1. BASIC INFORMATION

a. Basic project data

Project title: **Support to Health Sector Program**

Project code: P-MW IB0-005  Instrument number(s): ADF Grant no. 2100155005966

Project type: **Investment**  Sector: Social Sector Social Sector

Country: Malawi  Environmental categorization (1-3) :2

<table>
<thead>
<tr>
<th>Processing Milestones</th>
<th>Key Events</th>
<th>Disbursement and Closing date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date approved: November 24, 2005</td>
<td>Cancelled amount:</td>
<td>Original disbursement deadline: 30th June 2010</td>
</tr>
<tr>
<td>Date signed: January 23, 2006</td>
<td>Supplementary financing:</td>
<td>Original closing date: 30th September 2010</td>
</tr>
<tr>
<td>Date of entry into force: January 23, 2006</td>
<td>Restructuring:</td>
<td>Revised disbursement deadline: 31st December 2013</td>
</tr>
<tr>
<td>Date effective for 1st disbursement: April 9, 2006</td>
<td>Extensions (specify dates): 30th June to 31st December 2011, then from 31st December 2011 to 31st December 2012, and lastly from 31st December 2012 to 31st December 2013</td>
<td>Revised closing date: 31st March 2014</td>
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<tr>
<td>Date of actual 1st: February 5, 2008</td>
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b. Financing sources

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<tr>
<th>Financing source/ instrument (MUA)</th>
<th>Approved amount (MUA):</th>
<th>Disbursed amount (MUA):</th>
<th>Percentage disbursed (%)</th>
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</thead>
<tbody>
<tr>
<td>Loan:</td>
<td>15,000,000</td>
<td>14,668,069.53</td>
<td>97.79%</td>
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<tr>
<td>Grant:</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Government:</td>
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<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other (ex. Co-financiers):</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>TOTAL :</td>
<td>15,000,000</td>
<td>14,668,069.53</td>
<td>97.79%</td>
</tr>
</tbody>
</table>

Co-financiers and other external partners:

Execution and implementation agencies:

c. Responsible Bank staff

<table>
<thead>
<tr>
<th>Position</th>
<th>At approval</th>
<th>At completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Director</td>
<td>K. Mbekeani (OIC)</td>
<td></td>
</tr>
<tr>
<td>Sector Director</td>
<td>A. Hamer</td>
<td>A. Soucat</td>
</tr>
<tr>
<td>Sector Manager</td>
<td>T. Ilunga</td>
<td>F. Zhao</td>
</tr>
<tr>
<td>Task Manager</td>
<td>W. Muchenje</td>
<td>N. Kgosidintsi</td>
</tr>
<tr>
<td>Alternate Task Manager</td>
<td>K. Banda</td>
<td></td>
</tr>
<tr>
<td>PCR Team Leader</td>
<td>N. Kgosidintsi</td>
<td></td>
</tr>
<tr>
<td>PCR Team Members</td>
<td>N. Kgosidintsi; K. Banda, H. Mrabet; M. Mbo; E. Chisesa; D. Ngwira</td>
<td></td>
</tr>
</tbody>
</table>

d. Report data
2. PROJECT DESCRIPTION
Summary from Appraisal Report including addendum/corrigendum or loan agreement, and taking into account any modification that occurred during the implementation phase.

a. Rationale and expected impacts:
Provide a brief and precise description on the project/programme rationale (concerns/questions raised), expected impacts and the intended beneficiaries (directly or indirectly impacted by the project/programme). Highlight any change that occurred during the execution phase.

ADF Support to the health sector programme focussed on addressing issues contributing to the high maternal mortality in Malawi. The Support was designed within the context of SWAp in collaboration with other development partners and stakeholders to enable the Government of Malawi to achieve the MDGs related to maternal and newborn health. Over the years, the Ministry of Health with support from various development partners, notably DFID, UNICEF, UNFPA, WHO, USAID, EU, JICA and the world Bank has implemented several safe motherhood programmes. In spite of all these efforts Malawi’s maternal mortality rate has continued to worsen from 620 per 100,000 live births in 1996 to 1,120 per 100,000 in 2000. According to the UNDP Human Development Report (2004), the adjusted rate for maternal mortality in Malawi is 1,800 for the year 2003, which is the second worst rate in the world.

In an effort to reverse the increasing trend of high maternal mortality rate, a multi-sectoral group consisting of government, stakeholders and development partners developed the Road Map for accelerating the attainment of MDGs related to the maternal and newborn health. Sectoral analyses of poverty show that social, human capital and income indicators in Malawi are very poor with the country ranking 161 out of 174 on Human Development Index in 2000 (UNDP 2001). The poor health status of the population is worsened by the high prevalence and incidence of infectious and parasitic diseases, insufficient health care for women during pregnancy and labour and inadequate family planning services. Achieving the health Millennium Development Goals (MDGs) remains a major challenge, particularly given the poor macroeconomic environment, increasing levels of poverty, the HIV/AIDS epidemic, and the critical shortage of human resources in the health sector. Life expectancy has declined steadily from 40.2 to 37.5 years in the preceding past few years before the project, mainly due to the HIV/AIDS epidemic. These challenges have justified the development of a Sector Wide Approach (SWAp) by the Ministry of Health (MOH) and its Development Partners.

The SWAp arrangement is meant to improve efficiency and equity of available resources, by reducing the fragmentation and duplication resulting from a multitude of separate, externally financed projects. In the 4th National Health Plan 1999 – 2004, the MOH expressed its intention to adopt and develop the Sector-Wide Approach (SWAp) within which the Programme of Works (POW) would be developed and implemented with the view to improving the health status in Malawi. The POW outlines how the MOH, Development Partners and NGOs were tasked to implement the Essential Health Package over a period of
ADF’s intervention to the implementation of the POW through a SWAp arrangement is specifically intended to finance some of the strategies outlined in the National Road Map for accelerating the reduction of maternal and newborn mortality and morbidity in Malawi. ADF in conjunction with the SWAp Secretariat on an annual basis was to review and select for funding specific activities or interventions from the Annual Work Plans. Resources from ADF that supported the health sector programme was channelled to the Ministry of Health for the project.

b. Objectives/Expected Outcomes:
Provide a clear and concise description of the project objectives, expected outcomes, and intended beneficiaries. In so doing, highlight any revision/amendment.

The programme objective is to establish, through a SWAp arrangement, an effective and efficient health care delivery system that is responsive to the needs of the people of Malawi, especially the vulnerable groups, the poor, women and children. The objective of ADF’s contribution is to support activities of the programme that are aimed at accelerating reduction of maternal and newborn morbidity and mortality rates.

