevance to HESN Cooperative Agreement

HESN is a multidisciplinary research and development effort led by seven world-class universities that applies science, technology and engineering approaches to development. Through HESN, USAID created a constellation of eight Development Labs that harness the ingenuity and passion of university students, researchers and faculty to incubate, catalyze and scale new science and tech-based solutions to the world's most challenging development problems. ConDev, as part of HESN, seeks to improve the effectiveness of development programs and policies for conflict-affected and fragile countries through multidisciplinary applied research.

This evaluation is particularly relevant to ConDev's existing HESN cooperative agreement (Agreement Number: AID-OAA-A-13-00003), given the Center's relationship with Texas A&M University's school of Public Health (SPH). In fact, the cooperative agreement cites SPH as one of the founding institutions that proposed the creation of ConDev ("USAID Branding Strategy and Marking Plan"). This evaluation will represent a multidisciplinary research approach, building on the strengths of two core ConDev partners. This evaluation is aligned with Objective 1: to "inform better solutions to critical problems facing fragile and conflict affected countries through data collection, analysis, and dissemination."

ConDev's ongoing activities and in-country presence in the DRC also render the evaluation pertinent. ConDev supports a variety of in-country initiatives, including the Congo Peace Center; it engages in development activities in areas of the nation affected by periodic conflict and violence while maintaining its focus on economic development and food security. Furthermore, ConDev remains in close contact with its HESN Agreement Officer's Representative (AOR), in concordance with its cooperative agreement (Section 1.15: "Substantial Involvement").

Background Information and Context

The Kinshasa School of Public Health (KSPH, also referred to as *ESP Kin.*) was established in 1984 with assistance from the United States Agency for International Development (USAID) and the government of the Democratic Republic of the Congo (DRC); and also with technical support from Tulane University. By 2009, USAID estimated that \$10 million USD in assistance had been provided to KSPH, supporting infrastructure development for teaching efforts as well as equipment and laboratory space for research. By that time, over 700 individuals had graduated with their Master's in Public Health (MPH) and over ten individuals had earned their doctorates.

KSPH aims to be a center of excellence in public health training, research and community services at the national and regional levels. Its core mission is to contribute to the improvement of the health and well-being of the Congolese people by carrying out research to identify and resolve public health problems; to engage in community activities designed to promote community participation; and to strengthen the capacity to build partnerships, self-sufficiency and self-determination.

There are five departments, including:

- Epidemiology and Biostatistics
- Politics and Administration of Health System
- Community Health
- Nutrition
- Environment, Hygiene, Sanitation and Water

The last reported numbers indicate that less than one-fifth of the student body is female, even though this remains an area of concern for funders. Two previous recent reports have focused on the needs and progress of the school with regard to augmenting the public health workforce in the DRC with highly trained individuals who hold appropriate degrees. An in-depth evaluation and subsequent report pointed out four significant opportunities for improvement: “core competencies, strengthening the concentration programs, enhancing the field component, and strategic planning vis-à-vis additional public health workforce needs of the DRC (Rafifi, 2010)”.

Historically, the school has had a number of international partnerships, and both Tulane University and the Johns Hopkins school of Public Health are currently involved through the Performance Monitoring and Accountability 2020 initiative (http://advancefamilyplanning.org/sites/default/files/resources/10_ATsui_PMA2020overview_13Mar13.pdf)—an effort supporting a Gates Foundation-funded project that collects data on family planning efforts and provides sentinel data collection capacity for other emerging health issues.

A 2012 report focused on efforts begun in 2008 to improve the school's institutional capacity in order to enhance the quality of its MPH and Ph.D. programs. The report's authors examined six areas, including six critical core organizational competencies: academic programs, resource mobilization, research and consulting, management systems, organizational development, and governance (Yank, 2012). Based on this report, a three-year plan was developed to build several key areas of institutional capacity. Interventions focused on leadership capacity; information technology; financial management; resource mobilization; succession planning for faculty; improvement of recruitment and selection of women; procurement of critical resources; improvement of performance of administrative services; and revision of academic programs.

2015 KSPH Evaluation Effort

The purpose of the evaluation to which this current project description is responsive is to “determine how effective the KSPH support received over time has contributed to helping the school fulfill its mandate as a training and research institution.” In addition, the proposed evaluation effort “should also establish to what extent this support helped KSPH meet the expectations of direct and indirect beneficiaries as stated in its objectives.”

Another stated purpose of this evaluation is to “assess the support that [USAID] has provided to KSPH to date and to identify what assistance could be most effective for enhancing KSPH's role in strengthening human resources for health in the DRC. The evaluation is also expected to answer the question of how well various stakeholders, especially the Ministry of Health, have been served by the school. A final purpose is to provide recommendations to ensure that sound business practices are followed, with an emphasis on improving sustainability including financial sustainability”.

Per the Scope of Work (SOW) developed by USAID/DRC, we will use a mixed methods approach to collect and analyze data. Results will be focused on the identification of results, and findings will seek to inform improved USAID assistance to KSPH.

Given the findings expressed in the 2008 and 2012 reports and the progress made in improving both institutional capacity and instructional programs at KSPH, the current evaluative effort can address the previous efforts to ensure a continuation of progress, but also begin to address the institutional readiness to take the next step of demonstrating consistency with international program accreditation standards. These standards include both the North American Council on Education for Public Health (CEPH) and the European Agency for Public Health Education Accreditation (APHEA); however, since the Evaluation Team is from North America, the team is opting to initially utilize CEPH guidelines for the assessment.

