

PCR EVALUATION NOTE

MAURITANIA: HEALTH AND SOCIAL AFFAIRS MASTER PLAN SUPPORT PROGRAMME

1. The Project

Project Code: P-MR-IBZ-003	Project Appraisal Date: March 1998	Borrower's Completion Report Ref:
Total Project Cost (UA): UA 11.2 Million	Project Approval Date: 17 March 1999	PCR Evaluation Note Date: September 2009
Loan Amount (UA): UA 10.1 Million	Date of Effectiveness: 02 August 2000	Evaluator Name: Ms. Judith OFORI
Grant Amount (UA): N/A	Project Completion Date: 31 December 2006	Reviewer(s) Name:
Co-financed Amount (UA): UA 1.1 Million (GoM)	PCR Date: February 2009	Manager Name: Mr. Mohamed Manai

1.1 Objectives and expected outcomes and outputs

The objectives of the programme were to: (i) improve of the provision of, and access to, quality healthcare; (ii) improve of the efficiency and financing of the sector; (iii) enhance disease control efficacy; and (iv) promote social action and improve an environment conducive to good health.

Expected outcomes were: i) The utilization rate of health services rising from 60% in 1998 to 80% in 2002; ii) The mortality rates attributable to the major diseases drop; and iii) The unit costs of services drop and the cost recovery rate increases.

The expected outcome from this support consisted in providing the target population, particularly the most underprivileged segments, with efficient healthcare.

Expected outputs were: i) Supply of and access to, quality care improved; ii) Sector efficiency and financing improved; iii) Disease control efficiency enhanced; and iv) Social and environmental action conducive to good health.

1.2 Activities

Project activities were: i) Training of the officers of National School of Public Service (ENSP) and Ministry of Health and Social Affairs (MSAS) training service, and procurement of works and supply for ENSP; ii) Consultant to study implementation and sundry supplies; iii) Drugs and training of prescribers; iv) Biomedical equipment for certain CHN services and training of prescribers; v) Consultant to study cost recovery, training of users and operating expenses/Consultants for CAP studies, preparation of the acts and training of inspectors/Consultants for preparing the standards, health maps and computer equipment/consultants required for sundry activities/Consultants to design the human resource management policy and assess the posts; vi) Improvement works of the room, equipment and training of executives; vii) Operating cost and trainings of Directorate of Investment Management (DGI) executives; viii) Operating cost of supervision.

Programme modifications and supplementary works were: (i) the finishing of the construction work on 8 health posts in the Adrar Region, which were to be built under the Primary Healthcare Strengthening Project (PRSS) project; (ii) lead shielding for eleven (11) x-ray rooms; and (iii) the construction of 4 physiotherapy branches in Rosso, Kiffa, Néma and Nouadhibou as well as the extension of the Orthopedics Department of the National Orthopedics and functional Rehabilitation centre in Nouakchott. All these modifications were approved by the Bank.

1.3 Inputs (including financing)

Project inputs include vehicles; equipment furniture and supplies; technical assistance; and training.

At programme completion; closing the amount disbursed from the ADF loan is UA 9.68 million representing 95.7% of the loan and 86 % of the project cost. The outstanding loan amount of UA 0.43 million has been cancelled. UA 1.14 million representing, the total Government contribution was disbursed.

1.4 Intended beneficiaries and Scope

The intended beneficiaries are the entire country, through the Ministry of Health. It targeted 2 million people; prioritising mother and child health as well as control of major endemic diseases.

2. PCR Conclusions and Success Ratings

2.1 Main Conclusions

The project was completed 5 years behind schedule with a number of implementation challenges; there were still civil works still outstanding at completion. Despite this; the programme has positive impact on the health of the nation with improved health indicators; there is improvement of healthcare, efficiency and financing of the sector, strengthening of disease control, promotion of social action and an environment conducive to good health. Additionally; the programme has enabled Mauritania to equip itself with basic health facilities and renew the essential medical equipment in the specialized health structures. There is however the need to build on steps taken to ensure strengthen the sector and maintain sustainability.

