

Evaluation of the impact of the single contract and the provincial approach in the implementation of health system reform at intermediate level in Maniema, DR Congo

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Abstract

Introduction: The health system in the Democratic Republic of Congo lacks sufficient skills and funding. The decentralization of the health system, following the reform of the intermediate level initiated by the government of the Democratic Republic of Congo, has not yet succeeded in improving Human Resource Management in the health sector in Maniema.

Methodology: The inductive approach was used, with recourse to the survey method. This facilitated the collection of information on the knowledge, attitudes and practices of the strategies (effects/impacts) on health system reform, the single contract and the provincial approach. The qualitative survey used an active participatory method. Thus, the use of an attitude questionnaire or opinionnaire as an investigative tool seemed the logical way to gather information on the opinions, interests, values and attitudes of the interviewees. Documentary analysis enabled us to collect other information to complement that gathered by the survey.

Results: After analyzing the data, we arrived at the following results: 1. the single contract has provided a certain solution to the problem of planning the use of resources for certain actors and Technical and Financial Partners. However, most participants had reported that funding for specialized programs is still managed by the national authority; 2. some partners remain locked into the vertical programs of the Technical and Financial Partners, abandoning other programs that need funding to operate; 3. the single contract approach has not improved the remuneration of members of the Provincial Health Division, most of whom live on state bonuses.

Conclusion: Reform is one way of improving the performance of healthcare systems. In countries where health systems are heavily dependent on international aid, reform would make it possible to centralize aid and transparently finance the development or action plans of the health systems concerned.

Keywords: Evaluation; Impact; Single contract; Provincial approach; Reform; Health system; Intermediate level; Maniema

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1. Introduction

Inequalities in health are commonplace. Universal health coverage is one of the targets of the third Sustainable Development Goal. To successfully implement universal health coverage, each country should put in place a financing strategy that guarantees access to care for its entire population, while minimizing out-of-pocket payments [1].

The World Health Organization encourages low- and middle-income countries, including "fragile states", to implement reforms to improve the performance of their healthcare systems. These reforms are generally focused on safeguarding the six pillars of the healthcare system as defined by the World Health Organization WHO: service delivery, human resources, financing, health information, medicines and equipment as well as governance and leadership [2].

Since 2006, the Democratic Republic of Congo has had a Health System Strengthening Strategy adopted as the health sector's contribution to efforts to combat poverty. Revised in 2010, this strategy reaffirms primary healthcare as the foundation of the National Health Policy and the Health Zone as the operational unit of health services. It must be operationalized every 5 years, through a National Health Development Plan [3].

The development of the Democratic Republic of the Congo is based primarily on the good health of the population, an undeniable force for all political, economic and social action. Guaranteeing health is the prime responsibility of the government, which must fulfill it, as far as our sector is concerned, by setting up structures to provide quality care that meets the fundamental needs of the population [4].

Health has always been an important value in human societies. For some, it is a heritage or societal capital; for others, it is a product of behavior and living conditions. It occupies a central place across cultures and ages, because it is the sine qua non of all other conditions for the exercise of life [5]. This is why every health system today comprises fundamental functions, a conceptual framework with social determinants of health, and an analytical framework with precise objectives [6].

Reform of the intermediate (provincial) level of the health system in the Democratic Republic of the Congo began in 2012. It is being carried out in line with the guidelines recommended by the World Health Organization in 2008 as part of the renewal of primary healthcare, the reform of public administration in the Democratic Republic of the Congo, and the vision set out in the strategy for strengthening the healthcare system in the Democratic Republic of the Congo. This reform places particular emphasis on supporting the revitalization of health districts. Long before this reform, the intermediate level of the health system consisted of a structure known as the provincial health inspectorate [7].

Worldwide, healthcare costs are soaring by the day. Health care systems, whether Bismarckian, Beveridgian or liberal, are in crisis. Governments have embarked on a variety of reform initiatives, as the status quo has become unsustainable [8].

