Mauritania: Health and Population in Hodh el Gharbi

Ex-post Evaluation Report

OECD sector	12230/Basic health infrastructure	
BMZ project ID	1993 66 139	
Project executing agency	Mauritanian Ministry of Health	
Consultant	DIWI Consult GmbH; IMC Industrieberatung und Management Consulting GmbH	
Year of ex-post evaluation report	2009 (sample 2009)	
	Project appraisal (planned)	**Ex-post evaluation (actual)**
Start of implementation	June 1994	June 1994
Period of implementation	48 months	54 months
Investment costs	EUR 1.89 million	EUR 1.92 million
Counterpart contribution	EUR 0.15 million	EUR 0.18 million
Finance, of which FC funds	EUR 1.74 million	EUR 1.74 million
Other institutions/donors involved	GTZ, World Bank	GTZ, World Bank
Performance rating	4	
• Relevance	3	
• Effectiveness	4	
• Efficiency	4	
• Overarching developmental impacts	4	
• Sustainability	4	

Brief Description, Overall Objective and Project Objectives with Indicators

The overall objective of the TC/FC cooperation project was the improvement in the state of health of the population in the Hodh el Gharbi region (HEGi). The project objective was the quantitative and qualitative improvement of health care service delivery to the population of the region. The TC measures were carried out in two phases from the end of 1993 to 2004 (Project no. 1999.2028.1). The FC measures of Phase I started in mid-1994 and lasted till the end of 1998. Phase II started in April 2003 and ended with the delivery of the equipment in 2008. The ex-post evaluation deals with Phase I only.-

The FC measures comprised the construction or rehabilitation of health stations including equipment. GTZ was responsible for personnel training, including for planning and management tasks. It was to support setting up village committees and strengthen acceptance for the cost-sharing systems as well as guarantee the functionality of the health care facilities and the maintenance service.

The target group of the project were all inhabitants of the HEGi region, which numbered about 250,000 in 2007.

Project Design/Major Deviations from Original Planning and Main Causes

The cooperation project was carried out in parallel with numerous donor-financed projects in the health sector, including the most important, the Health and Population Project, begun in 1992, and the subsequent sectoral programme as of 1998, the Health Sector Investment Project of the World Bank. Under the World Bank loan agreement, parallel finance was arranged between the Health and Population Project and FC but no formal cofinance was agreed on.
Complementary to the World Bank measures, the cooperation project comprised the development of primary health care in the HEGi region. As part of the FC measures in Phase I, altogether four health centres and an administrative building were rehabilitated or built (Part 1) and 22 health stations and a ward in a health centre in Kobenni were constructed (Part 2). Planned at project appraisal was the construction or rehabilitation of 23 health stations. Altogether, only 21 were completed. Equipment (including vehicles) and medicine worth DM 300,000 (EUR 153,000) were supplied. The measures of the cooperation project aimed at increased access to all curative and preventive services.

Key Results of Impact Analysis and Performance Rating

We assess overall developmental efficacy as follows:
Relevance: At project appraisal, the core problem was identified as the small number of health care facilities and their limited operational capacity as the reason for low user rates. The FC and TC measures addressed this core problem. As envisaged in the results chain, the construction and rehabilitation of medical infrastructure was to increase the availability of adequate care facilities, improve health care for the inhabitants in the project region and hence make a contribution to improving the state of health of the population. Altogether, this was largely plausible at the time, but by today's standards account would have been taken of additional factors, such as financial and cultural barriers to access, as was also partly done during the project term. The project design conforms with the Millennium Development Goals (particularly MDG 4 and MDG 5). It was also aligned with the main development priorities of the German Federal Government at the time of project appraisal and still is today. Today's priority sectors in Mauritania are decentralisation/democracy promotion, rural development/resource management and fisheries. The project was designed in consultation with GTZ and the World Bank, but the anticipated effects of cooperation (e.g. monitoring, preventive and corrective maintenance) did not materialise as hoped. Altogether, we assess the relevance of the project as satisfactory (Subrating 3).
Effectiveness: Project effectiveness was to be measured with the following indicators: rate of use of the health care facilities, vaccination rate, ratio of pregnant women attending prenatal care, and the rate of professionally assisted births. The user rate did not improve during project implementation or after. Accounting for the demographic trend, it may even have declined compared with project appraisal. The vaccination rate target set of at least 60% was, however, consistently met since 2001. The measures fell just short of the target for the ratio of pregnant women attending preventive medical checkups (40%) at 35%. The target of 20% professionally assisted births was supposedly not met up to 2004. The poor state of repair of at least eight health stations ascertained during Phase II also presumably discouraged the health personnel and the target group and therefore had a detrimental effect on use. Repeated bottlenecks in drugs supply and personnel availability also had an adverse effect. Altogether, effectiveness was unsatisfactory. It falls short of expectations, although some positive results were achieved, such as the relatively stable and high vaccination rate (Subrating 4).
Efficiency: The intention at project appraisal was to closely involve village committees and local crafts trades in building measures. This caused considerable delays in the construction of the health stations. Instead of the planned eight months, it took an average of 22 months. Altogether, though, the total implementation period only