2.2 Performance Ratings

The PCR rated the implementation performance assessment **satisfactory**, the Review disagreed with the rating, and awarded **unsatisfactory** rating. The main reason for the change in rating is that the PCR used Supervision Summary Ratings of 0-3, to award satisfactory rating of 2.2 to the component, which is inconsistent with OPEV/OM rating system. The Review note however downgraded the individual component rating of **satisfactory** operations within the implementation performance component to **unsatisfactory** as with 60 months implementation time overrun, with some civil works not completed, that could not be judged **satisfactory**. Both the PCR and the review note rated the Bank's performance **satisfactory**. Apart from not undertaking Identification mission, the Bank performance in the rest of the project cycle was **satisfactory**. Both the PCR and the Review note rated the over-all project results/out comes **satisfactory**.

2.3 Lessons Learned

The PCR listed six key lessons learnt from the implementation of the PAPDSAS Programme. The lessons covered the advantages of using sector programme approach in formulating and implementing projects as that ensures all the directorates in the sector as well as partners are involved in the programme; ensuring participation and guaranteeing ownership. Another lesson was on delimiting the project area to prevent it from being scattered throughout the country; this is however an anomaly as the programme is targeting the whole country therefore could be delimited. The PCR also gave a lesson learnt that future architectural programmes should include prior feasibility studies, in particular testing of the sub-soils to ensure the presence of water table before selection of sites for construction; there however was no mention/evidence of sites selected that have problems with water table in the report. Other lessons were include: introducing a computerised accounting system prior to the start of any project; and the introduction of an impact and outcome evaluation system as absence of indicators make it difficult if not impossible assess programme impact.

2.4 Recommendations

The PCR gave a number of recommendations to both the Borrower and the Bank. The recommendations were mainly based on issues identified in the report; the key ones include steps to ensure sustainability of the programme; the need to complete the outstanding civil works as well as adopting the new law on cost recovery system intended to improve financial access to the poorest in the community as well as the continued training of staff. To the Bank, the PCR gave two very relevant recommendations which are: the Bank should ensure that supervision missions of Social Sector Projects include Social Infrastructure Architect – for projects with civil works components; additionally project launching and closing missions should be carried out by multi-disciplinary teams.

2.5 Future operational plan and potential benefits (and their sustainability, institutional development and overall success ratings)

There was no reference to future operational plan.

3. Borrower's PCR (its inputs to Bank's PCR)

Even though the Borrower's PCR was mentioned, the only reference made of the BPCR is that it is descriptive and that it did not state all the achievements and problems encountered during programme implementation. No further inputs were made from the Borrower's PCR neither in the main body of the PCR report nor no extracts attached as annex in the PCR. The PCR review team could not locate BPCR from the operations department.

4. PCR quality ratings

4.1 Objectivity and soundness

The PCR adequately analysed the project goals, objectives and formulation. A retrospective log-frame was produced. Details of and reasons for subsequent revisions in the project were also given.

4.2 Project implementation

The PCR gave a satisfactory analysis of project execution with a summary account of project implementation; all key implementation issues were discussed including factors that contributed to delays in meeting the implementation deadlines.

4.3 Project performance and results

The PCR's judgement of project performance and results is satisfactory. Operational performance and results were adequately analysed. Where outputs indicators were available, the PCR stated them.

4.4 Social and environmental impacts

The PCR's analyses of Social and Environmental impact are adequate. The PCR gave health indicators at project completion that show positive impact on the health of the nation. As a category III project, the PCR rightly reported that the programme had no major negative impact on the environment and does not contribute to the destruction of the balance of the ecosystem of the region.

4.5 Project Sustainability

The PCR discussed the various sustainability issues and steps taken by the programme to ensure that the gains made are continued.

4.6 Bank, Borrower, and co-financiers performance

The PCR gave a brief but adequate analysis of the Bank and Borrower's performances.

4.7 Consistency of the PCR overall rating

All the project components were rated according to their performance levels.

4.8 Analysis and Clarity of conclusions, lessons learned and recommendations

The PCR gave a clear analysis of conclusions; it drew lessons learnt from project implementation and gave appropriate recommendations to both Borrower and the Bank on the key issues identified and the lessons learnt.

5. Priority of Project for Performance Evaluation Report, impact evaluation, country/sector reviews or thematic evaluation studies

With the evaluation of implementation issues, outputs and outcomes, this project is not recommended for a PPER, but can be considered as part of a sector study.

