

**Benin: Basic health services**

**Ex post evaluation report**

<b>OECD sector</b>	13030 / Health	
<b>BMZ project ID</b>	1997 64 124	
<b>Project executing agency</b>	Ministry for Health	
<b>Consultant</b>	CES/ GTZ (procurement)	
<b>Year of ex post evaluation</b>	2009 (2009 random sample)	
	<b>Project appraisal (planned)</b>	<b>Ex post evaluation (actual)</b>
<b>Start of implementation</b>	09/1997	06/2000
<b>Period of implementation</b>	27 months	56 months
<b>Investment costs</b>	EUR 4.0 million	EUR 3.9 million
<b>Counterpart contribution</b>	EUR 0.18 million	EUR 0.1 million
<b>Financing, of which FC funds</b>	EUR 3.8 million	EUR 3.8 million
<b>Other institutions/donors involved</b>	GTZ	GTZ
<b>Performance rating</b>	3	
• <b>Relevance</b>	2	
• <b>Effectiveness</b>	3	
• <b>Efficiency</b>	3	
• <b>Overarching developmental impact</b>	3	
• <b>Sustainability</b>	3	

**Brief description, overall objective and project objectives with indicators**

This was a joint FC/TC cooperation project in the Borgou-Nord region. Within its scope, FC supported upgrading the subprefecture hospital in Kandi (Hôpital de Zone Kandi, hereafter referred to as HZ Kandi) to a district hospital. In addition to financing building works, the project provided the hospital with medical equipment to improve the range of services on offer. Furthermore, six health centres were either renovated or constructed and equipped with basic medical facilities. The overall objective of the cooperation project was to contribute to improving the health of the population of Northern Benin. The programme objective was to improve the capabilities of health establishments at the primary and district levels in the subprefectures of Kandi, Gogounou, Segbana, Banikoara, Malanville and Karimamain in the Borgou-Nord region. No indicators were set for the overall objective at programme appraisal. The following indicators were defined at the programme objective level: 1) two years after commissioning, the bed occupancy rate in the Kandi hospital should be 70 %, and 2) two years after commissioning, the utilisation rate should have reached a minimum of 0.6 visits per inhabitant per year.

Total costs for the FC project came to approx. EUR 3.9 million (EUR 4.0 million at appraisal). The financing contribution from FC amounted to EUR 3.8 million, agreed as grant aid. The Republic of Benin's counterpart contribution amounted to EUR 0.1 million after currency conversion.

### **Project design / major deviations from original planning and their main causes**

The appraisal had envisaged an open programme, which allowed for measures up to and including the following:

- Upgrading the hospital in Kandi (60 beds) to a district hospital and furnishing it with suitable equipment.
- The renovation of up to 30 CCS (Complexe Communal de Santé) and three CSSP (Centre de Santé de Sous-Préfecture).
- The construction of up to five CCS (Complexe Communal de Santé).
- The supply of basic equipment for up to 24 CCS; kitting out the CSSP at Banikoara and Malanville, and providing family planning supplies to all the centres.
- Consultancy services to support the project agency with regard to construction and subcontractor services.
- Water supply and sanitation works, latrines, and small-scale incineration plants.

In the event, the hospital at Kandi was renovated, extended and re-equipped (82 beds instead of 60), and a total of six health centres (Centre de Santé / Complexe Communal de Santé in Gansosso, Donwari, Kassakou, Sori, Sokotindji and Libante) were constructed and furnished with new equipment, including service utilities and waste disposal facilities. The other health centres that had been planned were cancelled. This was due to increases in hospital costs and protracted implementation periods, due to the requirement to replace the German Development Service with a consultancy firm, as well as delays in the issue of tenders and in the submission of a development plan for the hospital. However, the reduced number of health centres built (when compared to plan) was counterbalanced by financing for the same region from the World Bank and the African Development Bank.

Health centre locations were selected against construction criteria (suitability for renovation or new build) and also according to supply policy considerations (appropriate service density and year-round accessibility, including during the rainy season). In the end, however, these criteria were only partially observed. Four of the six health centres (Gansosso, Donwari, Kassakou and Sori) are located at a comparatively short distance from the hospital in Kandi; hence many patients prefer to bypass health centre consultations and go directly to the hospital. Their expectation is that there they will be treated by a qualified doctor from the outset, rather than by a nurse in the health centre. Nurses at the health centres in Sokotondji and Libante complain about the accessibility of their centres, particularly in the rainy season, due to the extremely poor condition of the roads.