The expected outcomes of the Programme are:
(i) Increase the number of deliveries attended to by skilled health workers from 56% to 75%.
(ii) Total fertility rate reduced from 6.3 to 5.0.

The expected impact of the programme is an effective and efficient health care delivery system that is responsive to the needs of the people of Malawi, especially the vulnerable groups, the poor, women and children.

c. Outputs and intended beneficiaries:
Provide a clear and concise description the expected outputs and intended beneficiaries. In so doing, highlight any revision/amendment.

The population of Malawi was the primary target group of the Programme and expected to achieve the following outputs:

1.1 Increase proportion of facilities capable of providing Basic Emergency Obstetric Care from 3 to 25%;
1.2 Percentage of health facilities without stock outs of drugs for more than one week at a time increased to not less than 90%.
1.3 Level of awareness in community on birth preparedness increased to not less than 60%.
1.4 Radio or telephone systems installed and functioning in 100% of the facilities providing Basic Emergency Obstetric Care

d. Principal activities/Components:
Provide a clear and concise description of the principal activities/components. In so doing, highlight any revision/amendment.

The programme focus areas were mainly:

(i) Pharmaceutical and Medical Supplies
3. PROJECT PERFORMANCE ASSESSMENT

RELEVANCE

a. Relevance of the project development objective:
   Evaluation of the relevance ex-ante and ex-post (including during the implementation phase). The relevance of the project objective (during the evaluation ex-ante and the post-evaluation) in terms of alignment with country’s development priorities and strategies, the beneficiary needs (including any changes that may have occurred during the implementation), applicable Bank sector strategies, the Bank country/ regional strategy, and general strategic priorities of the Bank. This criterion equally assesses the extent to which the project’s development objective was clearly stated and focused on outcomes and the realism of the intended outcomes in the project setting.

   The review finds that the relevance of the project development objective is highly satisfactory (4). The PCR did not provide a rating against its narrative textual description.

   The review found that the PCR is stated and linked the development objective clearly, linked with the Appraisal Report, fully aligned with the Bank CSP 2011-2012 and high level country strategy, development priorities and outcomes and connected with the needs of the beneficiaries.

   Rationality and linkages with the Development Objective: The programme was designed to support to support activities of the Malawi Health SWAp programme that were aimed at accelerating reduction of maternal and newborn morbidity and mortality rates in Malawi. The support was in the areas of Civil works, Supply of basic essential equipment for the BEmOC facilities and training of health workers in the management and use of BEmONC facilities and equipment. This was in line with the Government’s overall goal for the health sector was to establish through a SWAp arrangement, an effective and efficient health care delivery system that is responsive to the needs of the people of Malawi, especially the vulnerable groups, the poor, women and children. It was also in line with the Malawi Growth and Development Strategy I (MGDS I) of 2006-2011 and the National Health Plan, 1999 – 2004.

   Alignment: The programme’s purpose remained fully aligned to the MGDS I, the Bank Country Strategy Paper (2005-2009), the Millennium Development Goals (MDGs) and the country’s prevailing macro and social environment.
Alignment with Bank CSP: The PCR is silent about the linkages and alignment with the Bank CSP. The review finds and confirms that the program was linked to the Bank CSP and the TYS.

Beneficiation: The benefits of improved provision of essential health care services that would accelerate the achievements of Millennium Development Goal targets on health included reduced under five mortality rate (U5MR) from 189 to 78 per 1,000 live births; reduced infant mortality rate (IMR) from 133 to 66 per 1,000 live births and reduced maternal mortality rate (MMR) by 50 percent from 984 deaths per 100,000 live births. The programme design was relevant to Malawi’s needs specifically the improvement of the health status in line with the new sector wide approach rather than the project based approach. The PCR does not explain the preparedness of the EA in this new approach.

b. Relevance of project design (from approval to completion):
The evaluator should provide an assessment of the relevance of the project design regardless of the one provided in the PCR. The evaluator will also comment on the PCR conclusion for this section, and will provide an evaluation of the relevance of the project design. The latter assesses the soundness and the timing of eventual adjustments, or technical solutions to ensure the achievement of the intended results (outcomes and outputs), the adequacy of the risk assessment, environmental and social protection measures, as well as the implementation arrangements. For Programme Based Operations (PBO), an assessment will be made on the relevance of the prior actions, the policy dialogue and the extent to which the operation could have been more pro-poor in its design.

The review rates the design as satisfactory (3). The PCR did not provide a rating.

Soundness and timing of eventual adjustments and technical solutions: The project design required significant flexibility and stronger coordination and harmonisation due to the multiplicity of players in the health sector. The PCR noted this deficiency.

Appropriateness of Design: Overall, the design remained appropriate to addressing social challenges facing Malawi in course of programme implementation. The intended SWAp approach was an appropriate design framework which seeks to improve the efficiency and effectiveness of the health services. The design included a capacity building programme in view of the challenges in Malawi as well as Joint Implementation Planning committees, sector performance reviews and two Annual Joint Reviews, programme review reports, regular audits, monthly financial statements and a SWAP secretariat supported by a dedicated M and E specialist. The design took into account pertinent lessons learned from the previous five Bank Group interventions in the health sector for instance: delays in project implementation due to the low capacity of the executing agency, lack of government ownership in the traditional project approach, the need to align expansion of health infrastructure with the required staffing levels and drugs, and lack of capacity to monitor and evaluate project outcomes. Inclusiveness was also addressed significantly.

Environmental and social protection measures: The program’s environmental and social impacts were considered minimal and appropriate mitigation mechanisms put in place. This program was classified category II according to Bank’s procedures for the environmental and social impact assessment. As a result it was not expected to have direct adverse environmental impact.

Implementation arrangements: The programme duration was 42 months. The implementation of the SWAp would strengthen and rationalize existing systems rather than establish new or parallel systems. No
Project Implementation Unit was established for the SWAp program but instead the EA/MOH’s Department of Planning would appoint a SWAp Secretariat responsible for all the day-to-day SWAp related work (under the leadership of the Director of Planning) which at the time of the Appraisal mission was not yet in place. Under this arrangement the SWAp Secretariat will be. The day to day implementation of the program will be through the regular departments of the MOH, Christian Health Association of Malawi (CHAM), and other private health care providers, including Banja La Mtsogolo. Oversight and coordination of the program will rest with the Principal Secretary of the MOH, working through two proposed Assistant Secretaries for Health, heads of technical departments, finance, administration, etc. Similarly, CHAM activities will be implemented through their existing structure of committees, which in turn work directly with the various church organizations and health facilities. The provisions of the 2003 MOU between the MOH and CHAM will continue to apply. The PCR did not explore the risks associated with the approach.

