

PROJECT COMPLETION REPORT (PCR)

A. PROJECT DATA AND KEY DATES

I. BASIC INFORMATION

Project Number SAP CODE: P-CM-IBD-003	Project Name HEALTH SYSTEM DEVELOPMENT PROJECT (PDSS)	Country: REPUBLIC OF CAMEROON	
Lending Instruments : AFD LOAN N° 2100150000201		Sector: HEALTH	Environmental Category: CATEGORY II
Original Commitment: Loan: A 8,050,000.00; National Counterpart Funding: UA 1,050,000.00	Amount Cancelled: 0 0	Amount Disbursed: UA 6,923,677.55 CFAF 1,425, 870,000 (125.82%)	% Disbursed as at 30.09.2010 86.00% the balance of UA 900,000 will be used as emergency aid for cholera and malaria control
Borrower: REPUBLIC OF CAMEROON			
Executing Agency (ies) [indicate the major ministries, project implementation unit, civil society agencies and organizations responsible for the implementation of the project.] <ul style="list-style-type: none"> - Project Implementation Unit at the Ministry of Public Health - Executing Agency: Consulting Project Manager (CIMA International) 			
Cofinanciers and Other External Partners [mention all other sources of financing and the amounts, technical assistance and other sources used under the project]			

II. KEY DATES

Project Concept Note Approved by Com. Ops. NA	Appraisal report approved by Com. Ops NA	Approval by Board of Directors 7 June 2000
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Restructuring(s) NA			
	Original Date	Actual Date	Difference in Months [Actual-Original]
EFFECTIVENESS	01/01/2001	19/09/2001	8
MID-TERM REVIEW	01/02/2003	03 -Dec - 04	21
CLOSING	31/12/2005	30/06/2010	54

III. RATINGS SUMMARY

CRITERIA	SUB-CRITERIA	RATING
PROJECT OUTCOME	Achievement of Outputs	3
	Achievement of Outcomes	2
	Timeliness	1
	OVERALL PROJECT OUTCOME	2
BANK PERFORMANCE	Design and Readiness	3
	Supervision	2
	OVERALL BANK PERFORMANCE	3

BORROWER PERFORMANCE	Design and Readiness	3
	Implementation	2
	OVERALL BORROWER PERFORMANCE	2

IV. RESPONSIBLE BANK STAFF

POSITIONS	AT APPROVAL	AT COMPLETION
Regional Director	L. B. S. CHAKROUN	J. M. GHARBI
Sector Director	L. B. S. CHAKROUN	B. TSHINKO ILUNGA (p. i.)
Task Manager	N. SAFIR	TSHINKO BONGO ILUNGA (OSHD.3)
Project Manager	A. DIOP	B. BA-DIAGNE
PCR Team Leader		B. BA-DIAGNE
PCR Team Members		J. BISSAKONOU, F. MESSAADI (Consultant) and PIU Team

B. PROJECT CONTEXT

Summarize the rationale for Bank involvement. State:

- what development challenge the project concerns
- the borrower's overall strategy for addressing it,
- Bank activities in this country (ies) and sector over the past year and how they performed, and
- ongoing Bank and other externally financed activities that complement, overlap with or related to this project.

Please cite relevant sources. Comment on the strength and coherence of the rationale.
250 words maximum.

Any additional narrative about the project's origins and history if needed must be placed in Annex 6: Project Narrative

The main development challenge of the country remains poverty reduction. In this regard, the social dimension of the structural adjustment programme put in place at the end of the 1980s provides for the protection of vulnerable groups. With regard to health, the programme proposes to provide the country with a viable healthcare system for disadvantaged population groups.

In the early 1990s, the Government embarked on reforms to strengthen and harmonize the interventions of TFPs in the sector. A study on primary health care reorientation (REOSSP) was initiated and a national health strategy was developed. In 1992, the Bertoua National Seminar triggered off an in-depth reform of the health system by establishing Health Districts and defining their roles and responsibilities, among others.

In this context, the Government, with the support of the African Development Bank, conducted a pre-investment study in 1993 in the area of health to identify actions that would complement those of other donors following which the Government in May 1999 requested support from the ADF to finance this project (PDSS) with a view to strengthening health services and the national health information system as well as supporting biomedical equipment maintenance efforts.

C. PROJECT OBJECTIVE AND LOGICAL FRAMEWORK

1. State the Project Development Objectives (as set out in the appraisal report)

The sector goal of the Project is to improve the health status of communities through increased access to integrated quality care. Specifically, the project aims to improve access to, and the quality of health services in the Centre and South Provinces through improved health services, support to maintenance and reinforcement of the National Health Information System (NHIS).

2. Describe the major project components and indicate how each will contribute to achieving the Project Development Objectives

The project comprises four components: i) strengthening of health services will help to enhance access to basic health services for the communities of the Centre and South Provinces through the construction and/or

rehabilitation as well as equipping of 6 IHCs and 3 DHs; ii) strengthening of the health information system, establishment of the health observatory to provide the Ministry of Public Health with a reliable and efficient information tool; iii) support for biomedical equipment maintenance; iv) project management.

