

**Central African Republic: Rural Development, Ouham-Pendé I and II**

**Ex post evaluation report**

<b>OECD sector</b>	43040 - Rural development	
<b>BMZ project IDs</b>	1995 66 910 (I) and 1997 65 744 (II)	
<b>Project executing agency</b>	Ministère des Travaux Publics et du Désenclavement	
<b>Consultant</b>	COOPI, DIWI	
<b>Year of ex post evaluation report</b>	2009	
	<b>Project appraisal (planned)</b>	<b>Ex post evaluation (actual)</b>
<b>Start of implementation</b>	I: Q3 1996 II: Q3 1998	I: Q3 1996 II: Q2 1999
<b>Period of implementation</b>	I: 24 months II: 24 months	I: 28 months II: 30 months
<b>Investment costs</b>	I: EUR 3.3 million II: EUR 2.9 million	I: EUR 4.0 million II: EUR 2.9 million
<b>Counterpart contribution</b>	I: EUR 0.2 million II: EUR 0.3 million	I: EUR 0.9 million II: EUR 0.3 million
<b>Financing, of which Financial Cooperation (FC) funds</b>	I: EUR 3.1 million II: EUR 2.6 million	I: EUR 3.1 million II: EUR 2.6 million
<b>Other institutions/donors involved</b>	GTZ	GTZ
<b>Performance rating</b>	4	
• <b>Relevance</b>	2	
• <b>Effectiveness</b>	4	
• <b>Efficiency</b>	5	
• <b>Overarching developmental impact</b>	4	
• <b>Sustainability</b>	4	

The Ouham-Pendé Phase I Rural Development Project (BMZ No 1995 66 910) was selected for ex post evaluation as part of the random samples selected in 2009. Since the Ouham-Pendé Phase II Rural Development Project (BMZ No 1997 65 744, completed in 2001) followed the same broad concept, these projects have been evaluated together (see Appendix 1 for details, Appendix 2: for background social situation).

Both projects were carried out in cooperation with Technical Cooperation (TC) project 1995.2543.7. Owing to the armed conflict the TC project had to be terminated in November 2002, and it does not fall within the scope of this evaluation.

The violent clashes which have been occurring since autumn 2002 and the critical security situation prevailing in the project area KfW was not directly involved in programme implementation, and it was not possible for KfW staff to conduct an ex post evaluation on the ground. It was considered likely that a large part of the facilities in-

stalled were either destroyed or no longer in use. In order to complete the programme nonetheless, in February 2009 we commissioned a study by COOPI, an Italian non-governmental organisation still active in the project area. To this end, under the supervision of an experienced evaluator and with the support of TC experts operating in the area, local staff evaluated the condition and utilisation of almost all the new build individual project measures. Under these circumstances, we consider it appropriate to use this study as the basis for the results of the ex post evaluation of the projects. However, due to the collapse of central government control over the project area, it has not been possible to obtain sufficient information on the role of national institutions in the projects, so only an abbreviated ex post evaluation report is presented here.

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

Each of these projects included the refurbishment of one hospital and the new build of a second, the construction of primary health care stations and primary schools, equipment for these health and education facilities, and maintenance schemes for the road network. These measures were designed to improve the economic and social situation in the Ouham-Pendé region (overall objective). The project objectives were: first, to improve health care provision; second, to ensure that the new classrooms were put to good use; and third, to ensure that the road network remained passable to traffic throughout the year, and (in Phase I only) that the responsible agency could maintain the road network after project completion with reduced external support. The following indicators were selected for project objectives: first, utilisation rates for the renovated and new build health facilities; second, utilisation rates for the renovated and new build classrooms, with a target of 1,500 pupil hours per classroom per week; and third, road conditions which would permit the passage of traffic throughout the year (in the year of completion of the roadworks) with adequate provision in the roads budget for manual maintenance (in the following years). No indicators were defined for the overall objective.