In developed countries, healthcare financing has generally undergone less radical changes. However, significant changes have taken place in terms of who decides how resources are used, how funds are pooled and how providers' fees are paid. Over the course of the twentieth century, three overlapping series of healthcare reforms took place. These were prompted not only by an awareness of failures in the healthcare field, but also by a desire to increase efficiency, fairness and responsiveness to the population's expectations [9].

Experts agree that public healthcare systems are not sustainable in the long term without profound reforms in the way they are financed. Indeed, while health has no price, it does have a cost that more and more governments are finding difficult to bear. Today, the healthcare field has become a politically structured space in which value-based struggles are played out, and where difficult choices with little consensus are necessary [10].

Since gaining independence on June 30, 1960, the Democratic Republic of Congo has gone through several periods of crisis. Aware of the need to modernize public administration and restructure the healthcare system, the government of the Democratic Republic of Congo has initiated institutional reforms aimed at initiating the decentralization process, with several challenges including that of ownership [11].

With regard to the country's health situation, while significant progress has been made on some of the Millennium Development Goals, overall these have not been fully achieved, and the Democratic Republic of Congo's health and nutrition indicators are among the lowest in the world, with an infant and child mortality rate of 104‰, maternal mortality of 846 deaths/100,000 live births and a life expectancy of 50 years [12].

The three-tier health system (central, intermediate and operational) in the Democratic Republic of the Congo lacks sufficient skills and funding.

The decentralization of the health system, following the reform of the intermediate level initiated by the government of the Democratic Republic of the Congo, has not yet succeeded in improving Human Resources Management in the health sector in Maniema; the level of knowledge of Maniema's health sector agents and civil servants regarding the decentralization of the health system to the intermediate level is sufficient; Maniema's health personnel have a mixed perception of the decentralization of the health system initiated by the central government.

Thus, the single contract is an approach that consists of pooling all available resources in a transparent manner, whatever their origin (State, Technical and Financial Partners and other potential sources of funding) to provide comprehensive support for the achievement of the missions of the Provincial Health Divisions. The purpose of the contract is to pool financial support within the Provincial Health Division as the structure responsible for coordinating, supervising and providing technical support to the Health Zones (HZ), with a view to improving the quality of healthcare provision and the health conditions of the province's population. This process began in 2014 in a context of intermediate-level reform and continues to this day [4].

The reform of the health system enables the strengthening of provincial health leadership and governance; progress towards universal health coverage; the strengthening of health information systems; the promotion of a balanced and properly managed health workforce; improved access to quality health care services; collaboration with the private health sector; and guaranteed access to medicines [3].

To achieve this, we decided to examine the structuring and organization of Maniema's Provincial Health Division and Inspectorate, in the firm belief that nothing can be improved without a firm commitment from the stakeholders to establish a high-performance health system in the various provincial health institutions directly, if the players do not grasp the value of the single contract, provincial approach and health system reform without consequent organizational and structural support in a counter-current approach (the opposite of a need expressed by the intermediate level). That's the quintessence of the point made in this article.

As a result, the following questioning guides this research:

- Do the reform of the health system and the single contract at intermediate level initiated by the government of the Democratic Republic of Congo contribute to improving performance, coordination and good governance in the health sector in Maniema province?
- What are the effects of the single contract and the provincial approach on the implementation of the aforementioned reform among direct and indirect beneficiaries, as well as the determinants necessary for its success in the aforementioned province to enable scaling-up?

Research objectives

- Evaluate the level of knowledge of stakeholders in intermediate-level institutions about the single contract and the provincial approach to implementing health system reform in Maniema province.
- Identify the contributions and determinants needed to produce the expected effects for improving good governance of the health sector at intermediate level.

2. Methodology

2.1. Description of research sites

2.1.1. Maniema province

Maniema province is located in central-eastern Democratic Republic of Congo. It lies between 1° and 5° south latitude, and between 25° and 30° east longitude. It borders the province of Sankuru to the west, the province of Tshopo to the north, the provinces of Nord-Kivu and Sud-Kivu to the east, and the provinces of Tanganyika and Lomami to the south. The province's capital is Kindu. With a surface area of 132,250 km², it represents 5.6% of the country's total surface area.