3. Provide a brief assessment (up to two sentences) of the project objectives along the following three dimensions: insert a working score, using the scoring scale provided in Appendix 1.

PROJECT OBJECTIVES DIMENSIONS		ASSESSMENT	WORKING SCORE
RELEVANT	a) Relevant to the country's development priorities..	The objectives are relevant given that they are consistent with the government's policy under which access to health care is a national priority.	3
ACHIEVABLE	b) Objectives could in principle be achieved with the expected inputs and in the expected timeframe.	In terms of project costs, the objectives are achievable. On the other hand, given the timeframe, risks related to the cumbersome procurement procedures, the performance of the PIU and the executing capacity of contractors were not adequately analyzed.	3
CONSISTENT	c) Consistent with the Bank's regional or country strategy.	This project is consistent with the ADF VIII guidelines and the priorities defined in the CSP (1999-2001).	3
	d) Consistent with the Bank's corporate priorities.	The health system development project is consistent with the Bank's human development priorities.	3

4. Lay out the log-frame. If a log-frame does not exist, complete the table below indicating the overall project development objective, the major components, the major activities of each component and their expected outputs, outcomes and indicators for measuring the achievement of outcomes. Please add additional rows for components, activities, outputs or outcomes, if needed.

Descriptive Narrative(DN)	Objectively Verifiable Indicators (OVI)	Means of Verification(MV)	Key Assumptions
Sector Goal: I. Improve the health status of the communities	I.1. Mortality and morbidity rates reduced by at least 20% in 2008	I.1. Annual health statistics of the Ministry of Health;	
	I.2. Reduction by 20%, of the prevalence of major diseases by 2008	I.2. Progress reports of health facilities; supervision reports and annual statistics of the Ministry of Health	
Project Objective: II. Improve access to, and the quality of health services in the Centre and South Centre and South Provinces	II.1. Increase the bed capacity of health facilities by 20% in the Centre and South regions by 2003	II.1 Annual statistical reports of the Ministry of Health.	
	II.2. Eighty percent (80%) of data existing in the ONSP will be accurate and useable starting from 2003;	II.2. Progress reports of the Health Observatory;	Continued economic crisis in the country.
	II.3. Eighty percent (80%) of biomedical equipment maintenance problems in the Centre and South regions are dealt with by the staff of health facilities starting from 2004.	II.3. Progress reports of targeted hospitals/IHCs;	The weak institutional capacity of the Ministry of Health; general lack of motivation among health personnel. Continuation of the establishment of NHIS, a pre-requisite to ONSP
Achievements: III. Health facilities	III.1. Three district hospitals and six health centres rehabilitated/constructed and equipped;	III.1. Works progress reports, ADF supervision reports, delivery notes, project completion report.	Outcome 1: Reduction of infant and child mortality

strengthened	<p>III.2. Twenty-six workers from health facilities trained in IEC, micro-planning and maintenance by 2004;</p> <p>III.3. An initial stock of ED, medical supplies and management tool valued at UA 86,000 set up for project health structures by 2003;</p> <p>III.4. Two KAP surveys conducted at start and end of project in 2001 and 2004;</p>	<p>III.2. Training reports, supervision reports and progress reports;</p> <p>III.3. Purchase orders, delivery notes, progress reports and supervision report</p> <p>III.4. Survey findings</p>	<p>Posting of staff to project health facilities</p> <p>Actual transfer of budget allocations of health structures</p> <p>Setting up or revitalization of dialogue structures related to the basic health facilities under the project</p>
IV. Community participation developed around health structures targeted by project;	IV.1. Eighty-four members of dialogue structures in the target health structures trained in management and accounting by 2002;	IV.1. Training, supervision and progress reports;	
V. A health observatory is established and operational;	V.1. A KAP survey on the community perception of health services and a study on the communication system at the level of health districts conducted by 2003;	V.1. Progress reports, KAP survey reports, study report, supervision report, study report;	
	V.2. A health observatory is put in place and equipped and the staff trained by 2003;	V.2. Progress report Progress report of observatory and training reports;	
VI. Biomedical equipment maintenance strengthened	VI.1. Eighty-four maintenance workers from the Centre and South regions are trained in maintenance and supplied with tool kits by 2003	VI.1. Training, supervision and progress reports;	
	VI.2. Ten regional workshops and one national workshop on maintenance study organized by 2002	VI.2. Workshop, supervision, progress reports and maintenance study report	

5. For each dimension of the log-frame, provide a brief assessment (up to two sentences) of the extent to which the log-frame achieved the following. Insert a working score, using the scoring scale provided in Appendix 1. If no log-frame exists, score this section as a 1.