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

The Ouham-Pendé I Rural Development Project included the following activities, which were focused on the Bozoum region:

- Refurbishing and equipping the hospital in Bozoum (proportion of total actual programme costs: 22%)
- Building and equipping 17 health posts and health centres, including initial supplies of consumables, and the establishment of a medicine storage facility in Bozoum (proportion of total actual programme costs: 9%)
- Building and equipping 42 new classrooms in a total of 19 primary schools (proportion of total actual programme costs: 24%);
- Road maintenance, using mechanical and manual methods (proportion of total actual programme costs: 45%)

The Ouham-Pendé II Rural Development Project included the following measures, which were mainly carried out in the subprefectures of Bocaranga and Kouï:

- Building and equipping a new hospital in Paoua and building and equipping a total of 12 health posts and health centres, including initial supplies of consumables, and the establishment of a medicine storage facility in Bocaranga (proportion of total actual programme costs: 69%)
- Building and equipping 28 new classrooms in 12 primary schools and one secondary school (proportion of total actual programme costs: 21%)
- Supervision of manual repairs to the road network (proportion of total actual programme costs: 10%)

The proportion of individual measure costs to total costs could only be estimated for Phase II since reliable records were lost during the looting and temporary break-

down in public order, and only an approximation of building costs, calculated under the supervision of the consultant, was possible. Appendix 3 provides a map showing the facilities established.

Professional collaboration with the 'Health Promotion in CAR' TC project was confined to health care provision at the hospital in Bozoum, at the 'Centre de Santé A' in Paoua, and at the new and refurbished health posts and health centres. The Ministry of Health, in collaboration with a TC health project, specified the layout of medical facilities for the hospitals and for the other health establishments. The TC project included the delivery of institutional and specialist training courses and the supervision of health service personnel, which covered, amongst others, the staff of the medicine depot at Bozoum. From a planning and implementation perspective, the TC-FC collaboration ran without any problems; both organisations adjusted their measures as needed in areas relevant to the overall programme.

The school buildings were based on the 'World Bank' model, a proven and standardised design. The schools and primary health care facilities were planned and constructed jointly with the local community, as part of an open programme led by the implementation consultant. The programme supplied materials and construction equipment, and also provided guidance, building supervision and inspection and approval services.

Local committees were set up and trained to manage the facilities, with responsibility for building maintenance and the payment of staff. In addition the implementation consultant and COOPI trained selected villagers as nursing assistants, midwives, and teachers. This self-help approach was designed to compensate for the clear inadequacies of the state. However, integration into state supervisory structures and national health and education systems was planned at the same time.

Continuing the work of an earlier FC transport project, the Ouham-Pendé I Rural Development Project supported the Bozoum road maintenance depot in the upkeep of some 550 km of priority earth roads (using mechanised equipment) until the end of 1997. From 1998 on, support was restricted to routine manual repairs by roadmenders. The Ouham-Pendé II Rural Development Project provided advance financing, which was to be reimbursed from the national highways budget, for this system of roadmending. The project also gave advice and selective support to the roadmenders ("cantonniers").

The final review of the Ouham-Pendé I Rural Development Project took place in 1999 (7 April 1999), and the Ouham-Pendé II Rural Development Project was closed out in spring 2001 (final review report dated 19 June 2009). The last site progress review in spring 2002 identified operational risks caused by inadequate supervision, particularly in the health care facilities.

The extremely violent conflict which broke out in spring 2002 forestalled any further actions for some time. However, ancillary measures were taken by local staff between 2006 and 2008, as part of the Ouham-Pendé III Rural Development Project.

The violent clashes of autumn 2002 led to the temporary displacement of sections of the population, a breakdown in public order and a marked deterioration in the country's economic and social condition. Particularly in northern sections of the project area, the security situation remains critical.

### **Main conclusions from the impact analysis and performance rating**

The dramatic deterioration in the local situation must be considered when assessing the impact of both these projects. Security conditions had certainly been recognised as a risk factor at project appraisal, but the scale of the deterioration was not foreseeable. Although in consequence the expectations at project appraisal could not be fulfilled and the overall economic and social situation has further deteriorated, positive effects can still be identified. However, under the prevailing circumstances, detailed evaluation based on performance indicators is only possible to a limited extent.

Based on an external evaluation of the condition of the buildings and equipment, and on utilisation estimates prepared in association, we must assume that the FC-financed equipment of the hospitals in Bozoum and Paoua were completely lost through looting in the violence of 2002/2003. In view of their significance to local health care provision, both hospitals were returned to operation once hostilities subsided. The facilities which had been stolen or destroyed were at least partially replaced through other organisations, and also through the subsequent FC project in Ouham-Pendé. The hospital in Paoua has been managed by Médecins Sans Frontières (Doctors without Borders) for several years, and the hospital in Bozoum by the state. Both establishments are in a good structural state of repair, and their equipment is also considered to be in satisfactory condition. Based on the COOPI study findings, the 120-bed Paoua hospital is very busy. Medical services provided include operations, laboratory testing and obstetrics (150 to 200 births per month). With bed occupancy at 80% to 100%, its utilisation rate is judged as satisfactory to good. In comparison, the 50-bed state-run hospital in Bozoum is clearly much less active and distinctly weaker in terms of its ability to perform (administration, medical resources). However this hospital is also significant for the provision of medical care to the local population. Both hospitals fulfil an important function, particularly in the conflict situation, so actions financed under FC have achieved an effect with developmental significance; as evidenced by the government (with donor support) ensuring their continued use.