Annex 1

PCR QUALITY ASSESSMENT AND RATING

Project Loan No: **P-MR-IBZ-003**
Country: **Mauritania**

Title: **Health and Social Affairs Master Plan Support Programme (PAPDSAS)**
Sector: **Social**

PCR EVALUATION CRITERIA	RATING G (4-point scale)	REMARKS
1. Adequacy of analysis of Project goals, objective and Formulation (including the verifiable indicators, consistency with appraisal and subsequent revisions)	3	The PCR adequately analysed the project goals, objectives and formulation. It updated the project log-frame with verifiable indicators at project completion giving details of activities and achievements. Details of subsequent revisions in the project were also given.
2. Adequacy of analysis of Project execution (including procurement issues, disbursements, Borrower's reporting, and assessment of monitoring and evaluation achievements)	3	The PCR gave a satisfactory analysis of project execution. It gave a summary account of project implementation; modifications were given; the estimated implementation schedule and actual schedule was given and the reasons for delay in meeting the schedule were given. The PCR adequately discussed disbursements; procurement was also covered well with details of the various procurement modes employed; the assessment of monitoring and evaluation was good, with the PCR stating that the absence of an M&E officer affected the monitoring as well as reporting and filling of documents.
3. Soundness of judgments on Project Performance and Results (including operating results, economic and financial and related conditions/covenants and their fulfillment, institutional, performance of consultants, contractors, suppliers and other parties)	3	The PCR's judgement of project performance and results is satisfactory. Operational performance and results were adequately analysed the PCR covered the all the programme components giving details of achievements of each of the components. Where outputs indicators were available, the PCR stated them. The PCR analysed the performance of contractors, consultants and suppliers, those that did not perform well were awarded unsatisfactory rating and the deserving ones got satisfactory rating! Institutional performance was briefly analysed and its shortcomings stated.
4. Adequacy of analysis of social and environmental impacts	3	The PCR analysis of Social impact is adequate. The PCR gave health indicators at project completion that show positive trends and outcomes; showing positive impact on the health of the nation, in particular infants, children and women. The number of health workers and senior officials trained was also given and the impact that training is having on the sector was also assessed. The PCR's analysis of Environmental impact was brief, it stated that the programme had no negative impact on the environment and does not contribute to the destruction of the balance of the ecosystem of the region; however, it also stated that most of the health post incinerators are not covered which could generate toxic smoke; an environmental hazard. Recommendations were made that chimney hoods be constructed to counteract the effect.
5. Soundness of judgments on project sustainability, plan for future project operation's phase and maintenance	3	The PCR discussed the various sustainability issues and steps taken by the programme to ensure that. These include various training in maintenance both locally and abroad; provision of tools for maintenance; and the government's launch of an extensive maintenance study with particular attention to training/sensitisation of users and communities. The institutional strengthening by the programme will go a long way to sustain the health sector.
6. Soundness of judgments on Performance of the Bank, Borrower and Co-financiers	3	The PCR gave a brief but adequate analysis of the Bank's performance. It gave details of all Bank missions, and also the contributions the Bank made to ensure smooth programme implementation, especially in procurement. The performance of the Borrower was also well analysed. There was a balanced presentation of Borrower performance. Acknowledgment was made of the regular payment of counterpart funds and the PCR equally discussed challenges and shortcoming faced by the borrower.
7. Consistency of Overall rating with individual rating components	3	All the project components were rated according to their performance levels.
8. Adequacy of analysis and clarity of conclusions, lessons learned and recommendations	3	The PCR gave a clear analysis of conclusions, summarising programme achievements; it reckoned that the completion of three other projects and the adoption of the maintenance policy will ensure the sustainability of the project achievements. The PCR drew lessons learnt from project implementation and gave appropriate

		recommendations to both Borrower and the Bank on the key issues identified and the lessons learnt
9. Other (Specify)	NA	
Overall Rating	3	Satisfactory

OPEV and Country Department agree/disagree on Project Performance Rating Y/N

Borrower's PCR and inputs to Bank Staff PCR (quality of Borrower's PCR, reviews of project implementation issues, future operation plan, Borrower's comments on PCR):

Despite the PCR stating the Borrower's Interim Completion Report as one of its sources of information, there was no reference to it in the PCR, neither was there any extracts included in the annex of the PCR.

Conclusion :

The implementation of the project was unsatisfactory mainly due to the long time overrun to complete the programme; despite this some of the civil works were yet to be completed. The Bank performed satisfactorily in formulating and managing the project. Over-all project results were also not satisfactory.

The PCR produced was of a satisfactory quality, the team addressed all the key areas, adequately analysed the project; drew valid conclusions and stated lessons learnt during implementation as well as gave relevant recommendations to both Borrower and the Bank.