increased from 48 to 54 months. Building quality proved to be unsatisfactory. During the local final inspection in January 1999, water supply and roof drainage defects were recorded at 50% of the health stations. Altogether, production efficiency must thus be judged as deficient. In view of the low capacity utilisation of the health care facilities this also holds for allocative efficiency. Altogether, the result is unsatisfactory (Subrating 4).
Overarching developmental impacts: Apart from life expectancy, the major health indicators have stagnated in Mauritania for many years. When assessing overall objective achievement, account has to be taken of many factors of influence, also including the inputs of other donors (here GTZ and the World Bank). Moreover, the user rate of the health care facilities built or rehabilitated did not increase during project implementation, which poses an additional problem for assessing the connection between use and overall objective achievement. The FC project was, however, also intended to achieve other development-policy aims. Already at appraisal, the plan was to involve the target group in building measures. The final inspection found that a very good result was achieved from a cost-benefit standpoint, local crafts trades were qualified and local capacity and self-help strengthened. Persistent deficits in the crafts trades were to be offset by the good quality, motivation and improvisational ability of personnel. We may therefore suppose that FC had expected the close collaboration of the consultant with the target group and personnel in the health care facilities to initiate processes of equal developmental importance as building quality, that is target group autonomy. The target group was consequently expected to be able to deal with problems on its own. As emerged in the course of Phase II, eight out of the 21 health stations built or rehabilitated in Phase I were in a state of advanced disrepair and had to be rebuilt or rehabilitated in Phase II. The assumption at final inspection in Phase I that the target group would manage to solve its problems on its own was therefore too optimistic and the implementation plan for the health stations in Phase I must largely rate as a failure. Altogether, the overarching developmental impacts are assessed as insufficient, despite some constructive approaches (Subrating 4). The main reason were the excessive expectations attached to the implementation strategy.
Sustainability: The quality of the health services improved little during and after project implementation. Nor is the situation in the country likely to change fundamentally in the next few years, even if the rise in the number of medical personnel gives grounds for some hope (though the number of physicians has remained constant). Altogether, the development-policy framework in Mauritania is unfavourable. The EU has suspended cooperation with the exception of humanitarian aid in response to the coup d'état at the end of 2008. As far as is known, there is still no maintenance scheme either for equipment or buildings in the health sector. The adverse consequences of this became apparent in the course of the project, at least as far as the state of the buildings is concerned. Sustainability is therefore considered to be insufficient (Subrating 4).
Altogether, the FC project failed to achieve its objectives despite some positive outcomes. Overall performance is gauged as insufficient (Rating 4).

Notes on the methods used to evaluate project success (project rating)

Projects are evaluated on a six-point scale, the criteria being relevance, effectiveness (outcome), "overarching developmental impact" and efficiency. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

1	Very good rating that clearly exceeds expectations
2	Good rating fully in line with expectations and without any significant shortcomings
3	Satisfactory rating – project falls short of expectations but the positive results dominate
4	Unsatisfactory rating – significantly below expectations, with negative results dominating despite discernible positive results

5 Clearly inadequate rating – despite some positive partial results the negative results clearly dominate

6 The project has no positive results or the situation has actually deteriorated

A rating of 1 to 3 is a positive assessment and indicates a successful project while a rating of 4 to 6 is a negative assessment and indicates a project which has no sufficiently positive results.

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability)

The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability)

The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected.)

Sustainability level 3 (satisfactory sustainability)

The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability)

The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and an improvement is very unlikely. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. A rating of 1 to 3 indicates a “successful” project while a rating of 4 to 6 indicates an “unsuccessful” project. In using (with a project-specific weighting) the five key factors to form an overall rating, it should be noted that a project can generally only be considered developmentally “successful” if the achievement of the project objective (“effectiveness”), the impact on the overall objective (“overarching developmental impact”) and the sustainability are considered at least “satisfactory” (rating 3).