LOG-FRAME DIMENSIONS		ASSESSMENT	NOTE
LOGICAL	a) Presents a logical causal chain for achieving the project development objectives.	The logical framework of the project appraisal shows consistency between the objectives and the achievements, on the one hand, and the means of verification whose indicators are defined, on the other hand.	3
MEASURABLE	b) Expresses the objectives and outcomes in a way that is measurable and quantifiable.	The objectives and outcomes were expressed in a measurable and quantifiable way.	3
THOROUGH	c) States the risks and key assumptions.	The logical framework indicates some risks and assumptions under "key assumptions", including the posting of staff to the project health facilities. However, other risks were not identified. These include the signing of the instrument establishing the ONSP or the timely release of counterpart funds.	2

D. ACHIEVEMENT OF OUTPUTS

In the table below assess the achievement of the expected vs. actual outputs for each major activity. Import the expected output from the log-frame in Section C. Score the extent to which the expected outputs were achieved. Weight the scores by the activities' approximate share of project costs. The overall output score will be auto-calculated as the sum of the weighted scores. Override the autocalculated scores if desired and provide justification.

MAJOR ACTIVITIES		Working Score	Share of Project Costs	Weighted Score (automatically generated)
Expected Outputs	Actual Outputs			
<p>1) Health facilities strengthened: 3 district hospitals and 6 health centres rehabilitated/constructed and equipped. Twenty-six workers of basic health facilities trained in IEC, micro-planning and maintenance. A stock of essential medicines and management tool valued at UA 86,000 set up for the health structures of the Project. Two knowledge-attitudes-practices (KAP) surveys conducted (one at the beginning of the project and one at the end of the project).</p>	<p>Three district hospitals and 6 health centres were rehabilitated/constructed and equipped. Eighteen health staff and 42 community members were trained in IEC/awareness on emergency obstetrical and neonatal care. One survey was conducted at the start of the Project. A stock of essential medicines, medical supplies and a management tool valued at UA 109,000 was constituted for the health structures of the project.</p>	3	79.39%	2.3817
<p>2) Community participation developed in health structures targeted by the project: eighty-four members of dialogue structures around targeted health faculties trained in management and accounting.</p>	<p>This activity was not carried out because the health structures were not operational.</p>		0.70%	0

<p>3) A health observatory established and operational: A KAP survey on community perception of health services and a study on the communication system at the level of health districts conducted. A health observatory is put in place and equipped and the staff trained.</p>	<p>A national survey on community perception, attitude and practices was conducted. The study on the communication system at the health district level was conducted by the IT expert initially recruited to train the ONSP staff in data processing. Since the ONSP was not established, the NEC received equipment and its staff training originally planned for this institution.</p>	<p>2</p>	<p>9.65%</p>	<p>0.193</p>
<p>4) The maintenance of biomedical equipment strengthened; Eighty-four maintenance workers from the Centre and South regions are trained in maintenance and supplied with tool kits; Ten regional and one national workshop on maintenance study organized. Three biomedical training centres constructed and equipped (omitted in the log-frame). Three senior technicians and 9 maintenance trainers are trained.</p>	<p>Thirty workers (instead of 84) in existing health facilities were trained at a workshop (from 10 to 22 May 2010). The 10 workshops on maintenance study were regrouped into 4 workshops. One national workshop was organized. Three (3) biomedical training centres were constructed equipped and are operating. Sixty (60) maintenance technicians (including about 15 girls) will complete the training annually starting from the end of the 2010 - 2011 academic year. Six (6) senior technicians and nine (9) maintenance trainers were trained. Some of the trained staff was assigned to departments of the Ministry of Health while others joined the private sector.</p>	<p>3</p>	<p>10.27%</p>	<p>0.3081</p>
<p>OVERALL OUTPUT SCORE [calculated as the sum of weighted scores</p>				<p>3</p>
<p>The gender output obtained, especially with regard to the training of biomedical maintenance technicians are not taken into account.</p>				
<p>Insert the new score or re-enter the autocalculated score</p>				<p>3</p>

II. OUTCOMES ACHIEVED

1. Using available monitoring data, assess the achievement of expected outcomes. Import the expected outcomes from the expected log-frame in Section C. Score the extent to which the expected outcomes were achieved. The overall outcome score will be auto-calculated as an average of the working scores. Override the autocalculated score, if desired and provide justification.		
OUTCOMES		Working Score
Expected	Actuals	
1) Increase the bed capacity of health facilities by 20% in the Centre and South regions by the end of the project.	The total number of health structures (IHCs + public hospitals) increased from 432 at the project design to 558 at the end of project, all financing sources included, representing an increase of 29.16%. The population covered by a health structure in the project area increased from 5630 at project start-up to 6383 at completion, corresponding to a 13.37% increase. This deterioration is due to the sharp population increase in the project area from 2,432,235 to 3,562,193 persons (+ 4.6%).	3
2) Eighty percent (80%) of data existing in the ONSP will be accurate and immediately useable	The missions of the ONSP, which was not established, were transferred to the National Epidemiological Committee (NEC) / see other outcomes	3
3) Eighty percent (80%) of biomedical equipment maintenance problems in the Centre and South Centre and South Provinces are dealt with by the staff of health facilities by the end of the project	The teaching staff trained in maintenance is contributing to enhancing the maintenance system through increased and better qualification of the specialized staff. Furthermore, the 6 senior technicians trained abroad are currently contributing to the continued maintenance of equipment in the health facilities. The maintenance system will be strengthened by the availability of 60 technicians trained annually starting from 2011 in the 3 training centres established by the project.	2
4) Community participation developed around the health structures targeted by the project (outcome not included in specific objectives of the project).	The majority of community structures (health and management committees) are operational thanks to the support of the Ministry. Project resources were not used for this.	3
OVERALL OUTCOME SCORE [calculated as an average of working scores]		3
Provide justifications for overriding the autocalculated score		
Insert the new score or re-enter the auto-calculated score		
2. Additional outcomes: Comment on additional outcomes not captured in the log-frame, including cross-cutting issues (e.g. gender).		

