

## PCR EVALUATION NOTE

### EQUATORIAL GUINEA: BASIC HEALTH SERVICES STRENGTHENING PROJECT

#### 1. The Project

Project Code: P-GQ-IDB-002	Project Appraisal Date: <b>Appraisal Nov. 97; Reappraisal Mar.'98</b>	Borrower's Completion Report Ref:
Total Project Cost (UA): <b>2,570,000</b>	Project Approval Date: <b>08/07/'98</b>	PCR Evaluation Note Date: <b>July 2009</b>
Loan Amount (UA): <b>2,010,000</b>	Date of Effectiveness: <b>Loan:17/09/'99. Grant: 26/08/98</b>	Evaluator Name: <b>Judith E. OFORI</b>
Grant Amount (UA): <b>190,000</b>	Project Completion Date: <b>30 March 2007</b>	Reviewer(s) Name: <b>Ann Dao Sow</b>
Co-financed Amount UA): <b>370,000 Government</b>	PCR Date: <b>December 2007</b>	Manager Name: <b>Mr. Mohamed MANAI</b>

#### 1.1 Objectives and expected outcomes and outputs

The project's objective is to strengthen the decentralization of the health system by creating new basic functional integrated health centres (IHCs); as well as to enhance the technical efficiency of the managerial personnel of the IHCs through the provision of training and capacity building programmes.

**Expected outputs were:** i) Eight IHCs built and operational; ii) Fifty six (56) health staff in project IHCs trained; and iii) . Ministry facilities assigned to the PIU rehabilitated

**Outcomes were:** i) More than 50% increase in attendance (utilization rate) of health centers as of the 3rd year of operations;; ii) More than 80% increase in vaccination coverage rate for children aged 1 to 5 and more than 85% for children under 1 in 2005;; iii) Pre-school consultations ensured in all IHCs from the first year of operation; iv) More than 50% reduction in the prevalence of water-borne diseases by 2005; and v) More than 50% reduction in the prevalence of nutritional diseases among under-five children by 2005.

#### 1.2 Project Components and activities

The project had two components: (I) the strengthening of basic health services, and (II) project management; and nine sub-components as follows:- Component I: Strengthening of Basic Health Services: (i) Studies and Supervision; (ii) Construction: 8 IHCs; (iii) Equipment/furniture/supplies; and (iv) Training. Component II: Project Management: i) Rehabilitation; ii) equipment/Furniture/Supplies; iii) Technical Assistance; iv) Audit: Completion of annual project audits by external auditors; and v) Operations.

Activities were: i) Recruitment of consulting firm; ii) Geotechnical and topographical studies of sites; iii) Architectural and technical studies; iv) Recruitment of technical assistance and of the auditing firm; v) Preparation of civil engineering BDs and issuance of bid solicitations; vi) 2.3 Examination and approval of bids and award of contracts; vii) IHC construction works; viii) Preparation, approval of the list of equipment, furniture and consumables; ix) Examination, approval of bids and award of contracts; xii) Renovation of the PIU offices.

Modifications made to the project were as follows: (i) the changing of 5 sites; (ii) the elimination of radiology services in the IHCs; (iii) the elimination of the CORISCO site; (iv) the failure to build solar pumps; (v) the elimination of the training of 8 radiology technicians; (vi) the failure to procure audiovisual equipment for the IHC as well as office, computer, reproduction and documentation consumables; and (vii) the transfer of the PIU from Bata to Malabo.

#### 1.3 Project inputs (including financing)

Project inputs include vehicles; equipment furniture and supplies; technical assistance; training and capacity building; and operating costs.

At project completion, the costs stood at UA, 3,107,993.26; 21% more than the cost at Appraisal of UA 2,570,000 and 12% more than the revised cost UA 2,784,375; (with the 21% increase of government's contribution) bringing the government's total contribution to 29.29% at completion. UA

2,009,064.37 (99.95%) of the loan was disbursed at project completion; the balance of UA 4,458.19 of the unutilised grant was also cancelled.

#### **1.4 Intended beneficiaries and Scope**

The primary beneficiaries of the project are the general population of Equatorial Guinea, specifically women of reproductive age, mothers, young children of school going age, under five year olds and infants. Secondary beneficiaries include staff of IHCs in particular; other Ministry of Health staff and members of IHC management committees whose skill base have been enhanced through training and other capacity building programs.