The European Agency for Public Health Education and Accreditation, after going through reorganization has two accredited member schools, one in Jerusalem and one in Rennes, France. Others are expected to go through the accreditation process soon.

The APHEA (www.aphea.net) considers the following criteria when evaluating for accreditation:

- Criterion I: Governance and Organisation of the Programme
- Criterion II: Aims and Objectives of the Public Health Programme
- Criterion III: The Curriculum
- Criterion IV: Students and Graduates
- Criterion V: Human Resources and Staffing
- Criterion VI: Supportive Services, Budgeting and Facilities
- Criterion VII: Internal Quality Management

The Council on Education for Public Health (www.ceph.org) has 56 accredited schools of Public Health and 108 Programs in Public Health. CEPH examines similar criteria, organized somewhat differently:

- 1.0 The school of Public Health
- 2.0 Instructional Programs
- 3.0 Creation, Application and Advancement of Knowledge
- 4.0 Faculty, Staff and Students

Evaluation Technical Approach

Overview

The Evaluation Team will be comprised of experts in public health education who are familiar with effective educational organization, curriculum delivery, and support for research efforts within academic settings. The National Experts and ground team will possess cultural, linguistic, political and economic expertise specific to the DRC in order to contextualize relevant findings for maximal utility. These individuals will live in-country and will be hired from existing ConDev or USAID contacts. Members of the ground team will be expected to be fluent in both French and English.

The evaluative approach will consist of collecting qualitative and quantitative data from various sources at the school (including administrators and faculty), from graduates, and from a variety of stakeholders to the various programs at the school. The Evaluation Team will integrate this data, using triangulation of information, to create a general evaluative report that addresses the most pressing questions from USAID.

The Evaluation Team recommends that the evaluation also address the factors that will impact the ability of KSPH to be accredited by an international accrediting body, notably the Council on Education for Public Health (CEPH). With such an approach, this evaluation can be used as an informal “pre-consultation” visit status assessment. Such an approach will provide structure to

the evaluative process, and the final evaluation report will address CEPH issues and make specific recommendations regarding appropriate directions to take prior to formally pursuing accreditation. Additionally, such an approach can determine whether the management of educational efforts, research, and service activities is being conducted appropriately, encouraging good stewardship in the face of limited resources.

CEPH accreditation criteria that we anticipate using for the evaluation are organized as follows:

1.0 The school of Public Health

- 1.1 Mission
- 1.2 Methods of Self-Evaluation
- 1.3 Institutional Environment
- 1.4 Organization & Administration
- 1.5 Governance
- 1.6 Fiscal Resources
- 1.7 Faculty & Other Resources
- 1.8 Diversity

2.0 Instructional Programs

- 2.1 Degree Offering
- 2.2 Program Length
- 2.3 Public Health Core Knowledge
- 2.4 Practical Skills
- 2.5 Culminating Experience
- 2.6 Required Competencies
- 2.7 Assessment Procedures
- 2.8 Other Graduate Professional Degrees
- 2.9 Bachelor's Degrees in Public Health
- 2.10 Other Bachelor's Degrees
- 2.11 Academic Degrees
- 2.12 Doctoral Degrees
- 2.13 Joint Degrees
- 2.14 Distance Education or Executive Degree Programs

3.0 Creation, Application and Advancement of Knowledge

- 3.1 Research
- 3.2 Service
- 3.3 Workforce Development

4.0 Faculty, Staff and Students

- 4.1 Faculty Qualifications
- 4.2 Faculty Policies and Procedures
- 4.3 Student Recruitment and Admissions
- 4.4 Advising and Career Counseling

As illustrated above, the criteria that we intend to use address issues such as educational approaches, infrastructure, and business practices. While the depth of our approach would likely be exceeded by that of a CEPH site visit team, after a year of institutional preparation and self-study, we anticipate that the information we gather and impressions we communicate can both help KSPH clearly examine its practices and also assist funders in making appropriate decisions.

Phase I: Initiate Contact, Conduct Desk Study & Finalize Instruments

Initiate contact: Upon initiation of the project, we will develop a list of appropriate contacts at KSPH and USAID/DRC who can provide salient information. We will make contact with them and begin preparing for a short visit to KSPH and other agencies in Kinshasa to gain a contextual understanding of the DRC, Kinshasa, KSPH and the local context. This visit will also allow us to build relationships with those key contacts.

Before our site visit we will also recruit a team of National Experts who will be trained to conduct structured interviews with individuals both within and outside of the school. Information collected will then be transmitted electronically to the Evaluation Team.

Simultaneously, the Evaluation Team will work with the school to determine what information is available for use. We will gather as much information as is relevant and accessible in an electronic manner in advance of our visit.

Conduct Desk Study. We will also gather preliminary information to ensure that our time is well-spent during the site visit. Such efforts can be expected to begin within six to eight weeks after buy-in finalization. Anticipated discussion topics will include determining the understood purpose(s) of the evaluation, desired data and analysis, and suggested best approaches to the process.

Much can be learned from document examination, and this will be an integral part of the effort. Reports and records available through USAID and KSPH will provide a foundation of key data upon which the Evaluation Team can build. We intend to examine curricular reports, syllabi, records of student outcomes, and any other relevant records that will provide indicators of programmatic results.