Considering the transfer of the ONSP's missions to the NEC, the latter benefited from training activities and the supply of computer equipment as well as rolling stock and office equipment to improve the health information system. The training outside the country of 3 public health and epidemiology staff and the local training of 9 IT experts were achieved.

3. Risks to sustained achievement of outcomes. State the factors that affect or could affect the long-run or sustained achievement of project outcomes. Indicate if any new activity or institutional change is recommended to help sustain outcomes. The analysis should draw upon the sensitivity analysis in Annex 3, where applicable.

The low level of community involvement in the management of health structures as well as the inadequate coverage by the Government of the maintenance aspect could undermine the sustainability of the project achievements.

E. PROJECT DESIGN AND READINESS FOR IMPLEMENTATION

1. State the extent to which the Bank and the Borrower ensured that the project was commensurate with the Borrower's capacity to implement by designing the project appropriately and by putting in place the necessary implementation arrangements. Consider both design aspect (inputs) and actual outcomes. Design aspects include: extent to which project design took into account lessons learned from previous PCRs in the sector or the country (please cite key PCRs); whether the project was informed by robust analytical work (please cite key documents); how well the Bank and Borrower assessed the capacity of the implementing agencies and Project Implementation Unit, extent of consultations and partnerships, economic justification of project and provisions made for technical assistance.

[200 words maximum. Any additional narrative about implementation should be included in Annex 6 : Project Narrative]

The project was designed following a pre-investment study whose completion report findings were built upon within the framework of this project. It is also worth noting that the project was based on the National Health Development Plan (PNDS) and Primary Health Care Reorientation Programme (REOSSP).

2. For each dimension of project design and readiness for implementation, provide a brief assessment (up to two sentences). Insert a working score using the scoring scale provided in Appendix 1.

PROJECT DESIGN AND READINESS FOR IMPLEMENTATION		ASSESSMENT	Working Score
REALISM	a) Project complexity is matched with country capacity and political commitment.	The design was generally realistic. However, the civil engineering component was inadequate given the scope of activities in this area.	3
RISK ASSESSMENT AND MITIGATION	b) Project design includes adequate risk analysis.	1 –the risk related to the economic crisis was not felt considering that the Government's contribution which exceeded estimates by	2

		25.82%; 2 – the weak institutional capacity of the Ministry of Health was mitigated by establishment of the PIU. 3 – The risk related to staff posting to the project structures was partially reduced given the availability of the staff at the rehabilitated sites. In contrast, the posting to staff to the new infrastructures was only partial. 4 – The risk related to the establishment of dialogue structures was not sufficiently mitigated. However, the grassroots communities are legally involved in the management of health structures (management committees and health committees). 5 – The risk related to the low capacity of contractors was not considered. 6 – This was also true of the risk related to the time taken for the decree establishing the ONSP to be signed.		
USE OF COUNTRY SYSTEMS	c) Project procurement, financial management, monitoring and/or other systems are based on those already in use by government and/or other partners	The Bank's procurement system used in accordance with the loan agreement.		4
For the following dimensions, provide separate working scores for Bank performance and Borrower performance:			Working Score	
			Bank	Borrower
CLARITY	d) Responsibilities for project implementation are clearly defined.	On the whole, responsibilities were well defined.	3	3
PROCUREMENT READINESS	e) Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	Project implementation documents were ready at the end of appraisal.	3	3
MONITORING READINESS	f) Monitoring indicators and monitoring plan are agreed upon.	Verifiable indicators were defined. On the other hand, there was no monitoring plan.	2	2
BASELINE DATA	h) Baseline data are available or are being collected.	A survey was conducted at the start of the project and baseline data were collected. However, the baseline data on the bed capacity of the structures are not available.	3	2

F. IMPLEMENTATION

1. State the major characteristics of project implementation with reference to: adherence to schedules, quality of construction or other work, performance of consultants, effectiveness of Bank supervision, and effectiveness of Borrower oversight. Assess how well the Bank and the Borrower ensured compliance with safeguards.

[200 words maximum. [Any additional narrative about implementation should be included at Annex 6: Project Narrative]]

The schedule was not adhered to. The deadline for the last disbursement set for 31 December 2005 was extended 5 times up to 30 June 2010 owing to the delay in project start-up (2 years) and the slow implementation pace (2.5 years) by the various actors (PIU, BEAT, works contractors, procurement commissions, etc.)