Priority of Project for Performance Evaluation Report, Impact Evaluation, Country/Sector reviews or Thematic Evaluation Studies: (x)

- Project is an adjustment operation
- Project is the first of its type in the sub-sector
- Project is part of series and suitable for cluster evaluation
- Project has innovative features, is large or complex
- Project highly successful or highly unsuccessful
- Project has high priority for impact evaluation
- PCR is incomplete/unsatisfactory
- Performance evaluation is required to sector/country reviews
- Thematic or special evaluation studies (Specify)

Major Issues of focus in the performance evaluation report:

- a)
- b)
- c)

Follow Up Action/Decision:

The project is not recommended for a PPER; it should be included in sector studies.

ANNEX 2				
ASSESSMENT OF IMPLEMENTATION AND BANK PERFORMANCE AND PROJECT RESULTS/OUTCOMES				
MAURITANIA: HEALTH & SOCIAL AFFAIRS MASTER PLAN SUPPORT PROGRAMME				
	Component Indicator	PCR Rating (1-4)	Evaluation Rating	Comments
1. IMPLEMENTATION PERFORMANCE ASSESSMENT				
1.1	Adherence to implementation schedule	1	1	The PCR Evaluation Note (PCR EN) agrees with the PCR rating and its remarks that the programme which was expected to be completed in December 2001 was closed in December 2006, i.e. 60 months behind schedule. Most of the initial objectives were achieved.
1.2	Adherence to cost schedule	2	2	The PCR EN agrees with the PCR rating. The programme on completion had a balance of UA 429 340.21 (4.3%). Most of the activities initially programmed, as well as those approved and ongoing, were implemented. Some civil works were not completed and one site was cancelled.
1.3	Compliance with covenants and conditions	3	3	The PCR EN agrees with the PCR rating and its remarks that the Borrower fulfilled all the conditions precedent as well as the other conditions, albeit with a slippage of 15 months.
1.4	Adequacy of monitoring evaluation and reporting	2	2	The PCR EN agrees with the PCR rating. There was no M&E officer which adversely affected M&E activities as well as filing of documents. Despite this site management, supervision and monitoring were regular. Quarterly status reports, irregular at the beginning, were submitted regularly and the various external audit reports were produced but filling was poor.
1.5	Satisfactory operations	3	2	The 60 months slippage in implementation, non completion of some civil works is not satisfactory. The implementation of its activities however helped build the skills of the technical and administrative staff of the Ministry of Health. The health posts and medical equipment will improve health coverage.
	Total Scores	11	10	
	Average Rating	2.2	2	Unsatisfactory
2. PERFORMANCE OF THE BANK				
	Component Indicator			Comments
2.1	Identification	NA	2	Even though the Bank did not field a formal Identification mission as required, the Bank however in request to the Government's invitation, sent a dialogue mission to the Mauritanian authorities to participate in the Health Activities Operational Plan (POAS). The project design was also based on the World Bank and other partners Identification Report, under the Sector Approach programming.
2.2	Preparation	3	3	The PCR EN agrees with the PCR rating and its remarks that the Apart from the identification, the Bank complied with the project cycle. It organized a preparation mission in November 1997
2.3	Appraisal	3	3	The PCR EN agrees with the PCR rating and its remarks that the The programme was appraised in April 1998; its objectives were consistent with the Annual Health Activities Operational Plan. The logical framework served as the working document.
2.4	Supervision	2	2	The PCR EN agrees with the PCR rating and its remarks that about 20 missions visited the programme. Supervisions were regular. The supervision reports and the recommendations implementation monitoring are consistent with all the demands. These missions did not however help prevent the delay noted.
	Total Scores	8	10	
	Average Rating	2.66	2.5	Satisfactory