Instrument finalization: As previously noted, we also intend to use a variety of data collection instruments previously developed and used by CEPH. Our approach will be to first, wherever

possible, use the data collection instruments developed and used by CEPH to gather appropriate, relevant school data following our initial meetings with USAID and KSPH faculty and staff. When that cannot be done, we will adapt existing CEPH or APHEA instruments for use at KSPH. Only when necessary will we develop new instruments.

Phase II: Conduct Brief Site Visit & Finalize Contact List

Conduct brief site visit: In order to develop a clearer understanding of the context and relationships in Kinshasa, the Evaluation Team will visit the school as soon as suitable after the contract is finalized. This will occur after appropriate individuals at KSPH, MOH and USAID have been contacted and meetings scheduled. It will also allow for formal introductions and meetings with our National Experts.

Finalize contact list: Following our visit to Kinshasa, the Evaluation Team will meet—in consultation with the National Experts—to finalize a list of individuals at various agencies from whom to collect appropriate data. At this time, we will deliver surveys so the National Team can begin conducting interviews and collecting preliminary quantitative data.

Phase III: Conduct Full Site Visit

Conduct full site visit: Once contacts are established, surveys are disseminated to appropriate stakeholders, and preliminary data is collected from KSPH, we will schedule a full site visit to DRC to meet with identified stakeholders and KSPH administrators and faculty. Additionally we will work to observe classes and interview a sample of students.

A qualitative approach will be used in addition to the quantitative method previously described in Phase II, and will include a minimum of key informant interviews and class observations. Such information will be used to support quantitative findings and add context. Alternatively, if quantitative information is unavailable, individual perceptions will be recorded and noted as such. To develop a thorough understanding of the organizational and administrative processes, we intend to conduct key informant interviews with USAID staff that interact with KSPH, other donor organizations, school administrators who manage such affairs, and members of the central administration at the University of Kinshasa.

To gain an appreciation for the academic processes and outcomes, we and our National Experts will interview and/or survey current students and faculty. We intend to survey alumni for satisfaction with their educational experience and current employment status, major stakeholders (including NGOs), and the Ministry of Health (MOH). We will solicit contact information for alumni from the KSPH, and will use their suggested best method of contact. There will be an explicit focus on the adequacy of professional preparation as well as a variety of equity issues (gender, socioeconomic privilege, etc.).

Phase IV: Data Analysis & Reporting

Data analysis. Quantitative data will be aggregated and analyzed using appropriate statistical techniques. Qualitative data will be used in two ways. The data will be examined for themes related to issues examined with individuals. The information will also be used to add “flavor” to other findings, providing appropriate examples for stakeholders to gain a better understanding of our conclusions.

Reporting. Following the visit, the team will examine findings relevant to each of the accreditation criteria and write a section on the findings and conclusions. Some portions of the report may use the Strengths, Weaknesses, Opportunities & Threats (SWOT) approach, while other sections may use another, more appropriate format.

Data Collection

Quantitative Data Collection

As noted previously, a variety of data will be collected as indicators of KSPH’s effectiveness. We intend to use data collection instruments that address the aforementioned CEPH criteria as an organizing structure. These instruments are found in Appendix 1. These instruments will help us assess educational efforts and adherence to criteria as well as research output and significance; they will also provide evidence related to how well the school is meeting the needs and expectations of various stakeholders.

Due to the manner in which the criteria we are using are organized, considerable data will be collected by the National Experts and additional data collection personnel hired in-country prior to our arrival.

Qualitative Data Collection

After the National Experts and data collection personnel gather data, and after the Evaluation Team has an opportunity to examine it, we will develop additional structured interview guides for use with key personnel and stakeholders as discussed in the Technical Approach section. As noted, these interviews will include USAID staff, KSPH administration and faculty members, students, University of Kinshasa central administration, MOH personnel, and other stakeholders deemed appropriate for the effort.

Data Quality Challenges

There is a likelihood that the data necessary to do a complete CEPH-like review will not be available, or even collected in some cases. We have anticipated this likelihood, though, and plan to mitigate it by triangulating with as much qualitative and quantitative data as will be possible to collect. We hope that collecting information from a variety of sources and in a

variety of ways, we will be able to paint an accurate picture of the status of the school. Our findings will address data that are unavailable, with suggestions regarding how best to address these issues in anticipation of the credentialing visit.

Period of Performance

The project is expected to commence shortly after the signing of the buy-in and will conclude no more than 5 months later, by which time the Evaluation Team will have incorporated USAID feedback into the final assessment report (1 month after Mission comments are received).

Budget Narrative

The primary buy-in will be to Texas A&M University, ConDev, with the Principle Investigator as Dr. Brian Colwell at the Texas A&M school of Public Health. Dr. Colwell will recruit two additional experts in Public Health Education and Administration, as well as a staff support person. Salary support will be annualized at 1.2 calendar months, or 50% for 5 months.

We are currently working to identify a possible organizational partner in the DRC to provide National Experts and translators.

Travel costs will include two round-trip journeys between College Station, Texas and Kinshasa, DRC for the Evaluation Team, with an estimated stay of one week per trip.

Supplies will include copy costs in the DRC, and may include additional needs as well.

Budget Outline

Please note that all values are outlined in U.S. Dollars (USD).