Risk assessment: Sustainability risks to the operation were adequately explored and measures put in place. The major risk areas were ownership and financial.

Relevance of Prior Actions: The set of prior actions were defined and agreed upon in relation to disbursements. An Implementation schedule and project structure was put in place.

However, a deficiency noted by the review was capacity constraints.

EFFECTIVENESS

c. Effectiveness in delivering outputs:
Evaluation of the extent to which the project achieved its stated results (obtained from the logical framework) based on the last Implementation Progress and Results Report (IPR) and by considering accurate reporting of direct or indirect evidence on intended and unanticipated outputs. In the absence of sufficient data (as direct evidence), indirect evidence (such as project outcomes and other pertinent processes/elements of the causal chain) should be used particularly in the evaluation of the extent to which the project is expected to achieve its stated results/ objectives. The absence of sufficient data to assess the effectiveness should be indicated (and clearly detailed in the PCR quality evaluation section). The PCR score should equally be indicated in this section.

The review concurs with the PCR that the effectiveness in delivering outputs is satisfactory (3).

The review ascertains that output execution rate for the program is 83%. Five (5) out of six (6) intended outputs were executed and confirmed by multiple independent lines of evidence as schematically outlined below:

Output 1: At close of the project 52 facilities out of the planned 57 facilities were practically completed. GoM had committed to complete the remaining 5 facilities with own resources in the 2014/15 financial year. A total 13 health centres have been upgraded to provide diagnostic services following the additional scope of works from the original designed concept.
Output 2: 118 houses were rehabilitated and constructed. The provision of decent housing with electricity and water has encouraged more health workers to like working in rural areas. However, staff retention remains a challenge. [http://www.health.org.uk/sites/health/files/ImprovingMaternalNewbornHealthMalawi.pdf](http://www.health.org.uk/sites/health/files/ImprovingMaternalNewbornHealthMalawi.pdf).

Output 3: As per PCR, the procurement of BEmONC equipment was successfully completed. However, there a significant delays in the completion of BEmONC facilities resulting in the Bank and GoM agreeing to redeployment of the equipment meant for BEmONC facilities under this project to be utilised in other Government health facilities. The GoM committed to procure and replace the equipment meant for the new BEmONC facilities. The review requires evidence that the later part of the agreement by the borrower was met.

Output 4 and 5: 100 and 15 motor cycle and motor vehicle ambulances were reported bought and distributed to health facilities respectively.

Output 6: The program is reported to have trained 200 staff members with financing from other DPS after the suspension of the Special Project Account by the ADF.

The suspension of the special account in 2009 was due to fiduciary risks and subsequent inadequate implementation of the Financial Management Improvement Plan. The suspension of the special account curtailed the supervisory capacity of the project management team especially during the period of economic hardship and forex shortages in 2012/2013.

d. Effectiveness in delivering outcomes:
Evaluation of the extent to which the project achieved its intended set of outcomes (including for Program Based Operations (PBOs) where complementary measures are necessary for their implementation, namely public awareness, policy dialogue and institutional arrangements for instance). The evaluator should make an assessment based on the results of the last project Implementation Progress and Results (IPR).

The review accedes that the effectiveness in the delivery of outcomes is satisfactory (3).

The review found a logical link between strong output execution and the subsequent outcomes. The intended three outcomes have mixed results in success rates, at 60%, 37% and 52% respectively.

Outcome 1: Reduce under five mortality by two-third of its 1990 level. At 122 per 1,000 live births in 2013, only 60% achievement was reached.

Outcome 2: Reduce maternal mortality by three-fourth of its 1990 level. Only minimal success was achieved 675 deaths per 100,000 live births, when the target was 492 deaths per 100,000 live births which is 37% of the target, this is unsatisfactory attainment.

Outcome 3: Assisted deliveries by trained personnel in project areas. This outcome was also just modestly attained at 52% success rate.

The three project outcomes were together was just modestly Satisfactory.
e. **Project development outcome:**
The ratings derived for outcomes and output are combined to assess the progress the project has made towards realizing its development objectives, based on the rating methodology recommended in the Staff Guidance Note on project completion reporting and rating (see IPR Guidance Note for further instruction on development objective rating).

The review confirms the findings of the PCR and its conclusion that the DO is satisfactory (3).

Based on the Staff Guidance Note on Project Completion and Reporting Aug 2012, both outputs and outcomes are satisfactory. Consequently, the DO is satisfactory.

According this is confirmed by the Journal of Global Health, December 2015 in which it is reported that “The mortality rate in children under 5 years decreased rapidly in the 10 CI districts from 219 deaths per 1000 live births (95% confidence interval (CI) 189 to 249) in the period 1991–1995 to 119 deaths (95% CI 105 to 132) in the period 2006–2010. Malawi provides a strong example for countries in sub–Saharan Africa of how high impact child health interventions implemented within a decentralised health system with an established community–based delivery platform, can lead to significant reductions in child mortality”.

f. **Beneficiaries:**
Using evidence, the evaluator should provide an assessment of the relevance of the total number of beneficiaries by categories and disaggregated by sex.

The review established the PCR treated inclusiveness adequately. Overall between 56% and 77% of the targeted women benefited from the programme.

As per PCR, 77% of pregnant women, 75% of the population and 56% of the healthcare providers benefited from programme.

g. **Unanticipated additional outcomes (positive or negative, not taken into consideration in the project logical framework):**
This includes gender, climate change, as well as social and socio-economic- related issues. Provide an assessment of the extent to which intended or unanticipated additional and important outcomes have been taken into consideration by the PCR. The assessment should also look at the manner the PCR accounted for these outcomes.

Two additional positive social outcomes of high to medium impact were noted, Improved acceptance of other health interventions that are associated with maternal and child mortality such as HCT and HAART and Income generation for rural impoverished communities from unskilled labour opportunities at project sites respectively.

**EFFICIENCY**

h. **Timeliness:**
The timeliness of project implementation is based on a comparison between the planned and actual period of implementation from the date of effectiveness for first disbursement. For Programme Based Operations (PBOs), the timely release of the tranche(s) are assessed through this same criterion.
The review disagrees with the PCR’s findings that the project timeliness rating as unsatisfactory (2) and instead finds it highly unsatisfactory (1) in line with the Staff Guidance Aug 2012.

