

## Ex Post-Evaluation Brief Cameroon: Sector Programme for Health, Phase I



<b>Sector</b>	12230 Basic Health Infrastructure	
<b>Programme/Client</b>	Sector Programme for Health BMZ No. 1994 66 095	
<b>Programme executing agency</b>	Ministry for Health	
<b>Year of sample/ex post evaluation report: 2011*/2012</b>		
	Appraisal (planned)	Ex post-evaluation (actual)
<b>Investment costs (total)</b>	EUR 7.7 million	EUR 7.7 million
<b>Counterpart contribution (company)</b>	-	-
<b>Funding, of which budget funds (BMZ)</b>	EUR 7.7 million	EUR 7.7 million

\* random sample

**Project description:** The project appraisal report (PAR) defined the aim of the sector programme for Health (Phase I) in Cameroon - a joint project with the GIZ - as improving the state of health of the population of the Southwest, Littoral, and Northwest provinces. As the amount of rehabilitation work needed was significantly higher than initially planned, only 3 (instead of up to 9) district hospitals and 9 (instead of up to 30) outlying health centres were either renovated or newly built and equipped. A maintenance fund was included to ensure equipment was properly maintained. Staff at the 12 facilities where support was provided received training under an accompanying programme measure.

**Objective: Objectives:** The overall objective of the Health Sector Programme was to improve the state of health of the population in the programme regions, especially those living in rural areas. At the programme objective level, the project aimed to deliver an improvement in the quantity and quality of health care provision in those provinces receiving support, with the rehabilitated health care facilities providing their surrounding populations with services of an acceptable quality.

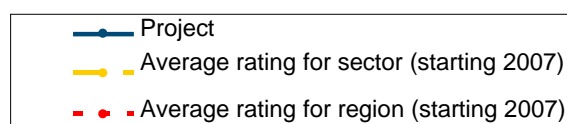
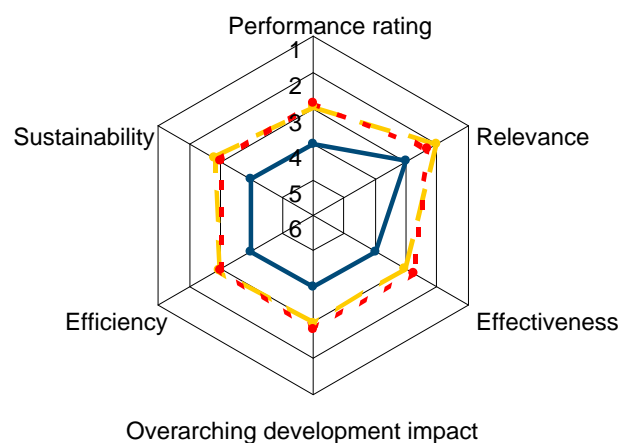
**Target group:** The project appraisal report identified the target group as the population of the three provinces originally scheduled to receive support (approx. 2.9 million inhabitants in total). It was therefore expected that the rural population in particular would benefit from the services offered by the rehabilitated health care facilities. According to current estimates, nearly 500,000 people live within the catchment areas of the rehabilitated facilities in the districts of Kumba, Mamfé and Nkongsamba.

### Overall rating: 4

The project's overall developmental effectiveness is rated as not adequate.

**Of note:** The deterioration seen in Cameroon's health statistics since project appraisal, together with the very low level of budget provision made for the health sector, demonstrate that improving the unsatisfactory health situation of the general population is not a priority for the Government of Cameroon. The Government's lack of interest in the health sector can also be seen in that, contrary to commitments given under the protocol of the final project review in June/July 2007, important recommendations from the project have not been implemented

### Rating by DAC criteria



## EVALUATION SUMMARY

**Overall rating:** Taken altogether, the project's developmental effectiveness is rated as not adequate (**Rating: 4**).

**Relevance:** Cameroon's health statistics remain unsatisfactory, and show that - even when compared with other African countries, and taking the country's economic situation into consideration - improving the state of health of the Cameroonian population is of the greatest developmental importance. Improving health is in line with two of the Millennium Development Goals (reducing child mortality and improving maternal health). Cameroon is a priority country for German development cooperation (DC); the health sector was chosen as one of three DC priority sectors. The project's major contribution was to rehabilitate health infrastructure and improve the range of services offered, through building expansion and the supply of additional equipment. From today's perspective, the following should be noted: although the chain of effects linking the measures planned and the programme objective (an improved range of service provision) is, taken as a whole, readily understandable, the connection between improvements in infrastructure and the overall objective level (improving health) depends upon many factors that fall outside the project's influence. It should therefore be borne in mind that the chain of effects - as it culminates at the overall objective level - was beset with numerous risks. The original plan was to carry out infrastructure rehabilitation in conjunction with the GIZ. This plan was abandoned once it was decided, during preparations for the TC programme, to forgo technical support for the hospitals. Only support for facility maintenance remained as a limited (but still important) element of the planned collaboration with the GIZ. After the project started, other donors also withdrew from supporting health infrastructure rehabilitation measures; hence the project was not as deeply embedded into an overarching programme as had been expected at appraisal. **Sub-Rating: 3**