Budget Category	Cost
Personnel	
Salary	\$79,738
Fringe	\$18,772
National Experts	\$75,000
Travel	\$19,828
Other Direct Costs	\$4,500
Total Direct Costs	\$197,838
Total Indirect Costs (48.5%)	\$95,951
TOTAL PROJECT COSTS	

Timeline and Deliverables

Timeline

Recruit National Experts			
Recruit data collectors			
Finalization of Evaluation Team			
Training data collectors			
Initial site visit			
	Local data collection		
	Evaluation Team site visit		
		Draft report	
			Final report
			Presentations

Deliverables

Products to be delivered to USAID will include:

1. A detailed work plan showing a timeline for each evaluation activity to be undertaken;
2. Methodology detailing sampling/selection procedures for evaluation informants;
3. “Ready for pre-test” instrument for data collection;

4. Briefing to USAID, MOH and University of Kinshasa personnel, including the Central Administration, KSPH leadership and faculty, and interested faculty members from the school of Medicine to present methodology, data collection instruments and analysis plan ;
5. Oral debriefing of USAID, MOH and University of Kinshasa personnel, including the Central Administration, KSPH leadership and faculty, and interested faculty members from the school of Medicine to present key findings prior to submission of draft report;
6. Draft evaluation report for review by USAID and KSPH (in French and English); and
7. Final evaluation report incorporating feedback from USAID and KSPH (in French and English).

Risks, Externalities and Mitigation

Language. French is the official language of the DRC, so there will be a need for individuals with French fluency as part of the team. It is reasonable to assume some English proficiency among some individuals, but French speakers will comprise every group. Language capabilities, including French and English skills, will be partial criteria for team membership.

Travel. International carriers regularly serve Kinshasa, but travel within the country remains somewhat problematic. Those limitations will be mitigated by the US team working only in Kinshasa and the United States. Nevertheless, international travel—especially in the developing world—often entails unexpected complications.

Time. The contract period is short and will require exceptional effort to accomplish tasks as specified. The CEPH tools require a significant amount of local resources to complete as well as time for the Evaluation Team for any school to digest and report on. The team will divide tasks, set benchmarks for reporting from KSPH, and develop the report on a rolling basis to ensure completion. As soon as we receive notification of award, we will contact CEPH to request permission to use the instruments. Following that, we will provide the instruments to KSPH staff to begin completion.

In addition, the Evaluation Team will communicate with appropriate contacts in-country to schedule visits and agendas prior to visiting so that our time can be used efficiently. We will request that all individuals with whom we will meet ensure that they are available at scheduled times.

Paucity of Data. In all likelihood, there will be a significant number of questions that the school will not have data to answer. This will itself be a significant finding, and will help direct the school as it works toward a goal of becoming the first CEPH-accredited school of public health on the African continent.

Reporting Requirements

ConDev will adhere to the reporting requirements of both HESN and USAID/DRC. With regard to the HESN award, ConDev will be required to meet all obligations as previously outlined in its cooperative agreement, including but not limited to: financial reporting, HESN M&E performance indicator reporting, semi-annual reports and so forth.

ConDev will also share with its HESN Agreement Officer's Representative (AOR) any draft or final report shared with USAID/DRC so the AOR can track its progress towards final deliverables and ensure that ConDev is meeting its benchmarks in a timely fashion.

ConDev will submit documents as detailed above to USAID/DRC. USAID/DRC may request status updates as needed.

ConDev will submit the evaluation report(s) to USAID/DRC for Mission comment, followed by a final report, due one month after receiving the Mission's comments. The Mission's POC, in turn, will provide to ConDev one single set of comments/questions in a timely manner.

The report will be developed in the USAID "Evaluation Report Template" and will not exceed 40 pages, excluding table of contents, acronyms list, executive summary, references and annexes. This format is consistent with the 2011 USAID Evaluation Policy. In addition to the analysis produced for USAID/DRC and in accordance with ConDev's cooperative agreement with USAID, ConDev will reserve the right to use and publish the data in academic and policy outlets. Quantitative and qualitative data files will be submitted electronically, to the extent this can be done without revealing confidential identifying information, and will abide by USAID's Open Data Policy, found in ADS 579. Qualitative data may be submitted in French, as the language of most respondents, depending on need.

Roles and Responsibilities

ConDev

Primary project management and oversight will be provided by ConDev as part of its existing HESN cooperative agreement with USAID. All project activities must comply with the terms of Cooperative Agreement No. AID-OAA-A-13-00003 as agreed upon by Texas A&M University and USAID.

Principle Investigator

Dr. Brian Colwell will serve as the Principle Investigator for the Evaluation Team. Dr. Colwell has extensive experience in program evaluation as well as six years of experience as a Department Head at the Texas A&M school of Public Health. He led his department through the last CEPH re-accreditation site visit process. Dr. Colwell's research focus is on adolescent smoking cessation, but his interests are moving into international tobacco control efforts.

USAID/DRC

The primary points of contact (POC) for ConDev and for USAID/HESN at USAID/DRC will be Dr. Godefroid Mayala, Dr. Antoine Mafwila, and Nora Madrigal. Dr. Mafwila will be designated the primary POC. The primary POC will be responsible for ensuring that communication is maintained between the Mission, HESN, and ConDev, including through the required reporting listed above. Regarding reporting requirements, the primary POC will have final approval of all required evaluation reports, and will review for information purposes, the reports required by HESN. Other POCs will be available to serve as liaisons with ConDev and with any technical/field-based issues that may arise. These POCs will be included in the Mission's approval of the evaluation reports, and will also view the interim reports required by HESN. The primary POC, however, has the responsibility of sharing these documents and soliciting the feedback and approval of others in the Mission.