Overall, the quality of works is unsatisfactory. A technical audit firm should have been recruited to ensure compliance with standards. The final acceptance was issued for 11 of the 12 project training activities (3 structures are not functioning: Ayos DH for non-supply of equipment; the contract for Fifinda IHC, to be terminated and NkInget IHC staff not posted).

2. Comment on the role of other partners (e.g. donors, NGOs, contractors, etc.). Assess the effectiveness of co-financing arrangements and of donor coordination.

The project was not co-financed. However, as a member of the health sub-group of the multi-donor committee, the ADB participates in the coordination meetings of the said committee.

3. Harmonization. State whether the Bank made explicit efforts to harmonize instruments, systems and/or approaches.

Non applicable

4. For each dimension of project implementation, assess the extent to which the project achieved the following. Provide a brief assessment (up to two sentences) and insert a working score, using the scoring scale provided in Appendix 1.

PROJECT IMPLEMENTATION DIMENSIONS		ASSESSMENT		Working Score
TIMELINESS	a) Extent of adherence to closing date. If the difference on the right is:		5 extensions of the last disbursement date (from 1 January 2006 to 30 June 2010).	1
	b) lesser than 12, score 4 c) between 12.1 and 24, score 3 d) between 24.1 and 36, score 2 e) greater than 36.1, score 1			
		54		

BANK PERFORMANCE	b) Bank compliance with:		
	Environmental safeguards	The health facilities constructed under the project have incinerators and storm water drainage as well as wastewater and black water evacuation systems linked to septic tanks and cesspools.	3
	Fiduciary requirements	The Bank's procurement rules and procedures were systematically followed. The initial budget of the ADF funding was not exceeded. In contrast, the national counterpart fund had to be supplemented by 25.82 %. Audit reports were not systematically transmitted to the Bank. However, it is worth noting that the PDSS project did not undertake any environmental assessment and, therefore, does not have an environmental management plan.	3
	Project covenants	The Bank fulfilled commitments stipulated in the Loan Agreement.	4
	c) Bank provided quality supervision in the form of skills mix provided and practicality of solutions.	The Bank provided quality supervision in terms of skills mix. The various supervision missions did not yield practical solutions to the numerous problems encountered by the project.	3
	d) Bank provided quality management oversight.	The project received 2 financial supervision missions (disbursement). On the other hand, the Bank did not field any audit mission for the project. The Bank's management oversight is therefore deemed inadequate.	2
BORROWER PERFORMANCE	e) Borrower complied with:		
	Environmental safeguards	The health facilities constructed under the project have incinerators and storm water drainage systems (open drainage). Wastewater and black water are evacuated through a network linking septic tanks to cesspools. However, the incinerators are hardly used and the maintenance of external areas developed under the project is inadequate.	3

	Fiduciary requirements	Procurement was always consistent with the Bank's rules and procedures. The national counterpart contribution increased by 25.82 %. However, audit reports were not systematically transmitted to the Bank, notably those of 2007 and 2008 which began in September 2009 and which were submitted with considerable delay owing to the lack of consensus on some expenditure which the auditor found ineligible. The interests generated by the funds paid into special accounts were deducted at source by the <i>Caisse Autonome d'Amortissement</i> (National Sinking Fund - CAA), although they were intended to be used for project activities.	2
	Project covenants	The Government complied with the financial commitments stipulated in the Loan Agreement. However, some conditionalities such as the establishment of ONSP were not met. Furthermore, the staff posted to the health facilities is insufficient.	2
	f) Borrower was responsive to Bank supervision findings and recommendations	The Borrower was responsive to the findings and recommendations of the Bank. However, these were not always implemented in a timely manner.	3
	g) Borrower collected and used monitoring information for decision making.	The PIU has neither a monitoring-evaluation expert nor a formal monitoring plan with outcome indicators. However, the PIU holds weekly coordination meetings and monthly work sessions with CMFO. Also, the steering committee and the DIR/MINEPAT Committee responsible for the project activities meet regularly (monthly for the steering committee and quarterly for the monitoring committee).	3

G. COMPLETION

1. Was the PCR timely in accordance with the Bank Policy?			
Date of achievement of 98% of disbursement (or closing date, where applicable)	Date PCR was sent to pcr@afdb.org	Difference in months	WORKING SCORE (generated automatically) if the difference is equal to or lesser than 6 months, the score is 4. If the difference is greater than 6 months, the score is 1.
30 June 2010 (76. 57%)			4
<p>Briefly describe the PCR Process. Describe the Borrower's and co-financers' involvement in producing the document. Highlight any discrepancies concerning the assessments made in this PCR. Describe the team composition and confirm whether an in-sight visit was undertaken. Mention any major collaboration from other development partners. State the extent of field office involvement in producing the report. Indicate the timeliness of the peer review comments (provide the names and positions of pair reviewers).</p> <p>[100 words maximum]</p> <p>The Government prepared the PCR in November 2009 based on the old format. The joint PCR mission was conducted from 28 June to 15 July 2010. The mission team comprised staff from the Bank (a health expert/Tunis, socioeconomist/CMFO and an architect-consultant/Tunis) and the PIU. Overall, 10 out of 12 sites were visited by the team. Interviews were conducted with the beneficiary communities and health personnel. The team met with officials from ministries involved in the project implementation, the lead technical and financial partner (GTZ) and WHO representatives .</p>			