In February 2009, the COOPI study's evaluation team visited 27 of the 29 rural primary health care facilities which had been established. 20 centres are still operating, albeit some of them at a very low level in terms of quantity and quality. Almost every rural primary health care facility has been looted in recent years, so the overwhelming majority of the equipment and medicines supplied by the projects has been lost. The COOPI study found that the Ministry for Health has so far not provided adequate replacement supplies, so the centres have, on average, somewhat less than half the level of provision set out in the national codes of practice. The buildings are predominantly in good condition, but show traces of the fighting. Across all the centres, a total of approximately 1,000 consultations were recorded in January 2009. We see this as satisfactory under the prevailing circumstances, but overall only as a basic level of utilisation. Approximately half the staff working in the health stations were educated as part of the projects (45 nursing assistants and midwives). The staff are paid by a committee of service users from the village community, who are responsible for the health facilities; in view of the poor economic situation the level of wages is, however, very low. Despite the obvious problems and the difficulties that lie ahead, it should be seen as positive that a large number of these facilities are, following the conflict, still able to provide primary health care services which would not have existed without these projects. They may also become focal points in the future for regional health care provision.

30 of the 31 primary schools supported by these two projects were visited as part of the February 2009 study. At that time they were all in use, but over recent years many had been closed from time to time because of the violent conflict. From a structural viewpoint, the schools are in a relatively good state of repair. Furniture and teaching materials are generally available and in a usable condition. There is however a lack of schoolbooks. A total of 4,725 pupils attend these schools, of whom 32% are girls. On average around 60% of the children from any one village attend school. There are typically two teachers per school. 89% of these are villagers, a large number of whom were educated as part of the FC projects. Due to the lack of external support, there are limited opportunities for further education to improve the quality of teaching. Given the poor economic situation, the parents associations which run the schools are often not in a position to pay the teachers an adequate salary. Most schools in Bozoum subprefecture are supported by a Catholic mission. In principle, the objective indicator set for both projects at project appraisal (1,500 pupil hours per classroom per week) ought certainly to have been reached, even though the information available did not allow this to be verified directly. But, because of the extremely high student-teacher ratio (average 80:1), this quantitative indicator does not reflect the quality of instruction. The

number of pupils is broadly in line with project expectations. Teaching is being provided in all the schools and despite the crisis at least a minimum of primary education (but nothing more) is being delivered. Overall, this is a positive effect realised through these projects. The overall effectiveness of the educational element of the project must be rated as rather modest.

Approximately 550 km of intervillage and regional roads were repaired and maintained as part of the projects. The condition of the roads was found to be still acceptable at the last site progress review in 2002. However, it was apparent that in the future there would be a requirement for mechanised maintenance, in order to ensure roads remained passable throughout the year. The allocation from the roads budget for manual roadmending, which had been set as an additional project objective indicator, took the form of reimbursement in Phase II for actions which had been pre-financed by the FC. As a result of the violence and the breakdown of national order, however, no further organised manual roadmending took place. Despite this, some repair work was carried out. On this basis, we assume that the condition of at least some sections of road has deteriorated. All the FC-financed equipment supplied to the 'Travaux Publics' in Bozoum fell victim to looting. Based on the results of COOPI's audit, today some 340 km of roads are passable throughout the year and 70 km are not. Nothing is known about the remainder (approximately 100 km); it is thought likely that this is also not passable throughout the year.