3. PROJECT RESULTS/OUTCOMES				
	Component Indicator			Comments
1.	Relevance and achievement of objectives			
1.1	Macro-economic policy	2	NA	
1.2	Sector policy	3	3	The PCR EN agrees with the PCR rating and its remarks that the programme objectives were in line with POAS, Bank health policy and the achievement of the health millennium development goals.
1.3	Physical (including production)	3	2	Despite a 60 month time over-run in programme implementation, all physical works could not be completed. 90% of construction was completed, some construction works were cancelled. Supply of medical equipment, non-medical furniture and other logistical facilities were 95% implemented.
1.4	Financial aspect	3	3	95.7% of the loan and 100% of the Government contribution were disbursed.
1.5	Poverty reduction, social impact and gender	3	3	The PCR EN agrees with the PCR rating and its remarks that the programme has permitted the retraining of the Ministry of Health staff, equipped the health structures and improved health coverage by constructing 41 health posts, thus significantly reducing the distance to the health centres for a large part of the population, particularly women for deliveries. The improvement of healthcare quality has reduced disease episodes and health expenditures, thereby contributing to poverty reduction.
1.6	Environment	2	2	The programme was classified as a category III, meaning no major negative impact is expected on the environmental ecosystems. The programme outputs took into account the environmental protection measures: incinerators, waste management and sensitisation of the population. Even though the incinerators were provided, it was reported that most of them were not covered, which could proved hazardous to the immediate environment.
1.7	Private sector development	2	2	Even though limited, the national contractors, suppliers and service providers benefited from the programme contracts, facilitating the creation of jobs and the development of the private sector in particular.
1.8	Other (Specify)			
	Total Scores	18	15	
	Average Rating	2.57	2.5	Satisfactory
2.	Institutional Development			
2.1	Institutional framework including restructuring	1	2	The Institutional Framework set at Appraisal with the Directorate of Investment Management (DGI) to be fully responsible for management of the programme appeared to be okay, as the DGI inherited the resources (and expertise) of the implementation unit of the first Health project financed by IDA in Mauritania. However with the frequent changes of managers institutional framework did not really function well.
2.2	Financial and integrated systems of management including audit systems	3	3	The programme provided financial management and accounting as well as administrative procedures manual and software to the programme. Staff were trained in the computerized accounting and financial management system put in place.
2.3	Transfer of Technology	3	3	The PCR EN agrees with the PCR rating and its remarks that the award of contracts for the procurement of biomedical equipment, specialized equipment and computer equipment was subject to the preparation of user manuals and the training of the users, thus contributing to technology transfer. The programme also trained over 300 staff in various fields, many of which will include technology transfer.
2.4	Staffing by qualified/skilled personnel (including turnover), training and counterpart staff.	2	2	The Programme has contributed to staff retraining at various levels of the health and social affairs system, and to the recruitment of additional staff for DAAF, DGI and DPL. The series of training courses, helped build the capacities of the sector - in the fields of health situation analysis, identification of priority problems, health actions planning and monitoring-evaluation. However shortage of staff still remains a problem to be solved, especially in rural areas.
	Total Scores	9	10	
	Average Rating	2.25	2.5	

3.	Sustainability			
3.1	Continued commitment of borrower	2	3	Resource allocation to the sector is regular and improvement of the health conditions of the population remains a priority to the Government.
3.2	Environmental policy	3	2	There was no mention of environmental policy, even though the project is a category III classified, there is the need to address the open incinerators and an environment/waste management policy is essential.
3.3	Institutional framework	3	3	Through training and capacity building, as well as the provision of medical and non-medical equipment has strengthened the sector.
3.4	Technical viability and staffing	2	2	Frequent changes of key personnel and lack of competent staff in key areas will affect the technical viability of the programme. Additionally as stated by the PCR; The national human resource and maintenance policies are taking too long to be introduced, in order to ensure the technical viability of the structures, equipment and installations.
3.5	Financial viability ((including cost-recovery)	2	2	In view of the fact that the cost recovery policy has not been finalised, coupled with the fact that funds for servicing and maintenance are inadequate according to the PCR, the financial viability of the programme is uncertain.
3.6	Economic viability	NA	NA	
3.7	Environmental viability	2	2	The PCR EN agrees with the PCR rating and its remarks that: Recommendations have been made to improve the environmental viability of the project infrastructure.
3.8	O & M facilitation (foreign exchange and recurrent cost financing availability, etc)	1	2	Even though DIMM's capacities and budget allocations are inadequate, the programme has trained staff and provided resources for O&M facilitation.
	Total Scores	15	16	
	Average Rating	2.14	2.28	
4.	Economic rate of return	NA	NA	
	OVERALL TOTAL	42	41	
	OVERALL RATING (1-4 above)	2.3	2.4	Unsatisfactory

Sources of Information.

1. Bank PCR
2. ADB Operations Manual. 1999
3. Appraisal Report December 1998
4. The Bank's Project Supervision Reports
5. Supervision Summary Report
6. Country Strategy Paper 1999-2001
7. Country Portfolio Review Sept. 2001