The project was initially planned for a period of 42 months with a completion scheduled for 30 September 2010. The ratio of planned implementation time (42 months as per PAR) and actual implementation time (96 months) from date of the effectiveness for the first disbursement (April 9, 2006) is 0.44 (42/94).

Several delays occurred in the implementation, more specifically with the delivery of outputs as the project was extended three times (30th June to 31st December 2011, then from 31st December 2011 to 31st December 2012, and lastly from 31st December 2012 to 31st December 2013 and closed 31st March 2014) due to capacity constraints of the SWAP secretariat and commitment challenges.

Accordingly, based on the rating methodology recommended in the Staff Guidance Note on project completion reporting and rating (August 2012), the review does not confirm that the performance of Timeliness is unsatisfactory (2) as rated by PCR and assesses it as unsatisfactory (1). This delay was more than twice the envisaged timelines and mostly negatively impacted on procurement of services and works.

i. Resource use efficiency:
Provide and assessment of physical implementation (based on outputs delivered) against resources used (based on cumulative commitments) at completion for all contributors to the project (the Bank, Government, and others). This criterion would normally not apply to PBOs, as there is often no direct link between the outputs and the amount of contribution (in which case the rater would indicate N/A).

The review agrees that the resource use efficiency is satisfactory (3).

The ratio of the median percentage physical implementation of the project outputs and commitment rate is 98%. Accordingly, the review does not confirm that the performance of the Resource use efficiency is satisfactory (3) as rated by PCR.

The project delivered a total of 22 contracts valued at UA15,317,826.70. It is noted that financial resources initially allocated for Component III of the project were utilised for the completion of works contracts were hit by price escalations due to delays in procurement.

j. Cost-benefit analysis:
Provide an assessment of the timeliness of the development outputs, and the extent to which costs of the costs have been effective and have been provided in the most efficient manner. The PCR rating should be discussed. The evaluator should verify whether the benefits of the project (achieved or expected) exceed its actual costs. To achieve this, evidences will mainly be based on a comparison between Economic Rates of Return (ERR) calculated at appraisal, the mid-term review and completion. When commenting PCR ratings, the degree of utilization of valid sources for evidence justifying the rating assigned should be taken into consideration. The evaluator should ensure of the validity of assumptions and that the same model was used for the calculation of others ERRs. For PBOs for which this calculation model does not apply, an assessment could be done with regards to the contribution of policy reforms to economic growth. In the absence of sufficient evidence, an appropriate rating should be assigned.

N/A

k. Implementation progress:
The assessment of the Implementation Progress (IP) on the PCR is derived from the updated IPR and takes into account the all applicable IP criteria assessed under the three categories: i) Compliance with covenants (project covenants, environmental and social safeguards and audit
The review confirms that the implementation progress is unsatisfactory (2).

1. Compliance with covenants

Compliance with project covenants: The review notes that there were huge delays and three extensions made to the program. An excessive number of contracts were in place, 22 altogether posing complexities in the smooth execution of the program. The Bank suspended the project special account due to fiduciary risks and subsequent inadequate implementation of the Financial Management Improvement Plan. A lack of knowledge of bank rules and regulations was observed.

Compliance with environmental and social safeguards: The program complied with environmental covenants.

Audit compliance - Audit for the FY 2012/13 was reported as underway.

2. Project systems and procedures

Procurement and Financial management: This is not applicable but rather uses country system.

Monitoring and evaluation: There was weak monitoring and evaluation and lack of dedicated capacity from the SWAP Secretariat. The PCR cites a PIU contrary to the SWAP Secretariat in the Appraisal Report. Apparently implementation was slackened by delayed procurement processes and weak supervision and monitoring of the 22 contracts.

3. Project execution and financing: The review noted that disbursement was 100% (Bank approved financing only) as well as budget commitments being fully honored.

SUSTAINABILITY

1. Financial sustainability:
Provide an assessment of the extent to which funding mechanisms and modalities (eg. Tariffs, user fees, maintenance fees, budgetary allocations, other stakeholder contributions, aid flows, etc.) have been put in place to ensure the continued flow of benefits after completion, with particular emphasis on financial sustainability. For PBOs, the assessment should focus on financial sustainability of reforms, as well as the Bank’s policy dialogue to promote financial sustainability of the reforms.

The review confirms that the financial sustainability of the program is unsatisfactory (2).

The review does not find indicative pillars of financial sustainability in place. The PCR is silent on cost recovery, cost sharing and resource mobilisation options to pursue as well as firm fiscal commitment.

A threat to the project was the suspension of the Special Account due to fiduciary concerns. Thus the review cautions and cannot guarantee financial sustainability as there are no clear measures and commitment
m. Institutional sustainability and strengthening of capacities:
Provide an assessment of the extent to which the project has contributed to the strengthening of institutional capacities – including for instance through the use of country systems – that will continue to facilitate the continued flow of benefits associated with the project. An appreciation should be made with regards to whether or not improved governance practices or improved skills, procedures, incentives, structures, or institutional mechanisms came into effect as a result of the operation. For PBOs, this should include an assessment on the contributions made to building the capacity to lead and manage the policy reform process; the extent to which the political economy of decision making was conducive to reform; the Government’s commitment to reform; and how the design reinforced national ownership.

The review confirms the finding of the PCR that the institutional sustainability and strengthening of capacities is satisfactory (3).

The program enjoyed a plethora of SWAP partners coming into play over and above the ADF window. This resulted in significant mass of effort to strengthen the challenged capacity of the SWAP secretariat.

The review acknowledges that the project uses country systems. However, there is no convincing evidence from the literature that shows how to deal with unexpected challenges, shortcomings and loopholes arising from SWAP as a new approach.

Furthermore, the review ascertains that there are no mechanisms of the SWAP secretariat to deal with staff retention despite building the capacity of the same. A threat noted by the review is the public financial management challenges whose effects on public service delivery institutions are far reaching.

n. Ownership and sustainability of partnerships:
Provide an assessment of whether the project has effectively involved relevant stakeholders, promoted a sense of ownership amongst the beneficiaries (both men and women) and put in place effective partnerships with relevant stakeholders (eg. local authorities, civil society organizations, private sector, donors) as required for the continued maintenance of the project outputs. For PBOs, the assessment should measure the extent to which the Government’s capacity to conduct consultations during policy dialogue and the extent to which the Bank supported the Government in deepening the consultation processes.

The review agrees with the PCR that ownership and sustainability of partnerships is unsatisfactory (2).