Administratively, Maniema Province was created by Ordonnance n° 88-031 of July 20, 1988. It was given provincial status following the break-up of the former Kivu Province. It comprises 7 territories (Kabambare, Kailo, Kasongo,

Kibombo, Lubutu, Pangi, Punia), 3 Communes (Alunguli, Kasuku and Mikelenge), 34 Sectors or Collectivities, 6 Quarters, 317 Groupments and 2,808 Villages.

The most widely spoken national language is Swahili, with Lingala influenced by music and street traders.

Economic activity in Maniema is dominated by agriculture, forestry, livestock and fishing. The province of Maniema has significant mining potential, ranking it 4th after Katanga, Eastern Province and Oriental Kasai.

The major subsoil resources identified are: gold, cassiterite, wolframite, coltan, diamonds, etc.). Mining resources have been exploited industrially since colonial times by the Kivu Mining Company (SOMINKI) at Kalima in the Pangi Territory.

As can be seen from the economic structure, Maniema Province's development is based on three dimensions: agriculture, mining and forestry, plus market services.

The majority of the adult population is engaged in informal economic activity, with 70% living below the poverty line, while households bear almost the entire financial burden of healthcare provision.

In terms of health, Maniema Province has 18 health zones out of the 519 in the Democratic Republic of Congo [13].

Generally speaking, the health system in this province, as elsewhere in the Democratic Republic of Congo, is currently characterized by the deterioration of health infrastructures, the obsolescence of equipment, the poor distribution of staff, a highly demotivated workforce, the politicization of the sector, while the province is faced with several pathologies at the root of morbidity and mortality, and many other problems linked to its functioning.

2.2. Type of study

This is an analytical, retrospective, cross-sectional study to assess the impact of the single contract and the provincial approach to implementing health system reform at the intermediate level in Maniema.

2.3. Study population

Our field of study is made up of actors from institutions at the intermediate level of the health system in Maniema Province. Specifically, these are the animators working in the Provincial Health Division with the coordination's of integrated specialized programs and the Provincial Health Inspectorate; comprising 110, 161 and 33 managers and agents for the Province of Maniema, making a total of 304 subjects forming the study population.

From this population, we drew a sample of 147 study subjects, including 130 men and 17 women.

2.4. Studied variables

Within the operational framework of this study, the following variables were studied:

2.4.1. Antecedent (or independent) variables

These are the variables we manipulated to obtain the result.

- Knowledge of Health System Reform, Single Contract and Provincial Approach at intermediate level in Maniema Province;
- Perception of the Health System Reform, the Single Contract and the Provincial Approach at intermediate level in Maniema Province;
- Effects of the Health System Reform, the Single Contract and the Provincial Approach at intermediate level in Maniema Province.

2.4.2. Consequential (dependent) variable

The consequent (dependent) variable is the resultant of the independent variables. The dependent variable, which is good governance of the health system through the single contract and the provincial approach at the intermediate level, must be observed on the basis of the effects of the health system reform, and these effects are: performance, accountability, transparency, quality services and the rule of law.

When these effects are visible, we speak of the success of healthcare reform at the intermediate level.

2.5. Data collection methods and techniques

2.5.1. Data collection methods

The study is based on two methods: interrogative and documentary.

In our study, the inductive approach was used, with recourse to the survey method. This facilitated the gathering of information on the knowledge, attitudes and practices of strategies (effects/impacts) on health system reform, the single contract and the provincial approach. This logic places this research in the basket of quantitative research.

The survey method was used in our research. It is one of the most common methods used in quantitative research.

In concrete terms, the aim was to gather their personal views on the knowledge, attitudes and practices of strategies concerning the health system reform process, the single contract and the provincial approach at intermediate level in Maniema Province.

To obtain information, the survey or poll was carried out using indirect questioning, given the specific nature of our study.