USAID/HESN

USAID/HESN will be responsible for the day-to-day project management of the USAID/DRC-HESN buy in. This means that the AOR for the HESN award to ConDev, Michelle Jones, will comply with reporting requirements under the award. She will also periodically monitor the progress of ConDev's evaluation work to ensure that ConDev is meeting its delivery timeframe on schedule. As necessary, the AOR will periodically communicate to USAID/DRC the status of ConDev's progress, as well as immediately notify the Mission if any problems arise during the course of this evaluation project. She will also coordinate with USAID's Office of Acquisition and Assistance (OAA) to process all necessary modifications and funding actions in order to sustain this activity.

Attachments

Appendix 1: Accreditation Criteria for schools of Public Health

Notification of Approval

The Center on Conflict and Development at Texas A&M University agrees to the terms as outlined in this document.



Edwin C. Price, Director, Center on Conflict and Development

9/3/2015

Date

USAID/DRC agrees to the terms as outlined in this document.



Antoine I. MAFWILA/M&E specialist, USAID/DRC

9/1/2015

Date

USAID/HESN agrees to the terms as outlined in this document.



9/3/2015

Date



Attachments

ConDev, Texas A&M University & USAID/DRC Partnership: Evaluation of the Kinshasa School of Public Health

Submitted to:

USAID/Democratic Republic of Congo (USAID/DRC)

Submitted by:

Edwin C. Price, Ph.D.

Assistant Director

Director

Center on Conflict and Development at Texas A&M University (ConDev)

p. +1 (979) 845-3270 e: ec-price@tamu.edu

Shahriar Kibriya, Ph.D.

Center on Conflict and Development at Texas A&M University (ConDev)

p. +1 (979) 458-9395 e: shahriar@tamu.edu

An Award Under the Higher Education Solutions Network Cooperative Agreement

No. AID-OAA-A-13-00003

Evaluation Technical Lead:

Brian Colwell, Ph.D.

Professor, Department of Health Promotion & Community Health Sciences

Texas A&M school of Public Health

p. +1 (979) 436-9345 e: colwell@sph.tamhsc.edu

ConDev Contact:

Kelly Prendergast

Center on Conflict and Development at Texas A&M University (ConDev)

p. +1 (979) 458-9399 e: kelly.condev@tamu.edu

August 2015

Appendix 1: Accreditation Criteria for schools of Public Health

ACCREDITATION CRITERIA SCHOOLS OF PUBLIC HEALTH

AMENDED JUNE 2011



**Council on Education for Public Health
1010 Wayne Avenue, Suite 220
Silver Spring, MD 20910
Phone: (202) 789-1050
Fax: (202) 789-1895**

Basis of Accreditation Review

CEPH Purpose and Procedures

The Council on Education for Public Health (CEPH) is the only independent agency recognized to accredit graduate schools of public health and graduate public health programs outside schools of public health. CEPH assists schools and programs in evaluating the quality of their instructional, research and service efforts, and grants accreditation to those schools and programs that meet its published criteria.

CEPH accreditation procedures are detailed in a separate manual, which should be used in conjunction with these criteria. A separate criteria document is published by CEPH for public health programs outside schools of public health.

Bases for Accreditation Criteria

Accreditation of institutions that prepare graduates for public health practice, as an area of specialized accreditation, is based on the unique functions that public health schools and programs perform in universities and health science centers. Their educational functions derive from the variety of functions performed by school and program graduates in the health and medical care system and in society. The goals of those professionals working “to enhance health in human populations, through organized community effort”¹ are to identify the totality of health problems and needs of defined populations, to consider mechanisms by which the needs may be met, and to assure services essential to protect and promote the health of populations.

The missions and goals of public health schools and programs focus on preparing individuals who will serve as practitioners, researchers and instructors who are competent to carry out broad public health functions in local, state, national and international settings.

For purposes of CEPH accreditation, excellence in education relates directly to proficiency in practice. By defining educational quality in terms of competence of the graduates of schools and programs reviewed for accreditation, CEPH criteria serve to link learning with application in practice or research settings. Graduates who prepare for practice in a defined professional specialty area should be ready, when granted their degrees, to begin professional careers with a level of competence appropriate to their education and previous experience, and to stay current with developments in public health and related fields. Graduates who prepare for research careers should be prepared to engage in research that addresses community-relevant public health questions.

¹ Definition adopted by CEPH, 1978

CEPH criteria for accreditation, as set out on the following pages, deal with both process and outcomes – the ends to be achieved through public health educational, research and service activities, the means used to achieve the desired ends and evaluation of the degree to which the desired ends are attained.

Characteristics of a school of Public Health

To be considered eligible for accreditation review by CEPH, a school of public health shall demonstrate the following characteristics:

- a. The school shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The school and its faculty and students shall have the same rights, privileges and status as other professional schools that are components of its parent institution.
- c. The school shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the school of public health should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The school shall maintain an organizational culture that embraces the vision, goals and values common to public health. The school shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the school's activities.
- e. The school shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the school shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree, in each of the five areas of knowledge basic to public health and a doctoral degree in at least three of the five specified areas of public health knowledge.
- f. The school shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and community and that combines educational excellence with applicability to the world of public health practice.

