

Guinea: Health Care Forécariah

Ex-post Evaluation Report

OECD sector	12220/Basic health care	
BMZ project number	1997 656 52	
Project executing agency	Ministère de la Santé Publique	
Consultant	CES Consulting Engineers Salzgitter GmbH GTZ	
Year of ex-post evaluation report	2008	
	Project appraisal (planned)	Ex-post evaluation (actual)
Start of implementation	3rd quarter 1998	1st quarter 2000
Period of implementation	24 months	46 months
Investment costs	EUR 2.23 million	EUR 2.73 million
Counterpart contribution	EUR 36,000	EUR 22,000
Finance, of which FC funds	EUR 2.2 million	EUR 2.7 million
Other institutions/donors involved	-	-
Performance rating	4	
• Relevance	2	
• Effectiveness	4	
• Efficiency	4	
• Impact	4	
• Sustainability	4	

Brief Description, Overall Objective and Programme Objectives with Indicators

In the FC/TC cooperation programme in Forécariah Prefecture, the hospital and 11 primary health care facilities were renovated and fitted out with medical-technical equipment (FC) and the hospital and prefectoral health administration was improved (TC). The programme objective of the FC component was to raise the standard of public health service delivery and use in this prefecture with a view to contributing to the improved health of the population in Forécariah Prefecture (overall objective). The objective indicators set at programme appraisal were an increase in the rate of use of curative public health services in Forécariah by 50% and an increase in medically indicated, that is, necessary, caesarean sections from 0.6% to 1.0% of all

births in the target region.¹ Other indicators were the use of preventive public health services (family planning, AIDS control, prenatal care, mother-child health) and improved cicatrization. The programme appraisal defined overall objective achievement as the attainment of the programme objectives. In the ex-post evaluation, the reduction of maternal and infant mortality was applied as an overall objective indicator.

Conceptual Design of Programme

Under the programme, the prefectural hospital Forécariah and primary care facilities were renovated and improvements made in medical-technical equipment. The following specific measures were carried out:

- Extensive renovation of the Forécariah prefectural hospital and provision of medical-technical equipment, vehicles and office equipment
- Rehabilitation of 7 health centres, construction of 4 health units and provision of medical equipment and instruments, wells and solar lighting
- Procurement of ambulances, supervision vehicles and motorcycles and bicycles
- Procurement of radiotelephones for communication amongst health care facilities
- Advisory services

The investments financed by FC were carried out largely as planned. Military incursions were, however, made from Sierra Leone during programme implementation. These, along with changes to the TC design due to priorities set by German development cooperation, resulted in the early departure of the TC long-term expert. Major advisory inputs could not be maintained as planned (maintenance, further medical-technical training of staff, closer involvement of the target group in planning services, drafting finance schemes, promotion of management competency in the prefectural administration and hospital). The advisory services and flanking support for the investment measure were then continued intermittently by GTZ after this.

Key Results of Impact Analysis and Performance Rating

It was difficult to quantify the tangible contribution of the programme to meeting the overall objective for lack of reliable data for Forécariah Prefecture from 1996 to 2007. The available national data ought, however, to be transferable to the prefecture. The statistics on health developments in the population of Guinea do not indicate any improvement. Infant and child mortality improved little between 1992 and 2005, as did maternal mortality. According to the Demographic and Health Survey (DHS) III, infant mortality amounted to 94/1,000 live-births in 2005 and maternal mortality was estimated at 980/100,000. Very few improvements have been recorded for all of Sub-Saharan Africa for 1990-2005 in maternal mortality, though; it still ranges between 900 and 1,000/100,000 (WHO, 2008).

The programme objective (improved services and use) was only achieved in segments. The use figures in the hospital vary for curative services and for normal deliveries between 1996 and 2007 between 4,300 and 4,800 a year. No increase could be ascertained. The number of new curative contacts a year is between 0.16 and 0.18. The figures on new curative contacts for the primary facilities from 2005 to 2007 range between 360 and 520 patients/month/health care facility. This makes for 4-5 daily consultations per facility on average for a population of between

¹ The caesarian rate indicator is premised on the assumption that access to surgical interventions in complications at birth makes a major contribution to reducing maternal and infant mortality. The increase in the rate of caesareans is not an aim in itself; rather, this indicator measures the extent to which health care facilities can provide this essential element of obstetric care. As a general guideline, WHO, UNFPA and UNICEF estimate that a minimum of 5% of all deliveries require a caesarean section.

14,000 and 56,000, per catchment area. Although the international target of 1 contact/year/inhabitant is not generally met in West Africa, this result is unsatisfactory.

The rate of caesareans is on the rise: It amounted in 1996 (programme appraisal) to 0.34% (50 interventions), to 0.43% (90 interventions) in 2005 (final inspection) and 0.88% (101 interventions) in 2007. Despite clear progress, the target of 1% was not quite met. As of 2007, caesarean sections are officially free of charge, but it is unclear whether this is connected with the increase in the rate. A contrary indication is the fact that these are presumably not generally carried out at the request of the patients, but only when physicians consider them to be medically necessary and the requisite medical equipment is available.

For the period 2005-2007, the following figures are available from the prefectural administration on the use of preventive services in Forécariah: The rates of use in prenatal care ranged between 69% and 81% of pregnant women, for vaccination programmes between 82% and 89% and for the application of modern methods of family planning between 2% and 3% of women of childbearing age. For lack of comparative figures for programme start, it is impossible to draw any conclusion on developments.

A clear positive trend is evident in improved cicatrization: The rate for planned surgical operations at programme appraisal amounted to 6.6% at final inspection and at the end of 2007 to 0%. For emergency operations, the figure at programme appraisal was 11.1%, 4% at final inspection and 1.9% in 2007. The probable main reason for this is the improved equipment in the hospital, particularly the operating theatre, and the better qualification of the staff.