However, the qualitative research undertaken at this stage made use of the active participatory method, a specific form of research developed as an alternative and complement to conventional survey research methods.

The active participatory method makes use of several techniques and tools in the qualitative research of the reliability of the results. It is this last property that reinforces its entry into the methodological arsenal of this work, based on the focus-group technique described below.

2.5.2. Data collection techniques

The phenomenon under study (health system reform, the single contract and the provincial approach) involves hidden and latent realities of the respondents that cannot be apprehended using direct questions. These are the affective dimensions that determine the conduct, behavior and ways of doing and being of the animators.

Thus, the use of the attitude questionnaire or opinionnaire as an instrument of investigation seemed logical to us, as it is a self-reporting instrument used to collect information relating to the opinions, interests, values and attitudes of the interviewees.

In this study, documentary analysis enabled us to collect other information to complement that gathered by the survey.

2.6. Data processing and analysis techniques

For closed questions, we used frequency counting. For open-ended questions, we used content analysis.

In any study or research, the choice of a data processing technique depends on both the objectives pursued and the data collected.

Our research also uses content analysis for open-ended questions, and leads us to collect frequencies for closed-ended questions.

3. Results

Having outlined the theoretical and methodological aspects of our research, it is now time to present the main results obtained from our analysis of the data collected.

3.1. Socio-demographic data

3.1.1. Sex of respondents

Analysis of the data contained in this table shows that male subjects are in the majority, accounting for 88.4% of cases, while females represent only 11.6% of the subjects studied.

Table 1 Distribution of study subjects by gender

Sex	f	%
Male	130	88.4
Female	17	11.6
Total	147	100

3.1.2. Level of education

Table 2 Distribution of study subjects by level of education

Level of education	f	%
State Diploma	6	4.1
Graduate	59	40.1
Licentiate and Master 2	82	55.8
Total	147	100

Analysis of the data in this table gives us the impression that Bachelor's and Master's degree holders are numerous, accounting for 82 cases, or 55.8%, followed by graduates (40.1%) and state graduates (4.1%).

3.1.3. Assignment of respondents

Table 3 Distribution of study subjects by assignment of respondents

Assignment of respondents	f	%
Integrated specialized program coordination DPS	61	41.5
Provincial Health Divisions	54	36.7
Provincial Health Inspectorate	32	21.8
Total	147	100

This table shows that, out of a total population of 147 mid-level health agents and managers in Maniema Province, 41.5% are assigned to various specialized integrated DPS Program Coordination's; 36.2% are from the Provincial Health Division and 21.8% are in the Provincial Health Inspectorate office.

3.2. Study variables

3.2.1. Performance improvement

Table 4 Distribution of study subjects according to improvement in performance, coordination and good governance in Maniema province's health sector through health system reform

Improving performance, coordination and good governance in the health sector through the aforementioned reform	f	%
Ownership and decision-making for the province	42	28.6
Restructuring, reorganization and proximity of the coordinating and regulatory authority in the health sector	32	21.8
Ongoing training for the province's healthcare professionals	27	18.4
Ideal means of expressing needs and consolidating democracy in the healthcare sector	17	11.5
Facilitates the development of intermediate-level health institutions (DPS and IPS)	15	10.2

Undecided	14	9.5
Total	147	100

Analysis of the data contained in this table indicates that ownership, decision-making for the province (28.6%); restructuring, reorganization, proximity to the exercise of coordinating and regulatory authority in the health sector (21.8%) and continuing training for health professionals in the Province (18.4%) constitute the improvement in performance, coordination and good governance in the health sector instituted by the Maniema health system reform.

