Guinea: **1.) Rural Health Care Faranah**
2.) National Health Programme

Ex-post evaluation

OECD sector	Basic health infrastructure – 1223012230/ Infrastruktur im Bereich Basisgesundheit	
BMZ project number	1.) 1993 65 776 (investment) 2.) 1994 65 279 (investment) 1995 144 (training – T)	
Project executing agency	Ministry of Health Ministère de Santé Publique	
Consultant	CES, Consulting Engineers, Salzgitter EPOS Health Consultants, Bad Homburg	
Year of evaluation	2002	
Jahr der Schlussprüfung	2002	
	Project appraisal (planned)	**Ex-post evaluation (actual)**
Start of implementation	1.) 2nd quarter 1994 2.) 2nd quarter 1994 T) 7/1996	4th quarter 1995 4th quarter 1995 7/1996
Implementation period	1.) 24 months 2.) 24 months T) 36 months	45 months 44 months 54 months
Investment costs	1.) 3.14 million EUR 2.) 4.04 million EUR T) 0.92 million EUR	3.55 million EUR 3.63 million EUR 0.92 million EUR
Counterpart contribution	1.) - 2.) 0.41 million EUR T) -	0.45 million EUR - -
Finance from FC funds	1.) 3.14 million EUR 2.) 3.63 million EUR T) 0.92 million EUR	3.10 million EUR 3.63 million EUR 0.92 million EUR
Other institutions/donors involved	1.) GTZ 2.) UNICEF	GTZ GTZ, DED, Médecins sans Frontières (Luxembourg)
Performance rating	1.) Rural Halth Care Faranah: 3 2.) National Health Programme: 4	
• Significance/Relevance	1.) 3 2.) 3	
• Effectiveness	1.) 3 2.) 4	
• Efficiency	1.) 3	

	2.) 4

Brief description, overall objective and project purposes with indicators

The overall objective of both projects is to contribute to reducing mortality, particularly in children and mothers, in the programme regions, the prefecture of Faranah and five prefectures in Central and Upper Guinea. The purpose of both projects is: Qualitative and quantitative improvement of medical care for the population in the programme regions. Increased use of efficient services is supposed to make a contribution to the overall objective.

For both projects the following jointly agreed indicators for programme purpose achievement were defined:

- Coverage of 50% of the target group in pre-natal care within 3 years of starting operations
- Coverage of 75% of the target group with vaccinations for small children within 3 years of starting operations
- Sustained operating cost recovery achieved in at least 70% of health centres
- Functioning health committees in 90% of subprefectures

Project design/major deviations from original project planning and the main causes

Both projects are subsumed in the National Primary Health Programme (NHP), whose priorities include the nationwide provision of health facilities. The project, Rural Health Care Faranah (RHC), a FC/TC cooperation project, comprises on the FC side the extension and rehabilitation of the hospital in Faranah, erection and/or refurbishment of one urban and 7 rural health centres, as well as the erection of an office building, each in the Health Directorate in the Faranah Prefecture. The complementary TC contribution consists in capacity-building measures for the hospital sector and the preventive-medical services. In the National Health Programme the construction or rehabilitation of 17 health centres and 3 office buildings was financed for health administrations in five prefectures. A training measure was conducted by DED to secure programme success. The health centres and the hospital were provided with medical and non-medical equipment and consumables.

The project implementation was late starting due to considerable delays in signing the finance agreement. The implementation period lasted longer than planned (delayed placing of orders, inefficiency particularly on the part of local small and medium-sized enterprises as well as difficult geographical terrain). The cooperation originally envisaged with UNICEF in NHP failed to come about due to difference over objectives and measures. Instead, DED was entrusted with carrying out the training measure. An administrative reform conducted after the programme appraisal split up the NHP programme region into three new administrative regions. Since this was not feasible for DED for organizational reasons, the planning was amended so that ultimately the flanking training measure was conducted by DED in the entire Kankan region, where, however, only two of the five FC programme prefectures (Siguiri and Kankan) were located. Complementary TC measures in the other prefectures were carried out by Médecins sans Frontières, Luxembourg (Mamou Prefecture) and GTZ (Dabola and Dinguiraye Prefectures).

Key results of impact analysis and performance rating

The intended impacts of improved medical care have so far not been achieved in full. Factors beyond the control of FC measures and personnel assistance played a role. An impact on the

health situation cannot therefore be verified definitively at present and the share of programme measures in improvements ascertained after longer periods of operation will remain difficult to quantify. There is not doubt, however, that the erection of new health centres has made a considerable contribution, although these are in part underutilized and no consistent positive trend is discernible so far. Indirectly, improved preventive services and faster access to qualified curative services can be expected to result in a lower incidence of illness and shorter downtimes due to illness. This cannot, however, be quantified in detail.