H. LESSONS LEARNED

<p>Summarize key lessons for the Bank and the Borrower suggested by the project's outcomes.</p> <p>[250 words maximum. Any additional narrative about lessons learned, if needed, must be placed in Annex 6: Project Narrative]</p>
<ol style="list-style-type: none"> 1- The red tape involved in the ONSP establishment process (approval of instruments establishing ONSP) and the transfer of ONSP functions to the CNE as an alternative solution should have been sufficiently addressed at project appraisal. 2 – Significant shortcomings in the composition of the PIU had a major impact on the execution of the project activities. These included: lack of a public health specialist, insufficient civil engineering technicians (only 1 engineer) and lack of procurement specialist. Other shortcomings were related to the lack of monitoring and evaluation mechanisms, lack of

familiarity with Bank rules of procedure and cumbersome national procurement procedures.

- 3 – Poor assessment of the quality and capacity of works contractors (no national database, among others) owing to the downward adjustment of the performance level required in the bidding documents after 2 unsuccessful bids led to a poor assessment of risks related to the quality of works and adherence to the implementation schedule.
- 4 – The absence of technical quality control firm from the commencement of studies in conjunction with the weak technical capacity of architectural, technical and environmental studies were responsible for the magnitude and numerous cases of poor workmanship for the structures.
- 5 – The training of 60 biomedical maintenance technicians by 2011 will boost biomedical equipment maintenance activities, if such technicians are recruited by the Government.
- 6 – The insufficient staff posted to health centres accounts for their non-operationality.
- 7- At the appraisal of similar projects, the size and operation of stand-by generators to be procured must be adequately assessed (unduly high power output resulting in substantial recurrent expenses, absence of automatic switchovers in the event of public power outages) otherwise, the equipment would be damaged resulting in increased recurrent costs.
- 8 – At project appraisal, the definition of biomedical equipment must include the posting of qualified staff to the beneficiary structures.
- 9- Having a PIU whose composition was not adequate and assigning it a second project (PASR), also contributed to project implementation delays
- 10- The Bank should have been more rigorous in assessing project duration extensions in the sense that instead of having 5 extensions, possibly one 2.5-year extension complete with a sound procurement plan would have sufficed.

I. PROJECT RATINGS SUMMARY

All working scores are auto-generated by the computer from the relevant section in the PCR

CRITERIA	SUB-CRITERIA	Working Score
PROJECT OUTCOME	Achievement of outputs	3
	Achievement of outcomes	3
	Timeliness	1
	OVERALL PROJECT OUTCOME SCORE	2
BANK PERFORMANCE	Design and Readiness	
	Project objectives are relevant for the country's development priorities	3
	Project objectives are achievable given the project's inputs and expected timeframe	3
	Project objectives are consistent with the Bank's regional or country strategy	3
	Project objectives are consistent with the Bank's corporate priorities	3
	Log-frame presents a logical causal chain for achieving the project development objectives.	3
	Log-frame expresses the objectives and outcomes in a way that is measurable and quantifiable	3
	Log-frame states the risks and key assumptions	2

Project complexity is matched with country capacity and political commitment	3
Project design includes adequate risk analysis	2
Project procurement, financial management, monitoring and/or other systems are based on those already in use by government and/or other partners.	4
Responsibilities for project implementation are clearly defined	3
Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	3
Monitoring indicators and monitoring plan are agreed upon	2
Baseline data are available or are being collected	3
PROJECT DESIGN AND READINESS SUB-SCORE	3
Supervision:	
Bank's compliance with:	
Environmental safeguards	3
Fiduciary requirements	3
Project covenants	4
Bank provided quality supervision in the form of skills mix provided and practicality of solutions	3
Bank provided quality management oversight	2
PCR was timely	4

	SUPERVISION SUB-SCORE	3
	OVERALL BANK PERFORMANCE SCORE	3
BORROWER PERFORMANCE	Design and preparedness	
	Project implementation responsibilities are clearly defined	3
	Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal	3
	Monitoring indicators and monitoring plan are agreed upon; baseline data are available or are being collected	2
	PROJECT DESIGN AND READINESS SCORE	3
	Implementation	
	Borrower compliance with:	
	Environmental safeguards	3
	Fiduciary requirements	2
	Project covenants	2
	Borrower was responsive to Bank supervision findings and recommendations	3
	Borrower collected and used monitoring information for decision making	3
	IMPLEMENTATION SUB-SCORE	3
OVERALL BORROWER PERFORMANCE SCORE	3	

J. PROCESSING

STEP	SIGNATURE AND COMMENTS	DATE
Acting Sector Manager Clearance BINETA BA-DIAGNE		
Regional Director Clearance MARLENE KANGA		
Sector Director Approval AGNES SOUCAT		