Table 5 Distribution of study subjects according to the effects of the single contract and the provincial approach on the implementation of the health system reform

Effects of the single contract and the provincial approach on the implementation of healthcare reform	f	%
Effective and functional implementation of the health system at intermediate level	44	30.0
Strict application and compliance with stakeholder commitments and ownership of laws and regulations	33	22.4
Good management of resources (human, material and especially financial) for the health sector: definition of job descriptions	29	19.7
Regular awareness-raising and training for provincial institutions on their missions and mandates	19	13.0
Positive changes in the coordination and regulation of the provincial health sector	13	8.8
Regular consultation of provincial institutions on governance issues	9	6.1
Total	147	100

An analysis of this table reveals that: the effective and functional implementation of the health system at intermediate level; the strict application and respect of stakeholders' commitments and the appropriation of laws and texts; good management of resources (human, material and above all financial) for the health sector: definition of job descriptions were revealed as the effects of the single contract and the provincial approach on the implementation of health system reform by 30%, 22.4% and 19.7% of study subjects respectively.

4. Discussion and commentary

The results of this study indicate that male subjects are in the majority, accounting for 88.4% of cases, whereas women represent only 11.6% of the subjects studied.

Akondji [14], in his study on the influence of social inequalities in the medical-nursing care of patients at the Kabondo General Reference Hospital from April 15 to October 30, 2021 had reported that the male sex was predominant with 54.3%.

In Dakar (Senegal), Thiam S. [15] in his study of health professionals on "Health and discrimination: The example of Senegal" found that most of them were men, accounting for 60.1% of cases.

In their 2020 study on the reform and performance of the Health Inspectorate and Health Division in South Kivu, Democratic Republic of Congo, Mopene J-L et al [8] reported that of the 36 respondents working in the DPS and IPS, 92% were men and 8% women.

In our opinion, this low representation of women in these health structures can be explained by the fact that the social situation of most female managers is unfavorable to administrative functions. Many women have not attained the academic level of master's degree to merit managerial positions.

4.1. Level of education

Analysis of the data in this table gives us the impression that there are a large number of bachelor's and master's degree holders, representing 82 cases, or 55.8%, followed by graduates (40.1%) and state graduates (4.1%).

Lihonge's [16] study on the use of nursing care plans at the General de Reference Hospital of Makiso/Kisangani showed that university graduates outnumbered other respondents, accounting for 41.5% of licensed nurses and 30.8% of graduates. Akondji [14], in his study on the influence of social inequalities in the medical and nursing care of patients at the Kabondo General Reference Hospital from April 15 to October 30, 2021, reported that the majority of nurses were graduates, i.e. 54.3%. Thiam S. [15] in his study of health professionals on "Health and discrimination: The example of Senegal" found that most of them were nurses with Bac+5 level, i.e. 58.7% of cases.

In our opinion, Provincial Divisions of Health and Inspectorates are the intermediary bodies for health planning, coordination, control and decision-making. These bodies must employ qualified and competent personnel to ensure the inspection and ongoing training of staff in basic structures, and monitoring so that communities benefit from better quality health care.

4.2. Assignment of respondents

The study showed that, out of a total population of 147 mid-level health agents and managers in Maniema Province, 41.5% are assigned to various coordination's of specialized integrated PDH programs; 36.2% are from the Provincial Health Division and 21.8% are in the Provincial Health Inspectorate office.

The Provincial Division of Health is the administration in charge of healthcare provision in each province of the Democratic Republic of Congo. It is the government's responsibility to set up a high-performance healthcare system, in order to guarantee the well-being of the population, as well as to ensure the coverage, quality and efficiency of services and the satisfaction of healthcare needs.

In our opinion, this is a structure that needs to deploy personnel in terms of numbers, quality and skills to ensure the efficiency and effectiveness of all the Directorates and Coordination's of specialized integrated programs within a Provincial Division of Health. The aim is to provide technical supervision, monitoring and translation of directives, strategies and policies in the form of instructions and data sheets; and to inspect and monitor healthcare, pharmaceutical and health science establishments.

4.3. Improving performance

Analysis of the data from this study indicated that ownership, decision-making for the province (28.6%); restructuring, reorganization, proximity to the exercise of coordinating and regulatory authority in the health sector (21.8%) and ongoing training of the province's health professionals (18.4%) constitute the improvement in performance, coordination and good governance in the health sector instituted by the Maniema health system reform.