Criteria, Interpretations and Documentation

- 1.0 The school of Public Health
- 1.1 Mission. The school shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.
- 1.2 Evaluation. The school shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the school's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the school must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.
- 1.3 Institutional Environment. The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.
- 1.4 Organization and Administration. The school shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the school's public health mission. The organizational structure shall effectively support the work of the school's constituents.
- 1.5 Governance. The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of school and program evaluation procedures, policy setting and decision making.
- 1.6 Fiscal Resources. The school shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.
- 1.7 Faculty and Other Resources. The school shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

- 1.8 Diversity. The school shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.
- 2.0 Instructional Programs
- 2.1 Degree Offerings. The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

The areas of knowledge basic to public health include the following:

Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

- 2.2 Program Length. An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.
- 2.3 Public Health Core Knowledge. All graduate professional degree public health students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.
- 2.4 Practical Skills. All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.
- 2.5 Culminating Experience. All graduate professional degree programs, both professional public health and other professional degree programs, identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

- 2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The school must identify competencies for graduate professional public health, other professional and academic degree programs and specializations at all levels (bachelor's, master's and doctoral).
- 2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each professional public health, other professional and academic degree student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.
- 2.8 Other Graduate Professional Degrees. If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.
- 2.9 Bachelor's Degrees in Public Health. If the school offers baccalaureate public health degrees, they shall include the following elements:
- NOT APPLICABLE
- 2.10 Other Bachelor's Degrees. If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.
- NOT APPLICABLE
- 2.11 Academic Degrees. If the school also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.
- 2.12 Doctoral Degrees. The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.
- 2.13 Joint Degrees. If the school offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.
- 2.14 Distance Education or Executive Degree Programs.

NOT APPLICABLE

- 3.0 Creation, Application and Advancement of Knowledge
 - 3.1 Research. The school shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.
 - 3.2 Service. The school shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.
 - 3.3 Workforce Development. The school shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.
- 4.0 Faculty, Staff and Students
 - 4.1 Faculty Qualifications. The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the school's mission, goals and objectives.
 - 4.2 Faculty Policies and Procedures. The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.
 - 4.3 Student Recruitment and Admissions. The school shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school's various learning activities, which will enable each of them to develop competence for a career in public health.
 - 4.4 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

ANNEX II: EVALUATION METHODS AND LIMITATIONS

We visited the campus of KSPH three times, using a mixed-methods approach that consisted of interviews and focus groups with key informants that included interviewing leadership, faculty members, incoming and outgoing students, various stakeholders, and graduates of the program. Additionally, we did document analysis, examining as many class syllabi that could be obtained and comparing stated objectives and competencies with requirements for Council on Education for Public Health accreditation. Additionally, the team examined documentation and records from the business office. Finally, we gathered data regarding a variety of student and faculty performance measures.

The mixed-method approach was seen as the most effective way to address questions posed by USAID, which focus heavily on perceptions of stakeholders. We initially planned to recruit in-country experts to assist with data gathering and focus groups. When the project was initially funded, however, the Texas A&M PI met with the UCLA-DRC Research Program team. This group has individuals with research and public health expertise working on site already. Members of the team are both Congolese and American, and all have the necessary public health familiarity and language facility. By using an intact team already familiar with the school and stakeholders, we were able to collect more information than we would have if a new team had been assembled.

The student interviews capitalized on calendar timing to allow for interviews with students who had been in the program for nearly a year on our first visit. During the second and third visits we were able to solicit perceptions from relatively new students. Many of their responses regarding impressions of the faculty and school needs were remarkably similar. We were unable to conduct truly random sampling, given that exams were taking place during our first visit and not all students were available on the subsequent visits.

In order to assess the academic portions of the program, we conducted a multi-pronged approach. We interviewed faculty members regarding their situation, needs, and perceptions of the school. We also requested all course syllabi, translated them into English, and then compared stated course objectives to competencies listed by ASPPH for MPH students. We gathered other data that from a variety of records, interviews and e-mail questions to faculty and KSPH leadership. From this information we constructed modified tables using templates from CEPH.

During each meeting we met with KSPH leadership, asking for clarification on issues raised by students, faculty, stakeholders or graduates. An initial report was drafted and shared with KSPH leadership and USAID Mission staff for comments and/or clarification.

There are several limitations to the data gathered, and the conclusions drawn. Certainly the first is that there may have been bias from those being interviewed. Such is the case with any interviews, even anonymous. Non-random selection may have also had adverse consequences. While we did not get such an impression from faculty interviews, several students seemed anxious to communicate that they needed more discretionary money from their USAID scholarships, and an organized effort is not out of the question. Data gathering was limited, as well, by the lack of syllabi for all classes. When missing syllabi, or examining syllabi that did not address learning objectives, we were unable to comment on those classes' adherence to ASPPH competencies. Finally, while an internet-based survey of former students was requested at the initiation of the project, the lack of internet and electricity in many of the ZS precluded such an approach. As such, we again resorted to convenience sampling and interviews with MCZ graduates who were in Kinshasa for meetings over the period of two months.

Overall, despite data collection weaknesses, we remain confident that we learned a great deal from the exercise, and the findings and conclusions will be helpful to the school as well as USAID.