**Effectiveness:** : The programme objective was to improve the quantity and quality of health care provision in the provinces supported by the programme by providing a better range of services in the rehabilitated health facilities. Attainment of the programme objective was to be checked by means of four indicators: 1) a 10% increase in the utilisation of the rehabilitated hospitals, measured by the number of new consultations per year; 2) a 10% increase in admissions to the rehabilitated hospitals, measured by the number of inpatient admissions per year; 3) a 20% increase in the number of operations performed in the rehabilitated hospitals; and 4) 80% of the equipment supplied still to be operational three years after delivery. With regard to indicators 1-3, the available data shows a deterioration in the situation. Indicator 4 (which, from the current perspective, is an output indicator, not an outcome indicator) was not attained either; a substantial proportion of the equipment supplied had already ceased to function by the time of the final project review. The decline in the values of the indicators shows that the programme objective was not achieved. Visits were made to three district hospitals and six of the nine health centres that received support. These also failed to provide a more positive picture regarding the indicators: these visits, and a review of patient statistics, gave the impression of a satisfactory level of demand only in exceptional cases. In those few establishments which mer-

ited a positive assessment, well-motivated management staff ensured that both colleagues and patients were satisfied. In these cases it was particularly notable that all the managers took it upon themselves to keep as much of the medical equipment as possible in good working order. The fact that much of the equipment supplied was, by the time of final project review and/or ex post evaluation, no longer functioning - and in some cases had never been put to use - indicates that the anticipated improvement in the range of services offered was not achieved. **Sub-Rating: 4**

**Efficiency:** It is difficult to measure the efficiency of a health infrastructure rehabilitation programme in numerical terms, firstly because the benefits brought by the project cannot be expressed as monetary values, and secondly because, for projects such as these, there are no standard costs available to indicate whether a particular rehabilitation falls within a normal cost range. However, a series of facts suggest that the project was not very efficient. Originally, 30 health centres and 9 district hospitals were to be rehabilitated using the funds provided. However, after carrying out a study the level of rehabilitation required was estimated to be so great that the number of institutions to be rehabilitated was reduced to just 9 health centres and 3 district hospitals. Furthermore, it had been envisaged that the project would be implemented within 48 months. In reality - and even though the scope of work was reduced compared to that originally planned - a total of 102 months was needed to complete the works. Whereas it had been envisaged originally that consultancy services would comprise 13% of the overall budget, by final project review these costs had risen to almost 29%. Lastly, within a short space of time much of the equipment was no longer functional, and at the time of the evaluation some of the rehabilitated facilities were already again in need of rehabilitation; a situation which does not suggest a high level of allocative efficiency for the funds expended. **Sub-Rating: 4**

**Overarching developmental impact:** The project's overall objective was to improve the health of the local population in the Northwest, Southwest and Littoral provinces (the latter excluding Douala). In view of the complex causal relationships involved, no indicators for the overall objective were set at the time of project appraisal. The causal relationship between the measures implemented under the project and the improvements seen in the health of the target population was constrained by the numerous intermediate steps and by assumptions which fell outside the project's influence. However, reductions within the programme region in maternal mortality and child mortality can serve as indicators for the attainment of the overall objective. Only national statistics are available for both of these indicators. Whereas maternal mortality in 1994 stood at 550/100,000 (UNDP Human Development Report 1997), this has since risen to 600/100,000 (UNDP HDR 2011). Child mortality figures have also seen a deterioration from 106/1000 in 1994 (UNDP HDR 1997) to 154/1000 in 2009 (UNICEF 2011). Hence between project appraisal and the evaluation the indicators relevant to the overall objective have worsened. The project omitted to build suitable medical waste disposal facilities during rehabilitation works. None of the health institutions that were visited had a satisfactory waste disposal plan in place. In many establishments, contaminated syringes were openly lying around the institution grounds. The project is therefore also open to criticism from environmental perspectives. **Sub-Rating: 4**

**Sustainability:** In terms of the project's sustainability, three separate forms of sustainability need to be differentiated here. With regard to the question of whether the partner is in a position to guarantee both the operation and the replacement of the investments made - i.e. to ensure financial sustainability - the external appearance of the health institutions, the level of budget provision and the local revenues of the health facilities all clearly show that this is not the case. As for the question of whether the managers and staff at the health facilities have the necessary competence to run their establishments economically whilst simultaneously offering a high-quality range of services - i.e. to ensure the sustainability of the rehabilitated health facilities from an institutional perspective - based on the results of the field visits, the answer has to be no. Through its facilities maintenance fund, the accompanying training measure and the technical support provided for the servicing component by the GIZ, the project made several important contributions at the healthcare establishments to improving competence among managerial personnel, doctors, care staff and maintenance personnel. In this respect the project stands out from a number of other infrastructure programmes. However, the fruits of this support have since been largely wasted, due to extensive changes in personnel and the lack of funding provision for maintenance. The third form of sustainability is sustainability of impact, which should serve to ensure that the outcomes of the project measures are secured for the long term. This is only discernible to a limited extent, because the project has only generated a few positive effects (see "Effectiveness" and "Overarching Developmental Impact"). **Sub-Rating: 4**

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

Projects (and programmes) are evaluated on a six-point scale, the criteria being relevance, effectiveness, efficiency and overarching developmental impact. 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 result that clearly exceeds expectations  |
| 2 | Good result, fully in line with expectations and without any significant shortcomings   |
| 3 | Satisfactory result – project falls short of expectations but the positive results dominate                                     |
| 4 | Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results |
| 5 | Clearly inadequate result – despite some positive partial results, the negative results clearly dominate                        |
| 6 | The project has no impact or the situation has actually deteriorated  |

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

### **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 is very unlikely to improve. 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. Ratings 1-3 of the overall rating denote a "successful" project while ratings 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (rating 3).