The World Bank Group has reported that the development of the Democratic Republic of Congo rests primarily on the good health of the population, the undeniable force behind all political, economic and social action. Guaranteeing health is the primary responsibility of the government, which must fulfill it, as far as our sector is concerned, by setting up structures providing quality care that meets the fundamental needs of the population [4]. In his National Health Development Plan 2016-2020, the Minister of Health of the Democratic Republic of Congo states that health system reform enables the strengthening of provincial health leadership and governance; progress towards universal health coverage; the strengthening of health information systems; the promotion of balanced and properly managed health personnel, improved access to quality healthcare services; collaboration with the private health sector; guaranteed access to medicines [3].

In addition, Enabel [5] in its 2017 results report on the Support Program for Provincial Divisions and Health Zones (SPPDHZ) shows that the reform of the intermediate (provincial) level of the health system in the Democratic Republic of Congo puts a particular focus on supporting the revitalization of health districts. Long before this reform, the intermediate level of the health system consisted of a structure known as the provincial health inspectorate.

The World Health Organization encourages low- and middle-income countries, including "fragile states", to implement reforms to improve the performance of their healthcare systems [2].

According to the Minister of Health of the Democratic Republic of Congo through its National Health Development Plan 2016-2020, health system reform enables the strengthening of provincial health leadership and governance; progress towards universal health coverage; the strengthening of health information systems; the promotion of balanced and properly managed health personnel, improved access to quality health care services; collaboration with the private health sector; guarantee access to medicines [2].

Mopene JL et al [8], in their 2020 analysis of the reform and performance of the Health Inspectorate and Health Division in South Kivu, Democratic Republic of Congo, reported that healthcare costs are soaring around the world. Health care systems, whether Bismarckian, Beveridgian or liberal, are in crisis. Governments have embarked on a variety of reform initiatives, as the status quo has become unsustainable.

Following his analysis of the generalities and legal framework of the Congolese healthcare system, Lubaki Sita G [17] asserted that the context of the Democratic Republic of Congo's pre-2015 healthcare system required reform at the intermediate level.

To date, health system reform at the intermediate level is effective in Maniema. Well-conceived and implemented, this reform has brought about positive changes in the coordination and regulation of the health sector in the province. After the reform, the Provincial Health Division showed a good improvement in its activity scores. This is attributed to the availability of funding from financial and technical partners, the strengthening of leadership and the coordination of the Provincial Health Division by competent individuals appointed on a competitive basis, according to some of the managers interviewed.

Performance incentives for the Provincial Health Divisions have improved with the advent of the Single Contract approach. The Single Contract has put in place a performance framework and recommends that stakeholders report the resources needed to implement activities. These tools thus guide the actions to be taken and contribute to their rationalization.

On the other hand, some stakeholders feel that this approach has not had a major influence on the performance of the Provincial Health Division, and that it has led to demotivation, probably linked to the disparity in staff remuneration. Others believe that certain aspects need to be strengthened to improve the performance of the Provincial Health Divisions.

4.4. Effects of the single contract and provincial approach on the implementation of health system reform

The results of this study show that the effective and functional implementation of the health system at intermediate level; the strict application and respect of stakeholders' commitments and the appropriation of laws and texts; good management of resources (human, material and above all financial) for the health sector: definition of job descriptions were revealed as the effects of the single contract and the provincial approach on the implementation of health system reform by 30%, 22.4% and 19.7% of study subjects respectively.

According to the Minister of Health, health system reform enables the strengthening of provincial health leadership and governance; progress towards universal health coverage; the strengthening of health information systems; the promotion of balanced and properly managed health personnel; improved access to quality health care services; collaboration with the private health sector; and guaranteed access to medicines [3].