Project Cost and Financing

Table 1

Project Cost by Financing Source and by Component

COMPONENT	CFAF Million			UA Million			% Share
	ADF	Govt.	Total	ADF	Govt.	Total	ADF
I. Strengthening Health Services	5 391.60	562.39	5 953.99	6.02	0.62	6.67	90.10%
II. Strengthening the Health Information System	765.98	30.99	796.97	0.86	0.03	0.87	98.19%
III. Support for Biomedical Equipment Maintenance	734.18	45.81	779.99	0.82	0.05	0.86	94.88%
IV. Project Management	315.31	299.60	614.91	0.35	0.33	0.68	51.85%
Total Project Cost	7 207.07	938.78	8 145.85	8.05	1.04	9.09	88.48%

Table 2

Project Cost by Financing Source

Source	CFAF Million			UA Million			%	% of
	F.C.	L.C.	Total	F.C.	L.C.	Total	F.C.	Total
ADF	6248.2517	958.82	7 207.07	6.98	1.07	8.05	86.70%	88.57%
Government	0.00	938.78	938.78	0.00	1.04	1.04	0.00%	11.43%
Total	6 248.25	1 897.60	8 145.85	6.98	2.11	9.09	76.79%	100.00%
% of Total	76.79%	23.21%	100.00%	76.79%	23.21%	100.00%	76.79%	-

UA 1= CFAF 895.165 at project appraisal (March 2000)

Supervision Missions. Notes on Last Mission

Mission	Start Date	Completion Date	Duration (days)	Composition
Preparation (06/99)	N/A	N/A	N/A	N/A
Appraisal	03/01/2000	16/01/2000	14	1 Health Expert, 1 Architect, 1 Financial Analyst
Supervision	13/05/2002	24/05/2002	12	1 Health Expert
Supervision	20/11/2002	27/11/2002	8	1 Health Expert
Supervision	15/06/2003	29/06/2003	15	1 Health Expert, 1 Architect, 1 Financial Analyst, 1 Health Socioeconomist.
Supervision	12/10/2003	31/10/2003	20	1 Health Expert, 1 Architect
Supervision	27/06/2004	11/07/2004	15	1 Health Expert, 1 Disbursement Officer, 1 Health Socioeconomist
Mid-Term Review	02/12/2004	18/12/2004	17	1 Health Expert
Supervision	02/06/2005	11/06/2005	10	1 Health Expert
Supervision	17/11/2005	01/12/2005	15	1 Health Expert
Supervision	06/03/2006	13/03/2006	07	N/A
Supervision	09/11/2006	20/11/2006	11	1 Health Expert, 1 Architect, 1 Disbursement Officer, 2 Experts (speciality N/A)
Supervision	14/11/2007	30/11/2007	17	1 Health Expert

Supervision	21/5/2008	06/06/2008	17	1 Health Expert, 1 Agronomist
Supervision	30/08/2008	15/09/2008	17	2 Health Experts, 1 Architect
Supervision	16/03/2009	31/03/2009		1 Health Expert, 1 Social Development Expert, 1 Architect
Supervision	28/07/2009	12/08/2009	16	1 Social Development Expert, 1 Procurement Assistant
Supervision	15/01/2010	30/01/2010	16	1 Health Expert, 1 Social Development Expert, 1 Architect
Preparation of Completion Report	28/06/2010	15/07/2010	18	1 Health Expert, 1 Social Development Expert, 1 Architect

Project Objectives, Description and Formulation

1. Objectives

The sector objective is to improve the health status of communities, through increased access to integrated quality care for the entire population with the full participation of the latter in the financing of health activities. The specific project objective is to improve access to, and quality of health services in the Centre and South Centre and South Provinces through enhanced health services, support to maintenance and strengthening of the National Health Information System (NHIS).

2. Description

To achieve the above objectives, four (4) components were identified:

- I. Strengthening health services
- II. Strengthening the Health Information System/Health Observatory
- III. Support to biomedical equipment maintenance
- IV. Project management.

2.1. Component I. Strengthening Health Services

This component consists in strengthening basic health services through the rehabilitation of three district hospitals (DH) and the construction of six Health Centres (HCs). This will help improve community access to basic health structures in the Centre and South Provinces.

On the basis of technical and architectural designs and the bidding documents prepared under a pre-investment study, the studies and supervision will comprise an update of the bidding documents, control of technical and architectural designs including supervision and control of construction/rehabilitation works and installation of equipment and furniture as well as the provision of supplies undertaken by a multidisciplinary consulting firm. The other services comprise two knowledge-attitudes-practices (KAP) studies in the area of health at project start-up and completion to assess the impact of the project on the communities.

The project works will consist in the construction of six (6) integrated health centres (IHCs) and the rehabilitation of buildings in three district hospitals (DHs) in Ayos, Obala and Ngog Mabupi.

The 3 DHs and 6 IHCs of the project will be provided with medico-technical and non-specialized equipment, furniture, computer equipment, and standby-generators. Four ambulances will also be procured for the project hospitals. The project DHs and IHCs will be provided with supplies (medicines, medical consumables and office supplies and data-processing consumables).

Training is planned under the project for DH and HC staff and the members of their community management structures as well as managers of HCs responsible for supervising these structures. The activity will essentially entail training/retraining: i) in maintenance, , 12 staff members from targeted health facilities on the basis of 2 per DH and 1 per HC; ii) primary health care reorientation course for the staff of health areas and members of dialogue structures, NGOs, local associations and women's groupings; iii) IEC/sensitization on emergency obstetrical care (EOC) for community leaders and members of dialogue entities, iv) PHC, EOC and Integrated Management of Childhood Illnesses (IMCI) for medical, paramedical and laboratory/blood bank staff of 3 DHs.

2.2 Component II. Strengthening the Health Information System/Health Observatory

This component aims to provide the Ministry of Health with an up-to-date, accurate and efficient information tool for the management of health data, high-quality epidemiological surveillance and rapid and appropriate decision-making.

The project will assist the Government to put in place the ONSP, and supply the latter with computer equipment and office furniture as well as train its staff comprising one (1) public health doctor, one (1) economist, two (2) statisticians, two (2) IT experts, two (2) demographers, a (1) sociologist, two (2) network communication technicians, and two (2) epidemiologists and support staff.

The project will finance a countrywide survey based on a representative sample of various geographic, ethnic and cultural zones on community perception of health services, diseases and their general causes and perception by service providers of the expectations of clients. At the same time, a study on the communication system in the health districts will be conducted to measure the effectiveness of the system in relation to the needs of the NHIS. Lastly, an evaluation of the ONSP will be conducted at the end of the project to assess its strengths and weaknesses and take the necessary corrective measures.

The project will provide the ONSP with equipment, computer equipment and furniture as well as office supplies, data-processing consumables and health statistics processing software. A four-wheel-drive vehicle will also be procured for the long-term technical assistant to be assigned to the ONSP.

Three study trips on similar African experiences will be organised for the Director and Head of Department of the ONSP Communications Network, the DEPI Director and the Inspector-General for Health. Training in various areas of health will also be organized for the ONSP and HD staff. This will entail: i) an awareness seminar on the NHIS and the ONSP for national health managers; ii) two trainers' training workshops at provincial and district level involving a course on health information at district level and health areas; iii) two training/retraining seminars on IT and health information for the staff in charge of the entry and processing of health statistics at project HDs; iv) three-month training scholarships for 8 District medical officers of the project HD on resource planning and use of statistical and epidemiological statistics; v) two long-term training courses for 1 senior DEPI staff and 1 from the ONSP on health information and information system management respectively; vi) training of 1 ONSP staff member in public health/epidemiology. Furthermore, a number of consensus workshops on the NHIS will be organized at provincial and national levels.

The ONSP will benefit from 24 man/month (M/M) services of a consultant specialized in health information systems who will assist ONSP managers to boost the latter's activities and put in place an operational and viable structure. An IT specialist will also be provided for 12 M/M and a communication systems specialist for 6 M/M.

2.3 Component III. Support to Biomedical Equipment Maintenance

This component consists in supporting human resources development in the field of maintenance through the training of workers and maintenance technicians.

As part of the development of biomedical maintenance training modules in 3 secondary schools, three biomedical maintenance training centres will be constructed in the said secondary schools.

A batch of equipment and spare parts will be procured by the project for training activities within the purview of modules to be developed in the secondary vocational schools. Maintenance kits will also be supplied to the entities to which the workers to be trained in the Centre and South Provinces belong.

The Project will finance the local training of 84 maintenance workers in the two provinces (Central and Southern). The training will concern 3 workers per DH from both the public and private sectors. The training abroad of 3 senior technicians in biomedical maintenance will also be organized and the introduction of 3 modules for the training of biomedical maintenance technicians in 3 secondary vocational schools will be financed. Furthermore, the Project will finance the provincial workshops and the national consensus workshop on the national study report as well as the reproduction/ distribution of the final report.

2.4 Component IV. Project Management

A Project Implementation Unit (PIU) will be set up at the Ministry of Health to coordinate the project activities and provide a link between the Government and the Bank. To ensure the sustainability of the project and build the capacity of departments of the Ministry of Health, the staff of the DEPI and the Infrastructure Department of the Ministry of Health will be trained in various aspects of health information, biomedical equipment management and maintenance as well as public health and equipment provided for these structures.

The project will supply the PIU with two saloon cars and one four-wheel-drive vehicle, office and computer equipment and office furniture. A health information consultant will assist the PIU in the preparation of surveys for 6 M/M. An IT specialist will also be recruited for 3 M/M for the procurement of computers.

Together with the Government, the project will cover the operating expenses of the PIU as follows: the maintenance/insurance of vehicles financed by the ADF and the transport expenses of the communication staff as well as the salaries, office supplies and water/electricity expenses to be financed by the Government. A consulting firm will be recruited to audit the project accounts. Four annual audit missions will be conducted, one at the end of each project year.