We assess overall developmental efficacy as follows:

Relevance: Improving the state of health of the population by raising the qualification of public health services meets the needs of the target group and remains a development-policy priority in Guinea. The programme fits in with the German development cooperation priority of supporting basic social services in Central Guinea. There is, however, still no efficient donor coordination in Guinea. The postulated results chain and in particular the conceptual design as a cooperation programme between FC and TC (renovation with simultaneous improvement in health administration) are plausible and the coordination between FC and TC measures was to the purpose. The relevance of the programme is rated as good (Subrating 2).

Effectiveness: The programme largely fell short of its objective. Although the good infrastructure now in place can be expected to have improved services in general (improved cicatrization), a diverse range of services (diagnostic equipment) could not be maintained. The use indicator for curative services was not met at final inspection and has not improved since either. The rate of medically indicated caesareans has increased considerably after final inspection, but has still not reached the indicator target of 1%. The GTZ quality competition, in which the majority of the rehabilitated facilities only received an award in 2004, has to do with a specific performance, which does not provide any indication for the continuous efficiency and quality of health care. Installing adequate infrastructure is essential for providing good health care, but improved infrastructure will, however, only result in added value if it is properly maintained and it is used by the population. Effectiveness must therefore rate as insufficient (Subrating 4).

Efficiency: The use of the health services has not risen since the investments were made (renovation measures and medical-technical equipment) despite a qualitative improvement in care facilities. The investment costs are not warranted by the benefits attained: improved health and enhanced microeconomic and macroeconomic performance of the population. Low use and above all inoperational equipment indicate efficiency deficits. In the 21/2 years in which the x-ray machine and the ultrasound imaging device were in operation, there was an increase in diagnostic measures attended by an annual rise in hospital income of 25%. Owing to the failure of the equipment, however, revenue declined drastically, falling short of breakeven. Efficiency is assessed as insufficient (Subrating 4).

Overarching developmental impact: Assuming that the national epidemiological data is largely transferable to Forécariah for the period 1996 to 2007, these do not indicate any improvement in

the state of health of the population. Assuming also that this development would have been even worse without programme intervention and the programme has made a small contribution to health (due to the increase in medically indicated caesareans and improved cicatrization), impact is judged to be insufficient (Subrating 4).

Sustainability: There are presently no indications of improved future use of the facilities. There is a lack of political will and resource mobilization to repair equipment, qualify staff and improve management. The procurement procedures for medicine are still cumbersome and place a constraint on continuous availability. The peripheral facilities are not able to use the current funding privileges to improve services. The number of hospital staff already dropped by 30 per cent 5 years ago, to the corresponding detriment of care. Considering the socio-economic climate, no change can be expected here in the short term. Relatively few donors have been engaged in the prefecture since the hostilities. We gauge sustainability to be insufficient (Subrating 4).

Performance rating: It was already apparent at final inspection that service use had not improved. The availability of essential medication is assured till August 2008 by the continued presence of other donors since completion of the FC programme, which has raised the attractiveness of the facilities for the population. Use would, however, be even lower otherwise. There has been a deterioration since programme completion, as important diagnoses - an essential part of any hospital services - can no longer be carried out. There is no indication that criteria such as remedying malfunctions or improving use are being applied with a view to contributing to the health of the population. The hostilities in the course of programme implementation will presumably have had a detrimental influence on its efficacy. Altogether, the health care programme in Forécariah is assessed as insufficient (Rating 4).

General Conclusions

Past recommendations included securing finance for the health sector (adjustment of wage policy through higher prices, including appropriate exemption rules for the poor population), ensuring the use of all equipment supplied, sufficient personnel and ongoing adjustment of the maintenance system. There has been no response to these till now, but they are still valid.

Cooperation programmes are expected to have an enhanced impact thanks to the complementary approaches and inputs of the partners. If the contributions of one cooperation partner are reduced before completion, this impairs overall programme performance. In such cases, consideration should be given to whether and how to compensate for the reduced partner input (e.g. through a complementary measure).

Notes on the methods used to evaluate project success

Assessment criteria

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

Developmentally successful: ratings 1 to 3	
Rating 1	Very good result that clearly exceeds expectations
Rating 2	Good result, fully in line with expectations and without any significant shortcomings
Rating 3	Satisfactory result – project falls short of expectations but the positive results dominate
Developmental failures: Ratings 4 to 6	
Rating 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results

Rating 5	Clearly inadequate result - despite some positive partial results, the negative results clearly dominate
Rating 6	The project has no impact or the situation has actually deteriorated

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

Rating 1	Very good sustainability	The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.
Rating 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.)
Rating 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.
Rating 4	Inadequate sustainability	The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and an improvement that would be strong enough to allow the achievement of positive developmental efficacy is very unlikely to occur. This rating is also assigned if the developmental efficacy that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

Criteria for the evaluation of project success

The evaluation of the developmental effectiveness of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail above focus on the following fundamental questions:

Relevance	Was the development measure applied in accordance with the concept (developmental priority, impact mechanism, coherence, coordination)?
Effectiveness	Is the extent of the achievement of the project objective to date by the development measures – also in accordance with current criteria and state of knowledge – appropriate?
Efficiency	To what extent was the input, measured in terms of the impact achieved, generally justified?
Overarching developmental impacts	What outcomes were observed at the time of the ex post evaluation in the political, institutional, socio-economic, socio-cultural and ecological field? What side-effects, which had no direct relation to the achievement of the project objective, can be observed?
Sustainability	To what extent can the positive and negative changes and impacts by the development measure be assessed as durable?