Providing infrastructure and equipment for women (maternity rooms, beds, instruments) as well as training contents aimed at improving women's health are priority programme components and hence a major secondary objective of both projects. A problem in at least some regions is the lack of female staff in the health centres, since this in some cases poses an insurmountable obstacle to the use of obstetric services by women from the ethnic group in question (here the Peul).

The environmental relevance of both projects in subareas is not acceptable. Refuse disposal was unsatisfactory in all the health centres. Also in the Faranah hospital bio-medical waste for incineration was not properly stored. More measures are needed here, including TC: A manual on this prepared in cooperation with GTZ is just about ready and will be circulated shortly.

With a share of poor well in excess of 40%, the programme region is one of the poorest in Guinea. Target-group participation in administering the health centres is an explicit component, but this has only been satisfactorily implemented in part. Improving access and mobilizing the population for free preventive measures aims at contributing to reducing illness and raising productivity as a result. Both programmes thus contribute to direct poverty reduction.

Due to the poor remuneration of staff due to underfinance in the health service, a system of unofficial extra payment for services is common nationwide. These unofficial surcharges by the health personnel (*sur-tarification*) are a major reason for the low use made of the public health services. Improving working conditions and infrastructure as well as TC measures for personnel qualification alone can do little to change the resultant low motivation of staff and their attitude towards patients. In these programmes, the latter were also unable to complement the FC measures properly due to weaknesses in coordinating schedules and content.

The assessment of the development of objective key data at the health centres is partly hampered by doubts as to their reliability and completeness. For example: distorting influences through refugee migrations due to hostilities in neighbouring states or restaffing of health centres with incompetent personnel.

As to objectives achievement, the RHC has reached the targets, except for the indicator measuring the share of operational health committees. We therefore rate the effectiveness of the RHC as sufficient (Rating 3). The NHP, however, falls short of all four indicators. Nevertheless, account must be taken here of the much worse initial figures and the better relative increases in the individual parameters. There are, for example, significant improvements in the use of prenatal examinations (+36%) and inoculations (+81%), but the target shortfalls are about 10% to 15% resp. The indicator on positive operating results (-28%) and operational committees has not been met. Despite beneficial developments in the operating period so far, then, sustainability has not in our view been ensured and we rate the effectiveness of the NHP as insufficient (Rating 4).

Setting up functional capabilities and providing equipment and qualifying staff in professional skills and management is highly relevant for providing quality services. They thus constitute significant but inadequate contributions to improving the health situation. We gauge positive re-

spective impacts as plausible, however. Buildings were constructed that set an example for other donors (World Bank). The latent capabilities, though, could not be harnessed in full due to coordination problems in personnel assistance and grave sectoral problems persist. Altogether, we still see sufficient relevance and significance for both projects (Rating 3).

The input and expenditure of funds were high for both programmes. Amongst other things, higher costs were also incurred due to the remoteness of many locations. The layout and technology can be rated as appropriate on the whole. The minimum requirements (positive operating costs to secure finance for operations and maintenance at 70% of the health centres) in the NHP has presently only been met in just over half of the health centres visited. The NHP cannot therefore be rated as adequately efficient (Rating 4). The RHC meets this indicator, so that we can assign the Rating 3.

On balance, this means that the RHC merits a Rating of 3 for developmental effectiveness, whereas NHP is insufficient as a whole (Rating 4).

Conclusions applicable to all projects

In cooperation projects, clear, written agreements should be concluded in the main TC and FC planning documents, e.g. which indicators should be measured by whom (executing agency, GTZ, others) and when.

When defining specifications for providing personnel, a sufficient number of female staff should be included in the 'requisite' deployment.

Poor pay for health personnel inhibits demand in general due to the illegal surcharges (*surtarification*). This problem is institutional and can only be solved in the medium term. Alternatively, in new projects, consideration should be given and studies conducted to see whether private health service models in rural areas can guarantee a higher level of care with more economical modes of operation.

Key

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory degree of developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

Criteria for evaluating project success

The evaluation of a project's developmental effectiveness and its assignment in ex-post evaluation to one of the various levels of success described in more detail below addresses the following fundamental questions:

- Have the **project objectives** been reached to a sufficient degree (aspect of project **effectiveness**)?
- Does the project generate sufficient **significant developmental impacts** (project **relevance** and **significance** measured by the achievement of the predefined overall developmental objective and its political, institutional, socio-economic, socio-cultural ecological impacts)?
- Was/Is **funding/expenditure appropriate** for achieving the objectives and how can the project's microeconomic and macroeconomic impact be measured (aspect of **efficiency** of project design)?
- Where undesired **(side) effects** have occurred, are these acceptable?

Instead of treating **sustainability**, a key aspect in project evaluation, as a separate category, we look at it as a cross-sectional element of all four fundamental questions on project success. A project is sustainable if the project executing agency and/or the target group can continue to use the project facilities set up for an economically viable period of time in all or to carry on with the project activities on their own to beneficial effect after financial, organizational and/or technical assistance has ended.