## **2. PCR Conclusions and Success Ratings**

### **2.1 Main Conclusions**

The project achieved 99% of its physical outputs. The project has contributed to increasing the country's health coverage from 34% to 51% nationally. Care services delivery has just recently began. 60% of staff allocated to the various IHCs are yet to report to their various duty stations 6 months after project completion. The PCR also highlighted outstanding maintenance and operating costs which were not catered for and hence resulting in problems with the operation of the generator and water pump which if not rectified could affect the sustainability of project. The PCR also pointed out the fact that the non provision of incinerators constitutes a health risk for the population and will pose an environmental hazard unless the situation is put right.

The PCR in addition noted the lack of information, data and statistics as well as relevant systems for the compilation and comparison of indicators. This has also made it impossible to state the health coverage and attendance rates of the 7 IHCs.

### **2.2 Performance Ratings**

The PCR rates the overall project performance **unsatisfactory**, the evaluation note rates it **highly unsatisfactory**. While the review note agreed with 3 out of 5 Implementation Performance indicators, it downgraded 2 (adherence to cost and adequacy of monitoring and evaluation). The PCR rates the Bank's performance as **satisfactory**; this review note gives it **unsatisfactory** rating due to the Bank's lack of respect for its own project formulation procedures, and the underestimation of design costs among other things contributed to cost over-runs during implementation. The PCR rated consultants individually; the performance of four out the seven consultants were found to be unsatisfactory; two satisfactory; and one fairly satisfactory. Of contractors, all were found to be unsatisfactory. UNICEF as the supplier could only fulfil 15% of its obligations to the project; the PCR duly rated its operation **unsatisfactory**. The PCR rated the performance of the Borrower as **unsatisfactory**, the review note concurs with that.

### **2.3 Lessons Learned**

The PCR listed valuable lessons for both the Bank and Borrower. For the Bank, it noted that the fact that the project was appraised without the identification and preparation phases; some aspects of the project were not sufficiently studied or taken into account has resulted in the omission of vital equipment such as incinerator and the underestimation of the number of staff needed for first level primary care.

For the Borrower, it noted that the project was implemented without a computerized accounting system and with poorly qualified technical staff resulting in audits not conducted as required. The poor performance of consulting firms and substandard technical assistance resulting in delays in meeting the implementation schedule as well as improving performance were noted and steps to address these issues were suggested.

### **2.4 Recommendations**

The PCR gave relevant to both the borrower and the Bank. In addition, the Borrower must ensure that the assigned staff without any further delay report to their various duty stations; adequate information

systems should be put in place for collection and analysis of health data. Incinerators for the IHCs should be procured to avoid health risks to people.

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

There was no reference to future operational plans; even the 60% of the staff allocated to the various facilities are yet to report to their respective posts.

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

Even though the Borrower's Interim PCR was mentioned in the sources of information, the PCR made no reference to inputs from the Borrower's PCR neither in the main body of the report nor no extracts attached as annex in the PCR. The PCR review team could not locate Interim BPCR from the operations department.

### **4. PCR quality ratings**

#### **4.1 Objectivity and soundness**

The PCR updated the log frame, with project results at completion.

#### **4.2 Project implementation**

The PCR adequately analysed the various stages of project execution. The PCR adequately analysed the project implementation activities.

#### **4.3 Project performance and results**

The PCR sufficiently evaluated Project performance and results. Individual components and implementation partners' performances were adequately examined.

#### **4.4 Social and environmental impacts**

The PCR sufficiently examined the social and environmental impacts of the project on communities. It adequately presented the social impacts on both primary and secondary beneficiaries. The PCR also dealt with both the wider and immediate environmental impacts.

#### **4.5 Project Sustainability**

The PCR adequately dealt with project sustainability, addressing all project aspects.

#### **4.6 Bank, Borrower, and co-financiers performance**

The PCR awarded the Bank satisfactory performance; the Review Note thinks the rating of the Bank should be unsatisfactory. The PCR adequately covered the Borrower's performance. The PCR however made no reference to the borrower's PCR

#### **4.7 Consistency of the PCR overall rating**

All the project components were examined and rated according to their performance levels. This has been well covered by the PCR.

#### **4.8 Analysis and Clarity of conclusions, lessons learned and recommendations**

The PCR gave a clear and thorough analysis of conclusions. It adequately reported on achievements and any outstanding issues; it drew lessons learnt from project formulation to completion and gave appropriate recommendations to both Borrower and the Bank.