ANNEX III: DATA COLLECTION INSTRUMENTS

Focus Group and Key Informant Questions

Current and Former Students

Admission

1. How did you first learn about the program?
2. Why did you apply to this program?
3. Why did you choose to enroll in this program?

Matriculation

1. What do/did you like about the program?
2. What do/did you dislike about the program?
3. What are the primary ways the program needs to improve?
4. What was your focus area? (Epidemiology, community health, etc.)
5. Did you receive funding support to attend? Who funded you?
6. Are you developing the skills and knowledge relevant to your field?
7. Is the workload in the program manageable?
8. Are you able to seek additional help if you are having trouble in one of your classes?
9. Does the school have resources to help if students have personal problems while attending the program?
10. Outside of the classroom, how much time do you spend on coursework? activities?

After Graduation

11. What do/did you like about the program?
12. What do/did you dislike about the program?
13. What are the primary ways the program needs to improve?
14. Do you feel the program was worth its cost?
15. Did you return to your previous job after you completed the program?
16. What courses did you find most helpful/useful?
17. Did the coursework prepare you for your current position?
18. What courses do you think are missing from the curriculum?
19. Do you plan to seek another advanced degree?
20. How has this program changed the way you do your daily work?
21. Do you believe that the time and scholarly effort required for the MPH program at KPSH is appropriate for this degree?
22. In each of your courses, were/are the learning objectives and expectations clearly stated?
23. Do the professors help you learn effectively?
24. Did the assessment at the end of the program allowed you to demonstrate the skills acquired during the program?
25. Were you allowed to provide feedback to your professors/instructors?
26. How did you choose your thesis?
27. Did the school and professors help in the development of your thesis?
28. Were you to seek additional help or support during the completion of your thesis? Were the resources available to you adequate?
29. Is there anything we should have talked about, but didn't?

Hiring Organizations

1. Do you currently employ any KSPH graduates? About how many?
2. What are their positions?
3. Do you have a need for more KSPH graduates? From what areas?
4. What is the reputation of KSPH and the school graduates?
5. If you don't currently employ any, would you hire any KSPH graduates?
6. Are there any benefits to a KSPH graduate over an internationally trained student or are there benefits of internationally trained graduates above KSPH graduates?
7. Do you hire local staff members that have graduated from other public health programs?
8. Do KSPH graduates have similar or different skills than other internationally trained MPH graduates?
9. What are you looking for in terms of public health experience and training?
10. What kinds of skills sets will MPH graduates need in the next 5-10 years? Do KSPH graduates have these? What will the school need to do to meet these needs?
11. Do you work with KSPH faculty on research activities? If not, would you be interested in working with KSPH on research activities?
12. Do you ever fund students to KSPH for public health training? Would this be of interest?
13. How long has your organization worked in DRC? (For international aid agencies only)
14. What are the primary public health goals for your agency here in DRC?
15. Size of organization – number of employees, number of local staff?

Funding Organizations

1. What do you think are most important health needs in DRC?
2. How long has the organization been working in DRC?
3. How long has the organization been funding KSPH students?
4. How are students selected to be funded?
5. Do you work with KSPH (aside from funding)
6. Do you provide funds to KSPH (aside from student funding)
7. Is your organization involved in research activities with KSPH?
8. Do you hire local KSPH graduates?
9. Why does the organization think it is important to fund KSPH students?
10. What are the greatest achievements produced by funding KSPH students?
11. What do you think are the major strengths of the program?
12. What do you think are the major weaknesses of the program? How can these be improved upon?
13. Do you believe that the agency gets its money's worth from funding these students?

KSPH Faculty members & staff

1. How long have you taught at KSPH?
2. What is your background? What is your training?
3. What courses do you currently teach?
4. Do you have the opportunity to take additional/refresher courses in your field?
5. Do you believe that the time and scholarly effort required for the MPH program at KPSH is appropriate for the degree?
6. Based on the degree requirements at KPSH, do you feel you have the appropriate training needed to teach the students?
7. Does the program meet the institutional mission?
8. Does the program meet the professional needs of the students?
9. Is the workload in the program manageable?
10. Does the end of the program evaluation allow the students to demonstrate the skills they acquired during the program?
11. What is the process for student feedback on classes and faculty?
12. How do you respond to student feedback?
13. Do you think this program is competitive with other programs internationally?
14. How did design your course curriculum? How often do you update materials?
15. Do you have office hours (where students can seek help/ meet with you) after class?
16. If a student requires extra help, where can they seek this help?
17. Do you have access current and new research?
18. Do you currently have any ongoing research activities?
19. Do you employ students or have student assistants?
20. How many assistants do you currently have?
21. Do you believe that salary and working conditions are appropriate for you to be successful?
22. How can the curriculum be improved?
23. How can your work situation be improved?