Most of the players in the various Provincial Health Divisions agree that the single contract approach has brought additional elements to the way financial resources are managed (creation of a consultation framework bringing together both Technical and Financial Partners and authorities from the Ministry of Public Health to the Provincial Health Division; transparent monitoring of funding through software; auditing system to reinforce accountability). These pillars of financial resource management are in line with the Paris Declaration, which calls for external funding to be aligned with the vision and health objectives of the health system being supported.

After analyzing the data from the opinions of the various players in the Maniema Provincial Health Division, a number of themes emerged, based on the components of a health system:

- Reducing the fragmentation of funding for the Maniema Provincial Health Division: The single contract has provided a certain solution to the problem of planning the use of resources for certain players and technical and financial partners. Planning is concerted and sometimes the gaps to be filled are known by all. However, most participants did not agree that the Single Contract would have led to a real reduction in the fragmentation of funding for their Provincial Health Division. Funding for specialized programs is still managed by the national authority (vertical programming), and partners have not yet aligned themselves with the logic of a common funding basket.
- In addition, some partners do not accept that their funding should be used for other programs that are not in line with their vision; and so the Single Contract does not seem to bring anything new to the way Technical and

Financial Partners are financed. In addition, some partners continue to use their funds without transferring them to the basket fund.

- However, funding for certain programs remains vertical and specific, notably those financed by the Global Fund.
- Strengthening partnership and funding coordination: The partnership between the Provincial Health Division and the technical and financial partners seems to be working well with the advent of the single contract approach. Nevertheless, some partners remain locked into the vertical programs of the Technical and Financial Partners, abandoning other programs that need funding to operate. Indeed, some partners don't seem to be on board with the idea of sharing their detailed activity and budget plans with the Provincial Health Division.
- Management of DPS financial resources: The Single Contract has helped to improve the management of resources from the Provincial Division of Health financial partners. With management procedures shared between the various stakeholders and regular internal evaluations, this approach seems to bring a "plus" to the resource management system: with the periodic evaluations of the Single Contract, the financial reports of the Provincial Health Division are systematically shared with all stakeholders. Transparency in management has been achieved, and the Single Contract has made it easier to understand the funding of each player in the Provincial Division of Health, while management software has been set up to track partner funding.
- Personnel control and job description: For some, the single contract has enabled the Provincial Health Division to strengthen its role in defining and describing the job of any agent to be recruited, apart from the few cases of political influence (political recommendations). Recruitments are made according to the needs presented by the offices.
- Staff remuneration: The single contract approach has not improved the remuneration of members of the Provincial Health Division, most of whom live on government bonuses. In addition, the Technical and Financial Partners' bonus, which is intended to boost the remuneration of Provincial Health Division staff, only concerns certain individuals. The most incriminating cause is the partners' lack of commitment to the single contract approach. This situation is said to have led to the departure of certain agents from the Provincial Health Division.

5. Conclusion

Reform is one way of improving the performance of healthcare systems. In countries where health systems are heavily dependent on international aid, reform would enable aid to be centralized and transparently financed for the development or action plans of the health systems concerned. Such is the case of the health system reform at the Maniema Provincial Health Division, which offered the opportunity to improve the Division's performance through the introduction of a single partner funding contract accompanied by an annual work plan. It also enabled the renewal of the provincial management team on the basis of a competitive recruitment mechanism.

In this way, the establishment of a consultation framework for technical and financial partners can facilitate the effective decentralization of the planning process and the implementation of a virtual basket-fund in the decentralized provinces. This strategy is more efficient, as it guarantees the effective participation of decentralized entities in the funding negotiation process, and enables the specific features of decentralized entities to be integrated into the planning and management of health sector funding in "fragile states" with large geographical dimensions, such as the Democratic Republic of Congo.

Compliance with ethical standards

Disclosure of conflict of interest

We have no conflicts of interest. The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article. Therefore, there is no conflict of interest.

Statement of ethical approval

The research protocol had been validated by the research committee of the Doctoral School of the National Pedagogical University, as well as by the Thesis framework team.

Statement of informed consent

Informed consent was systematically obtained from each participant before each interview. Confidentiality was observed throughout the data collection and analysis process.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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