The programme involved most stakeholders and promoting ownership significantly. However, it is noted that it could have been stronger if communities and district health office staff were sufficiently involved in the implementation of the project activities particularly in monitoring and supervision of works. This is a deficiency affects the future of the project.

o. Environmental and social sustainability:
Provide an assessment of the objectivity of the PCR rating on the project’s implementation of environmental and social mitigation/enhancement measures with regard to the Environmental and Social Management Plan (ESMP), the capacity of country institutions and systems, as well as the availability of funding to ensure the environmental and social sustainability of the operation. This criterion would normally only apply to Environmental Category I and II projects.

The review agrees with the PCR that social and environmental sustainability is satisfactory (3).
The programme put in place reasonable measures in compliance with the bank ESMP. These measures included reducing the effects of soil disturbances during the constructions as well as provide incinerators and sanitary facilities and proper drainage in all health centres.

4. PERFORMANCE OF STAKEHOLDERS

a. Bank performance:
(Preparation/approval, ensure of Quality at Entry (QAE) : quality of the supervision, completion) : Provide observations on the objectivity of the PCR ratings and feedback provided by the Borrower, and if necessary, re-assess the Bank’s performance throughout the project cycle (design, implementation, completion) by focusing on evidence from the PCR in relation to 7 criteria defined in the PCR Guidance Note.

The review agrees that the performance of the bank is satisfactory (3).

The Bank provided adequate supervision twice a year and availed oversight functions. The disbursement rate was 100% despite delays and a suspension of the Special Project Account on fiduciary concerns. The Bank conducted regular audits on the project and made recommendations which assisted in improving project performance. A total of three Task Managers exchanged roles smoothly during the implementation of the project.

The MWFO backed up fast-tracking implementation through regular technical support to the PMT especially on procurement & disbursement matters. The Bank responded favourably to Malawi Government’s request and the grant was approved and disbursed with delays though. During the operation, the Bank remained a strong and reliable partner of the GoM.

As per PCR, It is noted that mission recommendations were not adequately followed up. However, the procurement of health centre equipment before construction and rehabilitation was completed could have been avoided.

b. Borrower performance:
Provide observations on the objectivity of the PCR ratings, and if necessary, re-assess the Borrower’s performance throughout the project cycle (design, implementation, completion) by focusing on evidence from the PCR in relation to questions defined in the PCR Guidance Note.

The review confirms that the performance of the borrower is unsatisfactory (2).

The GoM did not do well in the area of reporting and compliance. As per PCR, the reporting requirements including external audit, quarterly and annual reports were only partially met by the borrower. The Government commitment to adherence to financial commitments and obligations were inadequate. Capacity and turnover challenges were imminent. The SWAP secretariat’s readiness to handle the project efficiently was not top-notch. Fiduciary concerns resulted in the suspension of the special project account.
c. **Performance of other stakeholders:**
Provide observations on the objectivity of the PCR ratings, and if necessary, re-assess the other shareholders’ performance throughout the project cycle (design, implementation, completion) by focusing on evidence from the PCR in relation to relevant questions specific to each stakeholder (co-financiers, NGO, contractors and service providers).

The review accepts that the **performance of other stakeholders is unsatisfactory (2)**.

The performance of the multiple contractors varied. Three did not meet the requirements. This was even worse with the majority the consultants to meeting the expected delivery standards. Consistent with the PCR, several construction and design defects were observed during the site visits concerning non-adherence to specifications and poor supervision by the consultants resulting in poor quality of materials and fittings used.

5. **SUMMARY OF OVERALL PROJECT PERFORMANCE**

a. **Overall assessment:**
Provide a summary of the project/programme’s overall performance based on the PCR 4 key components (Relevance, Effectiveness, Efficiency and Sustainability). Any difference with the PCR and the reasons that have resulted in them should be mentioned. For cases with insufficient evidence (from the PCR and other documents) available, the evaluator should assign a partly satisfactory rating (to be revised) until a PEAR is complete.

Overall, the program fulfilled its mandate in accelerating the reduction of maternal and newborn morbidity and mortality rates in Malawi as confirmed by multiple lines of evidence. The review found this program satisfactory based on relevance, effectiveness and sustainability rating dimensions.

**Relevance:** The DO was highly relevant and fully aligned with Bank CSP 205-2009, YTS, country development strategies and priorities, MDG5, MSG1, and needs of the beneficiaries. The design was appropriate, informed by lessons learnt from similar programs but constrained by capacity.

**Efficiency:** The program was executed over the planned period and with three extensions.

**Effectiveness:** The delivery of outcomes was satisfactory and stood the golden thread provided in the Staff Guidance Note.

**Sustainability:** The program used country systems but faced capacity challenges in view of the sustaining the continued flow of benefits were put in place

b. **Design, implementation and utilization of the M&E (appreciation of the evaluator):**
Provide an assessment of planned and actual cost of the design, implementation and utilization of the M&E system. Design : To which extent the project M&E system was explicit, adequate and realistic to generate and analyse relevant data ; Implementation : To which extent relevant data was collected – Elements of M&E implementation and effectiveness in the PCR ; Utilization : degree of utilization of data generated for decision-making and resource allocation – elements of M&E utilization in the PCR.

An M and E system is in place and was well utilised. The review expresses concern with the capacity of the SWAP Secretariat and the M and E office. Monitoring implementation and supervision could have been strengthened. The definition of outputs and outcome indicators in some instances were weak. Evidence was also drawn from the supervision reports, Progress Reports, Monitoring/Tracking Sheets, BTORs, RBLF against which the indicators were monitored and tracked.
6. EVALUATION OF KEY LESSONS LEARNED AND RECOMMENDATIONS

a. Lessons learned:
Provide a brief description of any agreement/disagreement with all or part of the lessons learned from the PCR after analysis of the project performance with regards to each of the key components of the evaluation (Relevance, Effectiveness, Efficiency, and Sustainability). List the PCR main new and/or reformulated pertinent (and generic) lessons learned for each of these components here. It is recommended that no more than five lessons learned are discussed. Key questions and targeted audience must also be specified for each lesson learned.

The review finds four (4) lessons useful in future programme and summarised below:

(i) **Collaboration:** The presence of a field based staff ensures good collaboration with other partners and information sharing.

(ii) **Flexibility:** Exercising flexibility in the event that cost increases significantly affect project outputs is key.

(iii) **Project Implementation and Ownership:** Technically competent staff in the Executing Agency are critical for quick project take off and sustained progress.

