Madagascar: Basic Health Mahajanga Region

Ex-post evaluation

OECD sector	12220 – Basic health services	
BMZ project ID	1.) 1995 669 02 2.) 1998 670 52	
Project-executing agency	Madagascar Health Department	
Consultant	GTZ IS	
Year of ex-post evaluation	2008	
	Project appraisal (planned)	**Ex-post evaluation (actual)**
Start of implementation	1.) 4th quarter 1996 2.) 1st quarter 2003	1.) 3rd quarter 1998 2.) 2nd quarter 2003
Period of implementation	1.) 66 months 2.) 36 months	1.) 48 months 2.) 36 months
Investment costs	1.) EUR 2.05 million 2.) EUR 2.48 million	1.) EUR 2.05 million 2.) EUR 2.43 million
Counterpart contribution	1.) – 2.) EUR 0.43 million	1.) – 2.) EUR 0.4 million
Financing, of which FC (Financial Cooperation) funds	1.) EUR 2.05 million 2.) EUR 2.05 million	1.) EUR 2.05 million 2.) EUR 2.03 million
Other institutions/donors involved	GTZ	GTZ
Performance rating	3	
• Relevance	2	
• Effectiveness	2	
• Efficiency	3	
• Overarching developmental impact	3	
• Sustainability	3	

Brief description, overall objective and project objectives with indicators

The project Basic Health Mahajanga Region was carried out in cooperation with a TC project currently under way (cooperation project, CP). It was intended to contribute to improving the health situation of the mostly poor Madagascan population in the Mahajanga region (overall objective). The project objective was the improvement of regional health care provision. The project aimed at improving both the quality of health care services and their acceptance within the target group by means of investments in the physical infrastructure of basic health institutions, the construction of housing units for staff and the partial rehabilitation of district hospitals. It was also intended to

promote Madagascan decentralisation efforts by supporting the establishment of largely independent health districts. One of the objectives of the TC project was to contribute to ensuring the operation of the newly set-up infrastructure by advising the project-execution agency appropriately. In the context of the ex-post evaluation, it was decided to use a decline of the mortality rates of mothers and infants and a decrease of the birth rate as indicators for the achievement of the overall objective. Among the indicators used to evaluate whether the project objectives have been reached are the following: number of curative first contacts in basic health care centres, the frequentation of prenatal care and the percentage of poor users of health care services.

Project design

While efforts of German TC to support a health care project in the Mahajanga region date back to 1987, German FC has been involved since 1995 only. TC particularly supported the idea of health care districts by reinforcing decentralised structures (district management teams, medication supply through community pharmacies), the expansion of family planning services and the participation of the population in bearing the costs for health care supply and for the administration of health care centres. As early as 1992, a TC/FC cooperation project was conceived due to the necessity to provide appropriate infrastructure and equipment for the development of district health care services in the project region. After the FC project appraisal in 1995-96, however, it took until 1999 to launch the cooperation project's implementation, mainly because of political obstacles. To complement TC measures, FC financed the rehabilitation or the construction of basic medical infrastructure, housing units for staff and training centres, as well as the provision of equipment required for the operation of health care services and the water and electricity supply. GTZ was mandated to be the implementation consultant for the FC project, and assisted in the TC project through advisory services.

Given the major delays and the modification of national requirements, the flexible design of the project proved worthwhile, because construction and equipment measures could be adjusted to actual needs. This design also allowed for the introduction of a social equalisation fund by means of FC financing in order to treat the poorest population groups (Fonds d'équité) in the rehabilitated district hospitals. This innovation resulted from the shift of focus to the aspect of poverty reduction in the last phase of the TC project, and served as a model for the country.

Key results of the impact analysis and performance rating

Following is the assessment the overall developmental efficacy:

Relevance: The cooperation project aimed at solving a crucial problem of the target groups, i.e. to satisfy their need for adequate health care services and to guarantee them access to these services. The existence of social equalisation funds to pay for the treatment of the poorest target groups in health care centres and district hospitals must be considered as extremely important. The cooperation project has supported the Madagascan government in its core development strategies, both with regard to the implementation of decentralisation efforts in the health sector and with regard to the national strategy to combat poverty. The project was carried out in concertation with all major international development partners in the health sector, and its players actively participated in the coordinated political consultation and implementation. Through

cooperation with other donors, synergetic effects could be achieved in the project region (e.g. vaccination programme with UNICEF). The cooperation project was oriented towards satisfying basic needs, promoting gender equality, poverty reduction and MDGs, improving sexual and reproductive health including HIV/AIDS, and encouraging diversification of implementing agencies as well as decentralisation. Its approaches therefore correspond to the current guidelines of German development aid and to the relevant sector standards of the BMZ (German Federal Ministry for Economic Cooperation and Development). We assess the project's relevance as good (sub-rating 2).