### **5. Priority of Project for an activity of Performance Evaluation Report**

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.



		satisfactory but considering the formulation, the rating of the Bank should be unsatisfactory. The PCR adequately covered the Borrower's performance. The PCR however made no reference to the borrower's PCR.
7. Consistency of Overall rating with individual rating components	3	The PCR examined and rated all the project components according to their performance levels.
8. Adequacy of analysis and clarity of conclusions, lessons learned and recommendations	3	The PCR gave a clear and thorough analysis of conclusions, giving covering achievements and any outstanding issues; it drew lessons learnt from project formulation to completion and gave good recommendations to both Borrower and the Bank.
9. Other (Specify)	NA	
<b>Overall Rating</b>	<b>3</b>	<b>Satisfactory</b>

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 project achieved 99% of its physical outputs. While this is laudable, deployment of trained staff to run the facilities has not been completed 6 months after project completing; coupled with this is outstanding maintenance and operating cost which were not catered for. These issues' seriously threatens the future operations and sustainability of the project. The implementation performance was judged highly unsatisfactory, both the Bank's performance and project results/outcomes were unsatisfactory, a PPER is recommended to review what went wrong.

**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) Review project design and implementation issues.
- b) Ascertain whether government has redeployed the trained staff to the health facilities, and whether those allocated have taken up their posts.
- c) Whether the maintenance and operating cost have been allocated and whether the recommendations have been taken and implemented.

**Follow Up Action/Decision:**

The project is recommended for a PPER with focus on the issues identified above.

<b>ANNEX 2</b>				
<b>ASSESSMENT OF IMPLEMENTATION AND BANK PERFORMANCE AND PROJECT RESULTS/OUTCOMES</b>				
Equatorial Guinea: Basic Health Strengthening Project				
	<b>Component Indicator</b>	<b>PCR Rating (1-4)</b>	<b>Evaluation Rating</b>	<b>Comments</b>
<b>1. IMPLEMENTATION PERFORMANCE ASSESSMENT</b>				
1.1	Adherence to implementation schedule	1	1	Review note agrees with PCR rating
1.2	Adherence to cost schedule	2	1	There were 3 cost overruns in construction and supervision of works. Despite decrease in activities, these cost overruns resulted in 21% price escalation.
1.3	Compliance with covenants and conditions	2	2	The review note agrees with the PCR rating
1.4	Adequacy of monitoring evaluation and reporting	2	1	Even though activity reports were produced, supervision was irregular. Quality of quarterly reports weak from the onset, but gradually improved. There was no computerised accounting system and that resulted in delays producing audit reports. There were no formal supervision of 6 out of the 7 IHCs.
1.5	Satisfactory operations	2	2	The review note agrees with the rating
	<b>Total Scores</b>	<b>9</b>	<b>7</b>	
	<b>Average Rating</b>	<b>1.8</b>	<b>1.4</b>	<b>Highly unsatisfactory</b>
<b>2. PERFORMANCE OF THE BANK</b>				
	<b>Component Indicator</b>			<b>Comments</b>
2.1	Identification	0	1	Review note rates this as highly unsatisfactory, disagrees with the PCR, only because there is no 0 rating.
2.2	Preparation	0	1	Review note rates this as highly unsatisfactory, disagrees with the PCR, only because there is no 0 rating.
2.3	Appraisal	4	2	The absence of Identification and Preparation Phases resulted in under-estimation of certain aspects of the project notably cost for construction that resulted in 3 cost overruns. The PCR also noted that there was cost underestimation in the Appraisal report. Inadequate design of project management structure resulted in duplication of effort and increase in management fees. Disregarding the project cycle subsequently caused delays and adversely affected the implementation of the project.
2.4	Supervision	4	3	The review disagrees with the PCR rating of 4. Looking at the composition of the supervision teams, it was only during the final stages of the programme that the team included an architect; this is considering the fact that the project was mainly construction of IHCs.
	<b>Total Scores</b>	<b>8</b>	<b>7</b>	
	<b>Average Rating</b>	<b>2</b>	<b>1.75</b>	<b>Unsatisfactory</b>
<b>3. PROJECT RESULTS/OUTCOMES</b>				
	<b>Component Indicator</b>			<b>Comments</b>
1.	<b>Relevance and achievement of objectives</b>			
1.1	Macro-economic policy	3	3	The review note agrees with the ratings and remarks that, by bringing health centers closer to the population, the project helps reduce the population's health expenditure by reducing transportation costs and providing care quickly
1.2	Sector policy	3	3	The project is in line with the sector policy of the country.
1.3	Physical (including production)	3	3	All the physical constructions has taken place and equipment procured and installed as follows: 7 new integrated health centers were built and equipped with annexes (14 houses) and 8 boreholes