We have assessed the relevance of all three elements of the projects as good (rating 2). Primary education and health care provision were identified at project appraisal as major problems for the rural population. These problems have intensified due to the deterioration in the economic and social situation. The basic needs of this very poor target group were well met. The projects' concept of providing social services which are based on the principle of self-help and are also integrated into the systems of the state is in accordance with both BMZ developmental guidelines and the priorities of the partner country. The poor condition of the roads presented another fundamental obstacle to development. Through their actions, these projects sought to build a bridge between the work of earlier FC projects and work undertaken within the national road budget and by the major donor in this sector, the European Commission. The projects were designed to contribute to the fight against poverty and the pursuit of MDGs 2, 4 and 5. Overall, we rate the effectiveness of the projects as unsatisfactory (rating 4). Although some positive effects can be seen, on the whole these are clearly much more limited than expected. This is principally the result of the violence, the breakdown of public order and the resultant deterioration in the economic situation. A particularly positive outcome is that teaching continues in almost all the schools, and the number of pupils remains satisfactory. The improvement in the provision of rural primary health care services, with some 70% of the facilities still in operation and serving local inhabitants, is an equally positive result. However, we see deficiencies in the quality of both education and health services. We must assume that the equipment financed by FC has largely been lost, with consequences which were in no way intended. This has a negative impact on the programme's effectiveness. These losses have had particularly adverse effects on the hospitals and for public works equipment ('Travaux Publics'). For this reason the specific project objective of ensuring that the road network is passable to traffic throughout the year through regular maintenance by the responsible agency is considered, at the time of ex post evaluation, not to have been achieved. Due to losses from looting and destruction, serious deficiencies are evident in the effects achieved. The loss of equipment and capital goods is particularly significant, and has been estimated by the implementation consultant at a minimum of EUR 2 million. We therefore consider the sums invested were too high, even if the dramatic deterioration in the local situation (civil war) could not have been foreseen at project appraisal (production efficiency). Given the substantial degree of commitment shown by the target group, and the civilian organisations now in place to ensure the ongoing use of the facilities provided, the allocative efficiency could certainly be considered satisfactory. Overall we rate project efficiency as clearly inadequate (rating 5).

The overarching developmental impact of the programme has been an improvement, to a limited extent, in the provision of basic social services to a very poor population (MDG 2, MDG 4, and MDG 5). Whilst the general deterioration in living conditions could not have been prevented, the self-help approach taken in this programme has still made a valuable contribution in the creation of organisational structures which have survived a deep and sustained crisis. However, due to the loss of equipment, many of the anticipated effects of the projects were not achieved. It is evident that, unless the government is able to allocate and equip buildings to ensure the continuity of basic operations, far-reaching developmental effects can not be achieved; and the CAR Government is not currently in a position to do so, even with the support of foreign donors. The road network element of the projects was, in itself, hardly designed to achieve structural effects; it had its origins in the operation of the national system, and was only intended to provide a temporary transitional solution. This was frustrated by the collapse of central government control. We therefore assess the overarching developmental impact as unsatisfactory (rating 4).

Due to the destruction, the looting and the collapse of much of the national administration, the concept of sustainability ceased to exist for these projects soon after the facilities had been put to use. This applied in particular to the health facilities and the equipment for the regional buildings department. Despite this, the service user committees for those schools and primary health care stations which are still in operation are themselves still active. However, because of the dire economic situation caused by the crisis, they are finding it extremely difficult to realise sufficient finances to fund even a rudimentary level of operation. The work of non-governmental organisations has compensated for this in part. There has been effectively no integration into state management structures. But despite these problems, the majority of the buildings continue to be used, and this should be viewed positively. This offers a basis on which to build in the future, once regional peace and governmental control have been re-established. In view of the difficult circumstances this should be seen in a positive light. However, we assess the overall sustainability of both projects as unsatisfactory (rating 4), since an end to the present situation is not yet in view.

In our overall assessment we judge the developmental effectiveness of the two projects combined as unsatisfactory (rating 4). The aftermath of the civil war and the associated collapse of central governmental control were both crucial factors in this evaluation. The projects have still produced quite positive effects, which ought to be stressed in view of the dramatic deterioration in local conditions. In comparison with original expectations they are, however, meagre. The organisational structures of the primary health care establishments and primary schools, with their emphasis on self-help, provide a good starting point for the achievement of further improvements in living conditions once the situation has stabilised.

### **General conclusions and recommendations**

In a crisis situation, a system which depends entirely on the impoverished target group to determine usage is not viable. This practical experience provides an insight with significance beyond the individual project: in the case of externally-funded investments, such as one-off supplies or buildings, utilisation plans can not be solely reliant on actions undertaken by the target group on a self-help basis. Effective capability in key areas of government (in the relevant sectors) is absolutely essential, and must be strengthened by any funding measures taken.

#### Appendices:

1. **Project information**
2. **CAR at a glance**
3. **Overview Planned project measures, Ouham-Pendé Rural Development**

## 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).