Effectiveness: The cooperation project's intended effects have mainly been achieved in the districts that were jointly supported by FC and TC, and this success is due to their measures. The individual project objective indicators have developed as follows: At the outset of FC measures in 1999, the rate of curative first contacts in relation to the population in the area concerned amounted to 32 % in the province of Mahajanga, compared to 42 % in Madagascar overall. The FC target value for curative contacts/population in the supported health care centres at the end of project was set at > 0.6. It needs to be pointed out that the supported centres have always been frequented more than the average in the province, and roughly achieved the intended 60 % in 2007. Based on the health statistics available, the rate of prenatal care examinations varied during the term of the project, decreasing in 2004 and strongly increasing from 2005 to 2006. For years, the rate in the province regions without FC support was lower than that in the supported regions. In 2007, the rate was about 84 % in the project region, while it amounted to only about 65 % in the other province regions. The indicator of the percentage of poor users of health care services is mainly based on the effect of the social equalisation fund to treat the exceptionally poor part of the population. The intended target of the TC project was more than one contact per year (WHO standard, which is usually not achieved in francophone developing countries). Even though this target could not be reached, the final value of 0.72 contacts represents an increase compared to the original value of 0.6 (2004). Against this background, the cooperation project's effectiveness must be rated as good (sub-rating 2).

Efficiency: TC and FC provided funds to the amount of about EUR 14.07 million for the cooperation project during its implementation period. No data are available for a detailed evaluation of the project's efficiency. Costs per inhabitant may be determined by approximation. Assuming that the province of Mahajanga has a total population of two million, every inhabitant in the project region received benefits of EUR 0.70 per year. The population of the supported districts is estimated at 650,000, which corresponds to benefits of EUR 2.16 per capita annually. Compared to the estimated costs for basic health care in combination with infrastructure measures at an international level, this is not very high. It would be useful for the evaluation of the FC project to assess the profitability of the rehabilitated or newly built health care centres and hospitals. The only data available, however, are the hospitals' user rates and the capacity utilization rates. The user rates (curative first contacts) saw a positive development and achieved almost the projected 60 %. Although the utilization rates of hospital beds could be increased, they do not yet reach international benchmarks. Due to the lack of data available in order to evaluate the project's efficiency, only vague

statements can be made, but they justify a rating of the cooperation project's efficiency as satisfactory (sub-rating 3).

Overarching developmental impact: Indicators for the overall objective were a decline of the mortality rates of mothers and infants as well as of the birth rate (total fertility rate) in the project area, whose development depends on a multitude of factors. According to national health statistics, the rate of infant mortality in the province of Mahajanga was 112/1,000 live births in 1997, and decreased to 75/1,000 by 2003/04. The objective has therefore been achieved. In the entire country, the corresponding rates amounted to 99/1,000 live births in 1997, which could be reduced to 58/1,000 by 2003/04. Although the mortality rate for the province of Mahajanga is still above the country's overall average, it registered a stronger decrease if expressed in percentages. With regard to maternal mortality, the cooperation project based its target for the overall objective on the country-wide maternal mortality rate of 5.7/1,000 live births in the year 1995, which should be reduced to 3.5/1,000 by 2007. It is quite certain that this objective was not met, but there are no data available for individual provinces, and it is therefore not possible to supply sufficient evidence for the project region. In Madagascar overall, the development of maternal mortality showed only a slight amelioration from 507 per 100,000 births in 1997 to 464 in the year 2003/04. The country's birth rate or total fertility rate amounted to an average of 6 children per woman in her reproductive age in 1997 and decreased to 5,2 in the year 2003/04. This country-wide trend towards fewer children was also discernible in the project province of Mahajanga, where the birth rate decreased from 6,6 to 6,1 children per woman. The overarching developmental impact is therefore assessed as altogether satisfactory (sub-rating 3).

Sustainability: A spot-check examination carried out in the project area in October 2008 revealed that the utilization rates of the health care centres decreased after FC support was terminated in 2006, as they did in the entire region. But the treatment of poor patients in the health care centres and district hospitals continues to be subsidised. This indicates that the social equalisation fund has been accepted by the target groups and is being implemented by the health care centres. In the middle of 2008 the government introduced a slightly modified subsidy scheme, but this must be considered as a proof of the sustainability of the TC/FC equalisation fund. A critical aspect for the project's sustainability is the difficulty to keep qualified health care staff in decentralised health care institutions, which has already been a problem during the implementation period. The continued lack of incentives, e.g. by means of adequate salaries and acceptable living conditions at the job location, can only temporarily be remedied in a project through improved housing, individual support and sufficiently funded project measures. The cooperation project's sustainability is assessed as overall satisfactory (sub-rating 3).

Taking into account the aspects mentioned above, we assess the cooperation project's overall developmental efficacy as satisfactory (rating 3).

General conclusions and recommendations

The holistic project approach made it possible to introduce a variety of concepts and tools, which are precious resources for advisory activities in the health sector with similar objectives. It has been confirmed by the project that it is important to rely on

tried and tested approaches as well as to include innovative approaches. Among these are:

- the indispensable development of health care services at district level with decentrally organised structures (e.g. community pharmacies),
- interconnection of infrastructure improvement (FC) and capacity development (TC) to achieve a general improvement of the system,
- effectiveness of quality requirements in the health sector (quality competition, quality circles and quality labels),
- the potential of cooperation with non-governmental health care providers and political communities on the contract design, the importance of awareness-raising and information at grass root level (IEC), and
- the effectiveness of financing systems based on the principle of solidarity (social equalisation funds in order to alleviate access to health care services and especially to hospital treatment for poor people).

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 impact	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?