### **Key results of the impact analysis and performance rating**

The project's developmental efficacy is assessed below, based on the criteria of relevance, effectiveness, efficiency, overarching developmental impact and sustainability:

Relevance: the programme addressed the core problem of inadequate healthcare provision due to lack of infrastructure in the North Benin region. It has contributed to the resolution of this core problem, since 31 % of the health centres in the Kandi/Gogonou/Segbana region were financed from FC funds. Coordination with other development partners on the Beninese side, particularly the Islamic Development Bank and the African Development Bank, has had a positive impact on the expansion of medical infrastructure. The causal chain assumed at programme appraisal - that improving the services available would improve the population's health - remains valid. The programme supported the Government of Benin in the implementation of its poverty reduction strategy, and in pursuit of Millennium Development Goals numbers 4 (reducing child mortality), 5 (improving maternal health) and 6 (combating HIV/AIDS, Malaria and other diseases). Improving basic health services in therapeutic and (especially) preventative treatment remains a priority for the Government of Benin, whereas the German side is not pursuing its cooperation in the area of basic health provision any further. Against this background, we assess the project's relevance as good (rating: 2).

Effectiveness: the objective of a 70 % bed occupancy rate for HZ Kandi was not achieved. It stood at 52 % in the first quarter of 2008 and - partly due to a staff strike - around 25 % in the first quarter of 2009. However, the occupancy rate was markedly better in the important area of paediatrics (82 % in 2005, 60 % in 2006, 69 % in 2007, and 56 % in 2008). Initial consultations in the maternity department show good utilisation of hospital capacity (49 % in 2005, 47 % in 2006, 48 % in 2007, and 47 % in 2008). Even though target levels for these two areas were not defined at the time of programme appraisal, and a meaningful 'plan v. actual' comparison is therefore not possible, we assess the hospital's utilisation, and hence progress toward the objective, as satisfactory. The targeted utilisation rate for the health centres (at least 0.6 visits per inhabitant per year) was almost attained. Assuming that the centres are open 260 days per year, that the average target group for each centre has 15,600 inhabitants, that an average of 30 consultations take place per centre per day - comprising 19 'declared' (i.e. statistically reported) consultations, and an estimated 10 'undeclared' - yields a utilisation rate of 0.5 consultations per inhabitant per year. With two exceptions, child immunisation rates of well above 80 % were achieved. It remains unclear whether a utilisation rate of up to 30 consultations per days should be considered generally too low to keep the staff in the centres busy. Overall, we assess progress toward the objective as satisfactory (rating: 3).

Efficiency: at some EUR 422 per m<sup>2</sup> of enclosed space, actual investment costs for the health centres were comparatively high. However, they are still reasonable, because the quality of construction achieved has resulted in minimal maintenance costs in the first few years of operation. This makes managing these facilities easier for those responsible (the Comités de Gestion and the Hospital Board) during the challenging initial phase of decentralisation. Overall, we assess the production efficiency as satisfactory. Due to the ongoing provision of state subsidies for the upgrading of the hospital and for staff costs in particular, every establishment has succeeded in generating surpluses. However, substantial further efforts are still needed in this regard, since the Kandi hospital's liquidity position has significantly deteriorated at the time of ex post evaluation. This is predominantly due to losses from bad debts owed by those state institutions which have assumed responsibility for the cost of treating the poor. By way of contrast, due to their revenue from treatment charges all the health stations enjoy a satisfactory liquidity position, which provides for a minimum of maintenance and for supplies of medicines and medical consumables. We judge allocative efficiency to be satisfactory. Taking into consideration the results for

production efficiency and allocative efficiency, we assess the overall efficiency as satisfactory (rating: 3).

Overarching developmental impact: progress toward the overall objective of improving health service provision in Northern Benin cannot be statistically proven. Relevant indicators and the latest available data point instead to a deterioration in the situation. The main reasons for this are that the capacity of the health services has not kept step with the substantial growth in population, and that payments for public, private and traditional health services weigh heavily on household incomes. On the other hand, positive effects on the process of decentralising health care services are clearly discernible. Having considered both these aspects, we assess overarching developmental impact as satisfactory (rating: 3).

Sustainability: the sustainability of the new structures had already been established at the time of ex post evaluation. The financial situation of the hospital in Kandi is certainly considered to be at risk; however, by providing subsidies and implementing the agreed counterpart contribution, the Ministry for Health has so far honoured its obligation to ensure the proper operation of the facilities. We see state contributions to treatment costs and inadequate staffing levels amongst specialist doctors as risks to sustainability. At present, revenue from consultation charges and the health centres' financial reserves suffice to ensure a minimum of basic public health services. We assess the sustainability of the project as satisfactory (rating: 3).

Having made a balanced assessment of the known effects and risks, we rank the project at level 3 (satisfactory result; below expectations, but positive outcomes predominate).

### **General conclusions and recommendations**

With projects in the healthcare sector, objectives and indicators should be defined to reflect both the therapeutic and the preventative aspects of the planned measures.

When establishing standard procedures, the decision-making process for site selection should include the remoteness of the various establishments and their accessibility under difficult conditions.

Cooperation between public, private and traditional healthcare institutions should become a component in the conceptual design of healthcare projects. This will give greater respect to patients' medical and socio-cultural needs and to their perceptions of their illness, as well as reducing the financial burden they suffer from concurrent courses of treatment.

## 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).