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				were sunk and equipped (one is non functional).
1.4	Financial aspect	3	2	There were 3 cost over-runs that resulted in the final cost increase of 21%. There was 100% disbursement of the loan.
1.5	Poverty reduction, social impact and gender	3	3	The project has contributed to increasing the health coverage from 34% to 51%. Surrounding communities now have access to safer drinking water; skills and capacity base of health staff enhanced through training and capacity building. The evaluation note agrees with the PCR rating.
1.6	Environment	3	2	The PCR rates this as satisfactory, this review note as unsatisfactory. The absence of incinerators is not only a major pollution source to the environment, but a big health risk to the beneficiary communities.
1.7	Private sector development	3	3	The evaluation note agrees with the PCR rating that more than 8 national enterprises have succeeded in obtaining contracts for works and furniture thus creating permanent or temporary jobs in the public works sector
1.8	Other (Specify)	NA		
	<b>Total Scores</b>	<b>21</b>	<b>19</b>	
	<b>Average Rating</b>	<b>3</b>	<b>2.7</b>	<b>Satisfactory</b>
<b>2.</b>	<b>Institutional Development</b>			
2.1	Institutional framework including restructuring	3	1	The management capacity of the project was weak. Six months after completion, trained staff are yet to be assigned to the completed IHCs.
2.2	Financial and integrated systems of management including audit systems	1	1	The PCR note agrees with the PCR rating that A system could not be put in place; however, the audits were conducted.
2.3	Transfer of Technology	1	2	The review note disagrees with the rating, apart from the Technical assistance support to the director of the project, the training of 8 technicians in laboratory techniques, 8 midwives in And other staff in IEC partly constitutes transfer of technology.
2.4	Staffing by qualified/skilled personnel (including turnover), training and counterpart staff.	<b>3</b>	<b>2</b>	Despite the following training of personnel: 8 technicians in laboratory techniques, 8 midwives in maternal and child health, reproductive health, and in IEC, 42 nurses in IEC, 8 agents in administrative and financial management; and 8 health centre nurses in health services management. With the exception of a laboratory technician, the trained staff were only assigned to 2 regional hospitals and the others were still waiting to be
	<b>Total Scores</b>	<b>8</b>	<b>6</b>	
	<b>Average Rating</b>	<b>2</b>	<b>1.5</b>	<b>Unsatisfactory</b>
<b>3.</b>	<b>Sustainability</b>	<b>2.5</b>		
3.1	Continued commitment of borrower	4	4	The Government honored its commitment especially with respect to counterpart funds; the government also covered all the cost over-runs; to further show its commitment, it provided funds when the funds allocated for the operation of the PIU was exhausted.
3.2	Environmental policy	3	3	The review note agrees with the PCR rating
3.3	Institutional framework	3	2	Despite the fact that the structure exists for the IHCs to be autonomous, with local management through committees; the government is yet to issue decrees for the creation of and defining the roles of the IHC management committees.

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3.4	Technical viability and staffing	2	1	Even 6 months after project completion, despite the identification and redeployment of staff, 60% are yet to report to their duty stations.
3.5	Financial viability (including cost-recovery)	2	1	Even though cost recovery mechanisms exist, they are not harmonized. Maintenance and operating costs are not covered which is a challenge to operate the generator and water pump. Financial viability will depend on the rate of attendance of the centers as well as the patients' ability to pay for the drugs.
3.6	Economic viability	3	3	Building IHCs within communities brings the health facilities closer to the communities. The IHCs were built with close community participation; the economic viability will very much depend on continuous community use, their ability to pay for the drugs.
3.7	Environmental viability	1	1	The review note agrees with the PCR rating that the construction of latrines as well as the building of incinerators in the future will ensure environmental viability
3.8	O & M facilitation (foreign exchange and recurrent cost financing availability, etc)	2	2	The review note agrees with the PCR rating the country's capacity and political will, in the context of the oil boom could make available sufficient financial resources to ensure the operation and maintenance of the IHCs. The staff trained in the context of strengthening the maintenance unit during the study on the sector (1991 – 2000) and strengthening the management capacity of infrastructure will be of significant help in the maintenance of biomedical equipment. In addition, the creation of management committees could also help with the protection of installed goods.
	<b>Total Scores</b>	<b>20</b>	<b>17</b>	
	<b>Average Rating</b>	<b>2.5</b>	<b>2.1</b>	<b>Unsatisfactory</b>
<b>4.</b>	<b>Economic rate of return</b>	<b>NA</b>	<b>NA</b>	
	<b>OVERALL TOTAL</b>	<b>66</b>	<b>56</b>	
	<b>OVERALL RATING (1-4 above)</b>	<b>2.35</b>	<b>2</b>	<b>Unsatisfactory</b>

### **Sources of information.**

1. Project Appraisal Report
2. Bank PCR
3. Supervision Summary Reports (of 2000, 2001, 2002, 2003, 2004, 2005, 2006 missions)