(iv) **Project Design:** Sound project design is essential to ensure success.

b. Recommendations:
Provide a brief description of any agreement/disagreement with all or part of the recommendations from the PCR. List the PCR main new and/or reformulated recommendations (requiring more actions by the Borrower and/or the Bank) here.

The review acknowledges the recommendations. They are well formulated and in compliance with the OECD/DAC framework and useful to multiple stakeholders. The recommendations noted are summarised below.

(i) **Financial Sustainability/Resource Mobilisation:** Government should urgently explore innovative resource mobilization for the health sector overall to address current financing gaps.

(ii) **Holistic participation and ownership:** Government SHOULD ensure greater involvement of community structures and end users in the management of health facilities to further increase ownership, GOM Continuous services utilization, security of facilities as well as sustainability of project gains.

(iii) **Operational Maintenance:** The Government should ensure availability of adequate resources for maintenance to safeguard the constructed/rehabilitated facilities as well as the procured equipment and furniture.

7. COMMENTS ON PCR QUALITY AND TIMELINESS
The overall PCR rating is based on all or part of the criteria presented in the annexe and other: The quality of the PCR is rated as highly satisfactory (4), satisfactory (3), unsatisfactory (2), and highly unsatisfactory (1). Le timeliness of the PCR is rated as on time (4) or late (1). The participation of the Borrower, co-financier, and the bank’s external office(s) are rated as follows: Very Good (4), Good (3), Fair (2), Poor (1).
The review finds the quality of the PCR satisfactory. The PCR was submitted 3 months from the closing date of 31 March 2014 and therefore timely. The submission dates are confirmed with the PCR box.

The PCR has addressed most of the key aspects fairly and covered some cross cutting issues such required capacity building, gender aspects and environment constraints. It however a couple of issues among them the PIU with the SWAP Secretariat. However, the coordination with the other financiers of the project was not developed. Effectiveness ratings were not provided in the sections of the report. Resource use efficiency and IP were rated inconsistently in the explanatory notes and overall summary (pages 9 and 14 of the PCR). Most of ratings, however, were based on the actual facts adduced in its account and performance of the key actors involved. The PCR did not specify whether M and E position was filled and active during the project preparation and implementation. The review endorses the lessons and recommendations as useful.

8. SUMMARY OF THE EVALUATION
This is a summary of both the PCR and IDEV ratings with justification for deviations/comments. Appropriate section of the PCR Evaluation should be indicated in the last column in order to avoid detailed comments. The evaluator must provide a reasonable explanation for each criterion the PCR rating is not validated by IDEV. Consequently, the overall rating of the project could be “equally satisfactory”.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PCR</th>
<th>PCREN</th>
<th>Reason for disagreement/ Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELEVANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance of project development objective</td>
<td>4</td>
<td>3</td>
<td>The DO is fully aligned with Bank CSP, country’s roadmap, development strategies and priorities, objective and the needs of the beneficiaries as sector strategies</td>
</tr>
<tr>
<td>Relevance of project design</td>
<td>3</td>
<td>3</td>
<td>The design of the project adequately addressed the needs of the beneficiaries. An M and E system was put in place though not well utilised. Baselines and indicators were clear and realistic.</td>
</tr>
<tr>
<td><strong>EFFECTIVENESS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development objective (DO)</td>
<td>3</td>
<td>3</td>
<td>Both intended outputs and outcomes were well executed.</td>
</tr>
<tr>
<td><strong>EFFICIENCY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeliness</td>
<td>2</td>
<td>2</td>
<td>The program faced a huge delay, more than twice planned implementation time due to three extensions.</td>
</tr>
<tr>
<td>Resource use efficiency</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Cost-benefit analysis</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Implementation progress (IP)</td>
<td>2</td>
<td>2</td>
<td>All the three legal requirements (prior actions, conditions precedent to entry into force of the Grant Agreement, and Conditions precedent to the disbursement of the Grant) were met within three weeks. There was a shortcoming on the co-financing</td>
</tr>
<tr>
<td><strong>SUSTAINABILITY</strong></td>
<td></td>
<td></td>
<td>component with clear delays according the PCR.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---</td>
<td>---</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Financial sustainability</td>
<td>2</td>
<td>2</td>
<td>The mechanisms were robust but not found critical enough to enhance continued beneficiation.</td>
</tr>
<tr>
<td>Institutional sustainability and strengthening of capacities</td>
<td>3</td>
<td>3</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Ownership and sustainability of partnerships</td>
<td>2</td>
<td>2</td>
<td>The review cannot concur that all relevant stakeholder were involved but noted that most were engaged.</td>
</tr>
<tr>
<td>Environmental and social sustainability</td>
<td>3</td>
<td>3</td>
<td>The project complied with the ESMP and put in place adequate measures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OVERALL PROJECT COMPLETION RATING</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank performance:</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Borrower performance:</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Performance of other shareholders:</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Overall PCR quality:</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>


9. PRIORITY FOR FUTURE EVALUATIVE WORK: PROJECT FOR PERFORMANCE EVALUATION REPORT, IMPACT EVALUATION, COUNTRY/SECTOR REVIEWS OR THEMATIC EVALUATION STUDIES:

- Project is part of a series and suitable for cluster evaluation □
- Project is a success story □
- High priority for impact evaluation □
- Performance evaluation is required to sector/country review □
- High priority for thematic or special evaluation studies (Country) □
- PPER is required because of incomplete validation rating □

Major areas of focus for future evaluation work:

a) Performance evaluation is required for sector/ country review
b) Cluster evaluation (institutional support)
c) Sector evaluation (budgetary support or public finance management reforms)

Follow up action by IDEV:
Identify same cluster or sector operations; organize appropriate work or consultation mission to facilitate a), b) and/or c).

Division Manager clearance Director signing off

Data source for validation:
- Task Manager/ Responsible bank staff interviewed/contacted (in person, by telephone or email)
- Documents/ Database reports

Attachment:
- PCR evaluation note validation sheet of performance ratings
- List of references
PROJECT COMPLETION REPORT EVALUATION NOTE
Validation of PCR performance ratings

PCR rating scale:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>Very Good</strong> – Fully achieved with no shortcomings</td>
</tr>
<tr>
<td>3</td>
<td><strong>Good</strong> – Mostly achieved despite a few shortcomings</td>
</tr>
<tr>
<td>2</td>
<td><strong>Fair</strong> – Partially achieved. Shortcomings and achievements are roughly balanced</td>
</tr>
<tr>
<td>1</td>
<td><strong>Poor</strong> – very limited achievement with extensive shortcomings</td>
</tr>
<tr>
<td>UTS</td>
<td>Unable to score/rate</td>
</tr>
<tr>
<td>NA</td>
<td>Non Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Sub-criteria</th>
<th>PCR work score</th>
<th>IDEV review</th>
<th>Reasons for deviation/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELEVANCE</td>
<td>Relevance of the project development objective (DO) during implementation</td>
<td>4</td>
<td>4</td>
<td>As explained in the explanatory above.</td>
</tr>
<tr>
<td></td>
<td>Relevance of project design (from approval to completion)</td>
<td>3</td>
<td>3</td>
<td>As explained in the explanatory above.</td>
</tr>
<tr>
<td>OVERALL RELEVANCE SCORE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFFECTIVENESS*</td>
<td><strong>Effectiveness in delivering outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1: Reduce under five mortality by two-third of its 1990 level.</td>
<td>3</td>
<td>The target was delivered and is confirmed by independent evidence from the Journal of Global Health, <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4652924/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4652924/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 2: Reduce maternal mortality by three-fourth of its 1990 level.</td>
<td>3</td>
<td>The target was attained. Evidence from unconnected lines converged with the report of the National Statistical Office (NSO) and ICF Macro. <a href="http://apps.who.int/iris/bitstream/10665/136059/3/ccs_mwi.pdf">2011.Malawi Demographic and Health Survey 2010</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 3: Assisted deliveries by trained personnel in project areas.</td>
<td>3</td>
<td>This was attained, <a href="http://siteresources.worldbank.org/INTPRH/Resources/376374-">http://siteresources.worldbank.org/INTPRH/Resources/376374-</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria</td>
<td>Sub-criteria</td>
<td>PCR work score</td>
<td>IDEV review</td>
<td>Reasons for deviation/comments</td>
</tr>
<tr>
<td>----------</td>
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<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1278599377733/MaternalDeathAuditMarch22011.pdf</td>
<td>According to the World Health Statistics Report 2009, it is however reported that Malawi spends 13% of its GDP on healthcare, which is lower than the 15% the Abuja Declaration recommendations and that there is a critical shortage of qualified health workers and Malawi continues to lag behind neighbouring countries in this regard, <a href="http://www.health.org.uk/sites/health/files/ImprovingMaternalNewbornHealthMalawi.pdf">http://www.health.org.uk/sites/health/files/ImprovingMaternalNewbornHealthMalawi.pdf</a></td>
</tr>
</tbody>
</table>

**Effectiveness in delivering output**

Output 1: At close of the project 52 facilities out of the planned 57 facilities were practically completed.

Output 2: 118 houses were rehabilitated and constructed. The provision of decent housing with electricity and water has encouraged more health workers to like working in rural areas. However, staff retention remains a challenge, http://www.health.org.uk/sites/health/files/ImprovingMaternalNewbornHealthMalawi.pdf.

Output 3: As per PCR, the procurement of BEmONC equipment was successfully completed but due to delays in the completion of BEmONC facilities, the Bank and GoM agreed that equipment meant for BEmONC facilities under this project was to be distributed and put in use in other Government health facilities. In turn GoM committed to procure and replace the equipment meant for the new BEmONC facilities. Procurement of the replacement equipment is currently advanced and 5 contracts have been signed.

Output 4: 100 motor cycle ambulances were reported bought and distributed to healthy facilities.

Output 5: 15 motor vehicle ambulances were reported bought and distributed to healthy facilities.

Output 6: The program is reported to have trained 200 staff members with financing from other DPS after the suspension of the Special Project Account by the ADF.

**Development objective (DO)**

Development objective rating 3 3 The review found a logical link between strong output execution and the subsequent outcomes.

**Beneficiaries**
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Sub-criteria</th>
<th>PCR work score</th>
<th>IDEV review</th>
<th>Reasons for deviation/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiary2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unanticipated outcomes (positive or negative not considered in the project logical framework) and their level of impact on the project (high, moderate, low)**

- Institutional development
- Gender
- Environment & climate change
- Poverty reduction
- Private sector development
- Regional integration
- Other (specify)

**EFFECTIVENESS OVERALL SCORE**

**EFFICIENCY**

- Timeliness (based on the initial closing date) 2
  - Extensive delays due to capacity and procurement challenges affected the project.
- Resource used efficiency 3
  - Satisfactory.
- Cost-benefit analysis NA
- Implementation progress (from the IPR) 2
  - The project faced supervision, capacity and fiduciary challenges.
- Other (specify)

**OVERALL EFFICIENCY SCORE**

**SUSTAINABILITY**

- Financial sustainability 2
  - There are no concrete pillars to ensure financial sustainability in the PCR.
- Institutional sustainability and strengthening of capacities 3
  - Satisfactory. The risk is high staff attrition.
- Ownership and sustainability of partnerships 3
  - Practically not all relevant stakeholders were involved. The District authorities were not fully engaged.
- Environmental and social sustainability 3
  - The ESMP requirements were met.

*The rating of the effectiveness component is obtained from the development objective (DO) rating in the latest IPR of the project (see Guidance Note on the IPR).*
The ratings for outputs and outcomes are determined based on the project’s progress towards realizing its targets, and the overall development objective of the project (DO) is obtained by combining the ratings obtained for outputs and outcomes following the method defined in the IPR Guidance Note. The following method is applied: Highly satisfactory (4), Satisfactory (3), Unsatisfactory (2) and Highly unsatisfactory (1).

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Sub-criteria</th>
<th>PCR Work score</th>
<th>IDEV review</th>
<th>Reasons for deviation/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK PERFORMANCE</td>
<td>Proactive identification and resolution of problems at different stage of the project cycle</td>
<td>3</td>
<td>3</td>
<td>The Bank satisfied fully all its requirements from disbursement to supervision</td>
</tr>
<tr>
<td></td>
<td>Use of previous lessons learned from previous operations during design and implementation</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promotion of stakeholder participation to strengthen ownership</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enforcement of safeguard and fiduciary requirements</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Design and implementation of Monitoring &amp; Evaluation system</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality of Bank supervision (mix of skills in supervisory teams, etc)</td>
<td>3</td>
<td>The Bank through MWFO and OSGE supervised the program as scheduled.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timeliness of responses to requests</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>OVERALL BANK PERFORMANCE SCORE</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BORROWER PERFORMANCE</td>
<td>Quality of preparation and implementation</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compliance with covenants, agreements and safeguards</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provision of timely counterpart funding</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responsiveness to supervision recommendations</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measures taken to establish basis for project sustainability</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timeliness of preparing requests</td>
<td>2</td>
<td>There were some delays on the part of the borrower due to capacity.</td>
<td></td>
</tr>
<tr>
<td>OVERALL BORROWER PERFORMANCE SCORE</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PERFORMANCE OF OTHER STAKEHOLDERS</td>
<td>Timeliness of disbursements by co-financiers</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Functioning of collaborative agreements</td>
<td>3</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality of policy dialogue with co-financiers (for PBOs only)</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality of work by service providers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Responsiveness to client demands

| OVERALL PERFORMANCE OF OTHER STAKEHOLDERS | 2 |

The overall rating is given: Very Good, Good, Fair and Poor.

(i) Very Good (HS) : 4  
(ii) Good (H) : 3  
(iii) Fair (US) : 2  
(iv) Poor (HUS): 1

**DESIGN, IMPLEMENTATION AND UTILIZATION OF MONITORING AND EVALUATION (M&E)**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Sub-criteria</th>
<th>IDEV Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>M&amp;E DESIGN</td>
<td>M&amp;E system is in place, clear, appropriate and realistic</td>
<td>3</td>
<td>The program had adequate and clear system of results tracking and reporting</td>
</tr>
<tr>
<td></td>
<td>Monitoring indicators and monitoring plan were duly approved</td>
<td>3</td>
<td>The indicators were tracked and reported soundly and consistently</td>
</tr>
<tr>
<td></td>
<td>Existence of disaggregated gender indicator</td>
<td>3</td>
<td>The PCR was inclusive with 50% of women being beneficiaries.</td>
</tr>
<tr>
<td></td>
<td>Baseline data were available or collected during the design</td>
<td>3</td>
<td>Adequacy in baselines was maintained and linked to the RLF and supervisions and quarterly reports.</td>
</tr>
<tr>
<td></td>
<td>Other, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL M&E DESIGN SCORE**

| M&E IMPLEMENTATION | The M&E function is adequately equipped and staffed | 2 | The availability of up-to date and reliable data to inform planning and decision-making remains a challenge |

**OVERALL M&E IMPLEMENTATION SCORE**

| M&E UTILIZATION | The borrower used the tracking information for decision | 3 | This was evidence in the mission and quartile reports. |

**OVERALL M&E UTILIZATION SCORE**

| OVERALL M&E PERFORMANCE SCORE | 3 |
## PCR QUALITY EVALUATION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PCR-EVN (1-4)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extent of quality and completeness of the PCR evidence and analysis to substantiate the ratings of the various sections</td>
<td>3</td>
<td>All the sections of the PCR were completed and meeting the Staff Guidance Note standards and expectations. Some of the outputs did not however fully resonate with the Appraisal Report. However, the outputs and outcomes were logically linked towards the ultimate program goal which was attained: accelerating the reduction of maternal and newborn morbidity and mortality rates in Malawi as confirmed by multiple lines of evidence.</td>
</tr>
<tr>
<td>2. Extent of objectivity of PCR assessment score</td>
<td>3</td>
<td>The PCR maintained impartiality in its assessment and ratings despite some inconsistencies noted.</td>
</tr>
<tr>
<td>3. Extent of internal consistency of PCR assessment ratings; inaccuracies; inconsistencies; (in various sections; between text and ratings; consistency of overall rating with individual component ratings)</td>
<td>2</td>
<td>Context and text departed in a number of circumstances. It however a couple of issues among them the PIU with the SWAP Secretariat. Its calculations on outcomes indicators assessment using the formulae were at variance and flawed. However, the coordination with the other financiers of the project was not developed. Effectiveness ratings were not provided in the sections of the report. Resource use efficiency and IP were rated inconsistently with the explanatory notes and overall summary (pages 9 and 14 of the PCR). Timeliness was incorrectly calculated (PCR p 8). Most of ratings, however, were based on the actual facts adduced in its account and performance of the key actors involved. Errors in the text should have been observed.</td>
</tr>
<tr>
<td>4. Extent of identification and assessment of key factors (internal and exogenous) and unintended effects (positive or negative) affecting design and implementation</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>5. Adequacy of treatment of safeguards, fiduciary issues, and alignment and harmonization</td>
<td>3</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>6. Extent of soundness of data generating and analysis process (including rates of returns) in support of PCR assessment</td>
<td>3</td>
<td>supervision missions, BTORs, quarterly progress reports, RLF provided significant evidence in the analysis</td>
</tr>
<tr>
<td>7. Overall adequacy of the accessible evidence (from PCR including annexure and other data provided)</td>
<td>3</td>
<td>The accessibility of the evidence was found to enhance the analysis and scoring.</td>
</tr>
<tr>
<td>8. Extent to which lessons learned (and recommendations) are clear and based on the PCR assessment (evidence &amp; analysis)</td>
<td>2</td>
<td>The lessons (3) and recommendations (5) valued to development interventions and the road map of the Bank Group and DPs. Two recommendations were repeated.</td>
</tr>
<tr>
<td>9. Extent of overall clarity and completeness of the PCR</td>
<td>2</td>
<td>The overall quality and completeness logically is satisfactory. There were however some errors in the PCR which could have been noticed and corrected including stating the date of the PCR. The</td>
</tr>
</tbody>
</table>

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management and comments review section was attended to by three out four managers.

| Other (specify) |  |
| PCR QUALITY SCORE | 3 | Satisfactory |

PCR compliance with guidelines (PCR/OM ; IDEV)

| 1. PCR Timeliness (On time = 4; Late= 1) | 4 | The PCR was submitted 3 months from the closing date of 31 March 2014 and therefore timely. |
| 2. Extent of participation of borrower, Co-financiers & field offices in PCR preparation |  |
| 3. Other aspect(s) (specify) |  |

| PCR COMPLIANCE SCORE | 3 | The PCR optimally satisfied the Staff Guidelines for Project Completion Reporting and Rating. The IPR is not attached. |

*** rated as Very Good (4), or Good (3), or Fair (2), or Poor (1)

References

PCR
IPR
BTOR
Mission Reports
Progress Reports
Monitoring Matrix

Abbreviations

AfDB African Development Bank
CSOs Civil Society Organizations
DFID Department for International Development
DHMTs District Health Management Teams
DPs Development Partners
GoM Government of Malawi
HMIS Health Management Information System
MDGs Millennium Development Goals
MoFED Ministry of Finance and Economic Development
MoH Ministry of Health
MOU Memorandum of Understanding
PIU Project Implementation Unit
PMT Project Management Team
MWFO Malawi Field Office
SWAp Sector Wide Approach