Templates for Data Presentations

Outcome Measures Template

Table X. Outcome Measures for XXX				
Outcome Measure	Target	Year 1	Year 2	Year 3

Template 1.6.1 Sources of Funds and Expenditures by Major Category

Table 1.6.1 Sources of Funds and Expenditures by Major Category			
	Year1	Year 2	Year 3
Source of Funds			
Tuition & Fees			
State Appropriation			
University Funds			
Grants/Contracts			
Indirect Cost Recovery			
Endowment			
Gifts			
Other (explain)			
Other (explain)			
Other (explain)			
Total			
Expenditures			
Faculty Salaries & Benefits			
Staff Salaries & Benefits			
Operations			
Travel			
Student Support			
University Tax			
Other (explain)			
Total			

Template 1.7.1 Primary Faculty by Core Knowledge Area¹ (schools) or Specialty/Concentration Area² (programs) for the last three years

Table 1.7.1 Headcount of Primary Faculty			
	20xx	20xx	20xx
Core Area/Specialty #1			
Core Area/Specialty #2			
Core Area/Specialty #3			
Core Area/Specialty #4			
Core Area/Specialty #5			

Template 1.8.1: Diversity Outcomes

Category/Definition	Year 1	Year 2	Year 3
Students – female			
Students – States			

Template 2.1.1. Instructional Matrix

Table 2.1.1. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Master's Degrees		
Specialization/Concentration/Focus Area		Degree*
Doctoral Degrees		
Specialization/Concentration/Focus Area	Degree*	
Joint Degrees		
2 nd (non-public health) area		Degree*

Template 2.3.1 Core Public Health Knowledge

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for _____ Degree		
Core Knowledge Area	Course Number & Title	Credits
Biostatistics		
Epidemiology		
EnvironmentalHealth Sciences		
Social & Behavioral Sciences		
Health Services Administration		

Template 2.6.1: Courses and activities through which competencies are met

Core Competencies (List from ASPPH)	Course Number and Name	Course Number and Name	Course Number and Name	Course Number and Name	Course Number and Name	Course Number and Name	Other Learning Experience

Template 2.7.1 Degree completion

	Cohort of Students (year)		Year 1	Year 2	Year 3
Year 1	# Students entered				
	# Students withdrew, dropped, etc.				
	# Students graduated				
	Cumulative graduation rate				
Year 2	# Students continuing at beginning of this school year				
	# Students withdrew, dropped, etc.				
	# Students graduated				
	Cumulative graduation rate				
Year 3	# Students continuing at beginning of this school year				
	# Students withdrew, dropped, etc.				
	# Students graduated				
	Cumulative graduation rate				

Template 2.7.2 Graduates' Employment

Template 2.7.2 Destination of Graduates by Employment Type in 20xx	Year 1	Year 2	Year 3
Employed			
Continuing education/training (not employed)			
Actively seeking employment			
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown			
Total			

Template 3.1.1. Research Activity of Faculty for the Last 3 Years

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award
A				
B				
C				
D				
E				
F				
G				
H				
I				
Totals				

Template 3.2.1 Service Activity of Faculty for the Last 3 Years

Table 3.2.1. Faculty Service from 20xx to 20xx				
Faculty member	Role	Organization	Activity or Project	Year(s)
A				
B				
C				
D				
E				

OPTIONAL: Template 3.2.2 Funded Service Activity

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award	Amount 20xx
A					
B					
C					

Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of school or Program by Department/Specialty Area

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest

Template 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas

Template 4.3.1 Admissions Process Data: Information on Applicants, Acceptances, and New Enrollments, by Specialty Area for the last 3 years

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 20xx to 20xx				
		Year 1	Year 2	Year 3
Specialty Area #1	Applied			
	Accepted			
	Enrolled			
Specialty Area #2	Applied			
	Accepted			
	Enrolled			
Specialty Area #3	Applied			
	Accepted			
	Enrolled			
Specialty Area #4	Applied			
	Accepted			
	Enrolled			

ANNEX IV: SOURCES OF INFORMATION

References

Mock, N., de Burh, E., Mukungo, M. & Wemakoy, O. (2006) *Public Health Training in the Democratic Republic of Congo: A Case Study of the Kinshasa School of Public Health*. U.S. Agency for International Development & the Johns Hopkins school of Public Health.

Yank, S. (2012). *Institutional Strengthening of Kinshasa School of Public Health*. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.

Individuals Interviewed and Documents Reviewed

On our first visit we interviewed members of the KSPH administration, including the Director, Dr. Okitolonda, Deputy Director Kaba, and the Coordinator of Academic Affairs, Dr. Dikamba. Additionally, we interviewed individuals from the Business Office regarding accounting practices and bookkeeping.

In December, we also met with about 15 MPH students. Upon the first meeting the students were reluctant to give their names, so we chose to forego collecting names to preserve anonymity.

In the second and third visits, we met with another 15 to 20 newly arrived MPH students in small groups, again not collecting names.

We met with approximately 12 faculty members and asked similar questions until we reached a point of intersection in responses. Following the second visit we concluded that we had collected enough faculty information.

During the first visit we met with Ms. Madrigal and Dr. Mawlifa at the USAID offices.

During the second and third visits, we met with individuals from the MOH, MOHE, INRB and The Direction de Lutte Centre la Maladie regarding their perceptions of the KSPH as stakeholder organizations.

- Documents Reviewed:
 - All available course syllabi
 - All available faculty curriculum vitae
 - Business records
 - KSPH Policy & Procedures Manual, spreadsheets, and written business records.

ANNEX V: DISCLOSURE OF ANY CONFLICTS OF INTEREST

Name	Gregory Brian Colwell
Title	Professor
Organization	Texas A&M school of Public Health
Evaluation Position?	Team Leader
Evaluation Award Number (contract or other instrument)	AID-OAA-A-13-0003
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Kinshasa School of Public Health Continuation Funding
I have real or potential conflicts of interest to disclose.	No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	

U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov