

PROJECT COMPLETION REPORT (PCR)

A. PROJECT DATA AND KEY DATES

I. BASIC INFORMATION

Project Number P-ML-IB0-003	Project Title: SUPPORT PROJECT FOR THE HEALTH AND SOCIAL DEVELOPMENT PROGRAMME IN SIKASSO REGION – HEALTH IV	Country: MALI	
Lending Instrument(s): ADF		Sector: Health	Environmental Classification: II
Original Commitment Amount: UA 15 million	Amount Cancelled: 0	Amount Disbursed: UA 14.98 million	% Disbursed: 99.88% (98% of disbursements made as at 30 June 2009)
Borrower: Government of the Republic of Mali			
Executing Agency: Sikasso Regional Directorate of Health			
Co-financers and Other External Partners: Government of Mali (UA 1.670 million, of which UA 1.476 million has been disbursed, representing 88.3%).			

II. KEY DATES

Project Concept Note Cleared by Ops. Com. NA	Appraisal Report Cleared by Ops. Com. NA	Board Approval: November 2001	
Restructuring(s): None			
	Original Date	Actual Date	Difference in months [between original date and actual date]
EFFECTIVENESS	June 2002	29 July 2002	1
MID-TERM REVIEW	September 2004	NA	NA
CLOSING	31 December 2007	30 September 2009	21

III. RATINGS SUMMARY

CRITERIA	SUB-CRITERIA	RATING
PROJECT OUTCOME	Achievement of Outputs	4
	Achievement of Outcomes	3
	Timeliness	3
	OVERALL PROJECT OUTCOME	3
BANK PERFORMANCE	Design and Readiness	3
	Supervision	2
	OVERALL BANK PERFORMANCE	3
BORROWER PERFORMANCE	Design and Readiness	3
	Implementation	2
	OVERALL BORROWER PERFORMANCE	3

IV. RESPONSIBLE BANK STAFF

POSITIONS	AT APPROVAL	AT COMPLETION
Regional/Sector Director	E.G TAYLOR-LEWIS (Regional and Sector)	F.J PERRAULT (Regional) - THOMAS HURLEY (Sector)
Division Manager	R. CRESSMAN	T.B. ILUNGA
Task Manager	R. WANJI NGAH	B. BA-DIAGNE
PCR Team Leader		A. CISSE , Mme S. DIAWARA, B. DEMBELE (MLFO).
PCR Team Members		Dr B. KAMPO (Regional Director for Health in Sikasso), A.K. DIALLO (Principal Technical Assistant of the Project), and Y. COULIBALY (Consultant - Architect).

B. PROJECT CONTEXT

Summarize the rationale for Bank assistance. State:

- what development challenge the project addresses,
- 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 relate to this project.

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

[300 words maximum. Any additional narrative about the project's origins and history, if needed, must be placed in Annex 6: Project Narrative]

The project is an integral part of the Ten-Year Health and Social Development Plan (PDDSS) for 1998-2007. The Plan's strategic and priority areas focus on extending coverage and improving the quality of health services, combating exclusion, social mobilisation to promote health, and promoting alternative financing mechanisms and human resource development. The health situation is characterized by high morbidity and mortality rates, particularly among women and children. The epidemiological profile is dominated by infectious and parasitic diseases. The social situation is marked by the deterioration of living conditions due to the extreme poverty of households, social groups and communities. This situation has led to economic precariousness, marginalization and exclusion of disadvantaged groups. Sikasso region was chosen because of its low social and health indicator levels compared to levels in the rest of the country. The project will supplement specific activities funded by some donors in certain districts in Sikasso region: Swiss Cooperation supports the Regional Directorate for Health and the First-Cycle Nursing School (EIPC), Belgium and the Netherlands have operations in two referral health centres, the NGO Save the Children supports EPI activities in about ten community health centres.

The project's activities are all financed by the Bank and the Government of Mali. They focus on: (i) rehabilitation and construction of health infrastructure; (ii) reinforcement of the referral system in Sikasso region by building a regional hospital and the upgrade of equipment through construction of a maintenance unit; and (iii) training of

C. PROJECT OBJECTIVES AND LOGICAL FRAMEWORK

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

The overall goal is to help improve the health and social status of the Malian population, particularly women of child-bearing age and children under the age of five. The specific objectives are to: (i) improve access to good quality health services; (ii) support priority programmes of the Expanded Programme on Immunisation (EPI/GAVI), reproductive health, control of sexually-transmitted infections (STI)/AIDS, tuberculosis and malaria; and (iii) help to curb social exclusion and female genital mutilation.

2. Describe the major project components and indicate how each will contribute to achieving the Project Development Objective(s).

Component 1: Improvement of health coverage through construction and rehabilitation of social and health infrastructure. **Component 2: Disease control** through provision of appropriate equipment, further training for staff and recruitment of WHO to coordinate refresher training activities. **Component 3: Combating social exclusion** through the construction of new buildings, the provision of appropriate equipment and furniture, training and the recruitment of consultancy firms and NGOs to conduct sensitization. **Component 4: Human resource development** with WHO support, short-term and long-term training in Mali and abroad. **Component 5: Project management** with technical/accounting assistance and audits.

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

PROJECT OBJECTIVES DIMENSIONS		APPRAISAL	WORKING SCORE
RELEVANT	a) Relevant to the country's development priorities	The project's objectives are relevant since they address the real and urgent needs of beneficiaries and are fully in line with Mali's Ten-Year Health and Social Development Plan (PDDSS) for 1998 – 2008.	3
ACHIEVABLE	b) Objectives deemed achievable considering the contributions to the project and the envisaged timeframe	The resources allocated to the project by the Bank and the Borrower (UA 16.6 million) and the project implementation period (5 years) were insufficient to attain the project's objectives.	2
CONSISTENT	c) Consistent with the Bank's country or regional strategy	The project is in line with Mali's country strategy paper.	3
	d) Consistent with the Bank's corporate priorities	The project is in line with the Bank's human development priorities.	3

4. Present the logical framework. Summarize the log. frame. If a log. frame does not exist, complete the table below, indicating the overall project development objective, the major components of the project, the major activities of each component and their expected outputs, outcomes, and indicators for measuring the achievement of outcomes. Add additional rows for components, activities, outputs or outcomes if needed.

The logical framework below has been adapted to include only the project's main components and activities.

Components	Activities	Immediate outputs	Expected outcomes	Indicators to be measured
Component 1: Improvement of health coverage	<p>1. Construction/ rehabilitation/ equipment of health infrastructure</p> <p>2. Provision of essential drugs and supplies</p>	<p>1. 8 referral health centres (RHCs); 20 community health centres (CHCs); 1 regional referral hospital constructed and equipped (planned but not yet constructed under the project), construction and equipment of 8 service houses for doctors and 20 service houses for nurses.</p> <p>2. Batches of essential drugs, medical supplies and laboratory reagents for the 8 RHCs, 20 new CHCs and the regional hospital.</p>	<p>1. Increased access to good quality health services;</p> <p>2. Improved case management;</p> <p>3. Increased use of social and health services by the population in the project area.</p>	<p>1. Increase in the utilization rate of curative care from 0.2 to 0.4 new cases per year and per capita;</p> <p>2. A 35% to 50% extension in the life of medical and logistical equipment;</p> <p>3. At least 60% increase in the hospital attendance rate and the prenatal and post-natal consultation rates.</p>
Component 2: Disease control	<p>1. Supply of disease control equipment and material</p> <p>2. Training of community stakeholders and sensitization of the population</p>	<p>1. Mosquito net treatment kits for 116 CHCs; 30,000 treated mosquito nets; IEC and sanitation kits; a cold room with a capacity of 10 m³ in Sikasso; a motor canoe for the Sélingué RHC. (iii) RH instruments for 96 CHCs; delivery kits for 500 traditional birth attendants.</p> <p>2. 60 trainers trained in the SARAR/PHAST participatory approach; 160 workers trained and equipped with IEC kits; 189 head nurses given training or refresher training; 55 teachers trained on hygiene and sanitation education; 45 masons and artisans trained and equipped for the construction of VIP latrines; 160 community relays trained and provided with chlorine tests for water treatment, development of water points and mosquito net treatment techniques; 184 female circumcisers, 336 opinion leaders and 336 members of women's associations educated on the ills of FGM; sensitization on malaria prevention and treatment for 5000 persons.</p>	<p>1. Availability of equipment and material;</p> <p>2. Control activities for major diseases are conducted with efficient means;</p> <p>3. The cold chain is consolidated.</p> <p>4. Stakeholders involved in the control of major diseases are better able to conduct activities;</p> <p>5. The population's knowledge of reproductive health and prevention of major diseases is increased;</p> <p>6. 10,000 women are trained in mosquito net treatment techniques.</p>	<p>1. Increase in number of fully vaccinated children from 40% to 80%;</p> <p>2. Increase in the utilization rate of treated mosquito nets from 20% to 85%;</p> <p>3. Screening of at least 70% of tuberculosis cases in the RHCs and CHCs;</p> <p>4. Availability of HIV screening test kits in at least 70% of laboratories or blood transfusion centres;</p> <p>5. At least 40% of women, during prenatal consultation, benefit from IEC activities related to STI/HIV/AIDS prevention;</p> <p>6. 2% of the female circumcisers are retrained as traditional birth attendants.</p>

Component 3: Combating social exclusion	<p>1. Construction and equipment of social infrastructure</p> <p>2. Training and sensitization</p>	<p>1. Construction and equipment of a new regional directorate for social development and solidarity, 9 social development services in the <i>cercles</i>, 10 service houses.</p> <p>2. One vehicle, 10 motor-cycles, 10 portable power generators as well as books for the libraries.</p> <p>3. 90 female household heads, widows and young school dropouts trained in microproject management; 50 social development workers trained in the mobilization of women for AGRD; 38 workers from the DRS and DRDSES trained on HIV/AIDS issues; a feasibility study conducted on the setting up of health mutual funds in the 20 health districts of Bougouni and Kolondiéba; 310 members of ASACOs [<i>community health associations</i>] and women's groups are trained on gender and ASACO issues.</p>	<p>1. Increased access to good quality health services;</p> <p>2. Increased knowledge for associations, communities and health and social development staff with respect to combating exclusion.</p>	<p>1. An increase of at least 25% in associations of trained women;</p> <p>2. A 25% increase in the number of women who have been taught how to read and write;</p>
Component 4: Human resource development	<p>1. Construction and equipment of training infrastructure</p> <p>2. Signing of a convention with WHO for short-term and long-term training in Mali and abroad</p>	<p>1. A classroom block, 2 laboratories for practicals and 2 classrooms at the First-Cycle Nursing School (EIPC) constructed and equipped.</p> <p>2. Five doctors trained in public health, 5 doctors trained in health management; 9 midwives trained in public health; 8 nurses trained in radio operation; 1 first-cycle nurse trained as a State Registered Nurse; 3 nurses trained as instrumentalists; 2 technicians trained in biomedical maintenance; 5 social development workers trained in social economics; 9 social administrators trained on decentralisation at the DEA/DESS level; 9 technicians trained in IEC; 4 social development workers trained in credit and savings management; 259 nurses/vaccine administrators given refresher training; 15 doctors and 12 nurses trained on ARV prescription/administration.</p>	<p>1. Improved teaching quality ;</p> <p>2. Enhanced knowledge and skills for health staff;</p> <p>3. General management of the health system reinforced;</p> <p>4. Effective deployment of staff and availability of human resources in sufficient quantity.</p>	

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 (one).

LOG. FRAME DIMENSIONS		APPRAISAL	WORKING SCORE
LOGICAL	a) Presents a logical causal chain for achieving the project development objectives	The objectives are well defined.	3
MEASURABLE	b) Expresses objectives and outcomes in a way that is measurable and quantifiable	The expected outcomes are more quantitative than qualitative. The indicators are general and too optimistic.	2
THOROUGH	c) States the risks and key assumptions	Brief description of assumptions and risks.	3

D. OUTPUTS AND OUTCOMES

I. ACTUAL OUTPUTS

In the table below, assess the achievement of actual vs. expected outputs for each major activity. Import the expected outputs 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. Weighted scores are auto-calculated by the computer. The overall output score will be auto-calculated as the sum of the weighted scores. Override the auto-calculated score, if desired, and provide justification.

MAJOR ACTIVITIES		Working Score	Proportion of project costs in percentage (as mentioned in the appraisal report)	Weighted Score (auto-calculated)
Expected Outputs	Actual Outputs			
Output 1: Access to good quality health services	Outcome 1: Access to health services and the quality of care will be improved when the constructed infrastructure becomes operational. The regional referral hospital has not been completed.	2	68.8	1.376
Output 2: Support for vaccination, reproductive health and disease control programmes.	Outcome 2: Support to vaccination, reproductive health and disease control programmes is provided.	3	4.4	0.132
Output 3: Curbing of the phenomena of social exclusion and female genital mutilation.	Outcome 3: Social exclusion and the practice of female genital mutilation are reduced.	3	26.8	0.804
OVERALL OUTPUT SCORE [Score is calculated as the sum of weighted scores]				2

Check here to override the auto-calculated score

Provide justification for over-riding the auto-calculated score

Insert the new score or re-enter the autocalculated score	4

II. ACHIEVEMENT OF OUTCOMES

1. Using available monitoring data, assess the achievement of expected outcomes. Import the expected outcomes from the 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 auto-calculated score, if desired, and provide justification.

OUTCOMES		Working score
Projections	Achievements	
Outcome 1: Construction or rehabilitation and equipment of one regional hospital, 9 referral health centres and 20 community health centres / Supply of drugs, vaccines and disease control equipment	Construction or rehabilitation and equipment of 8 referral health centres and 20 community health centres / Supply of drugs, vaccines and disease control equipment	2
Outcome 2: Extension and equipment of the First-Cycle Nursing School (EIPC), training of medical and paramedical staff.	Extension and equipment of the First-Cycle Nursing School (EIPC), training of medical (25) and paramedical (259) staff.	3
Outcome 3: Construction and equipment of 10 social development services; training of administrative staff, community workers and sensitization of the population.	Construction and equipment de 10 social development services; training of administrative staff (65), community workers (453) and sensitization of the population.	3
OVERALL OUTPUT SCORE [Score is calculated as an average of the working scores]		3

Check here to override the auto-calculated score

Provide justification for over-riding the auto-calculated score	
Insert the new score or re-enter the autocalculated score	3

2. **Additional outcomes:** Comment on the project's additional outcomes not captured in the log. frame, including cross-cutting issues (e.g., gender).

By financing HIV/AIDS prevention activities and the treatment of opportunistic infections and by providing high quality community healthcare and drugs, the project will help to reduce the number of sick days and prolong the lives of the people. The result will be a reduction in health expenditure and an increase in economic productivity for the people and consequently, the reduction of poverty in the region.

Through the construction of 17 equipped boreholes and 3 elevated water tanks, the project will help to increase access to drinking water in the rural areas of the region and the water points will be useful to the population, especially women and girls, since they reduce the burden of supplying household drinking water. Similarly, access to safe water will help to curb the incidence of infectious (diarrhoea) and parasitic (schistosomiasis) diseases among the population in the project area. Hence, the project will improve the wellbeing of the population in general and particularly of mothers and children who are the most vulnerable group.

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 action or institutional change is recommended to sustain outcomes. The analysis should be based on the sensitivity analysis in Annex 3, if relevant.**

Equipped health infrastructure will not contribute to an improvement in healthcare if the necessary staff and electrification are not available. The shortage of qualified medical and paramedical staff, due to the instability of staff trained by the project, is a major constraint which could undermine the sustainability of project achievements. There is need to develop a health sector training plan at the national level in order to provide sustainable support to health infrastructure and equipment consolidation actions by ensuring that there is a sufficient supply of skilled staff. Poor maintenance and equipment of health units, which is blamed on the shortage of support staff, will negatively affect the sustainability of project achievements. Sensitization on best practices in the areas of hygiene and preventive and curative maintenance of equipment should be envisaged for health staff.

E. PROJECT DESIGN AND READINESS FOR IMPLEMENTATION

1. **State the extent to which the Bank and the Borrower ensured the programme was commensurate with the Borrower's capacity to implement by designing it appropriately and by putting in place the necessary implementation arrangements. Consider all major design aspects, such as: Les questions liées à la conception sont les suivantes: Consider all major design aspects, such as 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 Bank and Borrower assessed the capacity of the implementing agencies and/or Project Implementation Unit; scope of consultations and partnerships; economic rationale of project; and provisions made for technical assistance.**

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

The Bank's first 3 operations (two health infrastructure projects focusing on civil engineering and equipment in the Centre-North regions, as well as an institutional development study of the Ministry of Health) were not sufficiently prepared and encountered difficulties during implementation. All problems encountered during the design and implementation of previous interventions were taken into account in the current project, which is the fourth health project funded by the ADB in Mali. There was no formal identification of the project and in October 1998, its preparation in consultation with the other development partners and civil society was based on the recommendations of the feasibility study of the Health and Social Development Programme (PRODESS) financed by IDA. The project appraisal report preparation mission took into account the strategic priority areas of PRODESS which are in line with the Bank Group's new policy in the area of health. The project was the focus of broadbased consultation during meetings at the central, regional and local levels, and a participatory approach made it possible for all stakeholders to contribute to defining project objectives and achievements. Sikasso region was selected because it is the country's leading region in terms of both economic and demographic potential but is blighted by the poor performance of its referral health system. The leadership and daily management of the project were entrusted to two regional entities (the Regional Directorate for Health and the Regional Directorate for Social Development) reinforced by a technical assistance team of 5 experts.

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 DIMENSIONS		APPRAISAL	Working score	
REALISM	a) Project complexity is matched with country capacity and political commitment.	The project is based on Mali's Ten-Year Health and Social Development Plan and the political commitment of national authorities to implement this plan after analysing the (financial, technical, institutional and managerial) capacity of the State.	4	
RISK ASSESSMENT AND MITIGATION	b) Project design sufficiently takes analysed risk into account.	The project made a summary analysis of the main risks which could undermine its success. With respect to mitigative measures, few strategies were retained.	2	
USE OF COUNTRY SYSTEMS	c) Project procurement, financial management, monitoring and/or other systems were based on those already in use by government and/or other partners	The project is in conformity with the national system for monitoring the PDDSS (joint periodic reviews between the Government and financial partners). However, with respect to procurement and financial management, the project applied both the rules and procedures of the Bank and of the Malian State.	3	
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.	There was no consensus between the Bank and the Government on the content and institutional base of the project. The role and responsibilities of the main actors, initially defined in the project's appraisal report, had to be redefined to make them more operational during implementation.	2	2
PROCUREMENT READINESS	e) Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	Documents on the procurement of works, goods and services (procurement methods, estimated budget) were available, but did not make it possible to anticipate procurement problems (underestimation of costs, contract duration and validity, dependence on contract implementation, etc).	3	3
MONITORING READINESS	Monitoring indicators and monitoring plan are adopted.	The indicators defined in the appraisal report were not monitored since they were general and did not apply to the project alone. There was no monitoring plan.	2	2
BASELINE DATA	Baseline data collection has been completed or is underway.	There was no collection of baseline data at project start-up. The Project simply relied on data from the PDDSS and the population and health (EDS) survey conducted in 2001.	3	3

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.

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

There was a significant time overrun in project implementation due to several reasons: (i) late start-up: 6 months after signature and entry into force of the loan agreement and 19 months between entry into force and fulfillment of conditions precedent to first disbursement; (ii) insufficient resources to finance all scheduled activities, a situation which led to implementation changes; (iii) disruption of the works implementation schedule due to the calendar contractual deadlines set for the consultancy firm to monitor the works; (iv) bottlenecks in the procurement process both at the level of the Bank and of the Malian government (average procurement time-limit of 23 months instead of the projected 5 months); (v) poor management of the various works execution entities by the delegated contracting authority (AGETIER).

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, if applicable.

NGOs played a key role in project implementation. They satisfactorily implemented most of the activities financed by the project.

The performances of the consultancy firm STUDI INTERNATIONAL and the delegated contracting authority were deemed unsatisfactory, especially in the works supervision phase.

WHO managed the short-term and long-term training to the satisfaction of both parties (Bank and Government). The performance of the enterprises was deemed satisfactory, and the works were of acceptable quality on the whole, despite the difficulties encountered in works execution and delays in the payment of bills.

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

Since the project was a contribution to a national programme, the Bank regularly attended the periodic coordination meetings jointly organized by the Government and technical and financial partners of the Health and Social Development Programme (PRODESS). However, harmonization focused more on monitoring mechanisms (annual performance reviews of the programme, data collection tools) than on the daily management of the project (disbursement and procurement procedures).

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		APPRAISAL		Working score
TIMELINESS	a) Extent of project adherence to the original closing date. If the number on the right is: below 12, "4" is automatically scored between 12.1 and 24, "3" is automatically scored between 24.1 and 36, "2" is automatically scored beyond 36.1, "1" is automatically scored	Difference in months between original closing date and actual closing date or date of 98% disbursement.	The project was completed far behind schedule. Three extensions and additional deadlines were granted to all stakeholders to ensure proper finalization of activities.	3
	b) The Bank complied with:			
BANK PERFORMANCE	Environmental Safeguards	The appraisal report provides for special environmental protection measures and sensitization actions which were not applied during implementation.		2
	Fiduciary Requirements	The fiduciary requirements were fulfilled, but the disbursement schedule was disrupted because of slippages on deadlines for preparation of documents by the Borrower and for processing of same documents by the Bank, a situation which led to considerable delays.		2
	Project Covenants	On the whole, the agreements signed were complied with.		3
	c) Bank provided quality supervision in the form of skills mix and practicality of solutions.	The Bank conducted supervision missions according to the required frequency, with diversified teams of experts.		3
	d) Bank provided quality management oversight.	The Bank managed the project but there was no follow-up of the recommendations made, and there were bottlenecks in decision-making. There was no mid-term review.		2

BORROWER PERFORMANCE	e) The Borrower complied with:		
	Environmental Safeguards	The appraisal report provided for special environmental protection measures, but the Government did not ensure their implementation.	2
	Fiduciary Requirements	The counterpart funds mobilization rate is 88.3%;	?
	Project Covenants	On the whole, the agreements signed were complied with, although there were delays in the fulfillment of conditions precedent.	2
	f) Borrower was responsive to Bank supervision findings and recommendations.	Most of the recommendations made by the Bank's supervision missions were not implemented.	2
	g) Borrower collected and used monitoring information for decision making.	The Borrower took decisions to improve project implementation based on observations made during supervision missions.	3

G. COMPLETION

1. Is the PCR delivered on a timely basis, in compliance with Bank policy?

Date project reached 98% disbursement rate (or closing date, if applicable)	Date PCR was sent to pcr@afdb.org	Difference in months	WORKING SCORE (auto-calculated) If the difference is 6 months or less, a 4 is scored. If the difference is 6.1 or more, a 1 is scored.
30 June 2009: 98% of disbursements made; and 30 September 2009: Closing date	?	?	1

Briefly describe the PCR Process. Describe the Borrower's and co-financers' involvement in producing the document. Highlight any major differences of opinion concerning the assessments made in this PCR. Describe the team composition and confirm whether a site visit was undertaken. Mention any major collaboration from other development partners. State the extent of field office involvement in producing the report. Indicate whether comments from Peer Reviewers were received on time (provide names and positions of Peer Reviewers).

[150 words maximum]

This report was prepared by MLFO with the assistance of an independent consultant, who is an architect by profession, following a joint Bank-Government mission to inspect the social and health infrastructure in nine localities of Sikasso region. Representatives of the main project stakeholders (national and local authorities, elected officials, the Regional Directorate for Health, the Regional Directorate for Social Development, beneficiaries, the delegated contracting authority (AGETIER), project management unit, etc.) were consulted.

H. LESSONS LEARNED

Summarize key lessons for the Bank and the Borrower suggested by the project's outcomes.

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

The project implementation period proposed at appraisal should take into account the complexity of the activities selected. Furthermore, if existing structures have to be rehabilitated, it is necessary to analyze the nature of the works and make an adequate cost estimate;

At appraisal, it is necessary to analyze the target population and develop objectively verifiable social and health indicators to measure project impact at completion;

It is important to make a more precise detailed cost estimate at appraisal in order to limit to the minimum any overruns during implementation;

There is need to conduct a mid-term review of the project in order to reformat it (the content and organization of various components, cost of selected activities and aspects related to their implementation) and review implementation deadlines;

Health infrastructure coverage alone does not increase the utilization of services by the communities concerned. There is need, therefore, to schedule all the activities which render such infrastructure operational in order to make a real impact on the lives of the people;

It is necessary to develop a national health sector training plan in order to lend sustainable support to health

infrastructure and equipment consolidation activities by providing a sufficient amount of skilled staff;

Ensure that activities to be financed with counterpart funds do not constitute an obstacle to project completion and that the State should honour its obligations as stipulated in the loan agreement (e.g. 100% financing for the Sikasso regional hospital) in order to guarantee the attainment of objectives;

In cases where the management of training is entrusted to WHO, it is important to request for better management of training and rational use of resources as follows: (i) close monitoring of training activities by the project implementation unit; (ii) submission of a monthly report by WHO, summarizing the physical and financial status of training; and (iii) scheduling of payment modalities and making such payments conditional on assessment of the services provided;

Set contract deadlines for works supervision to match the completion of such works rather than retain calendar deadlines;

If more responsibilities had been entrusted to the Sikasso Regional Directorate for Health to ensure the daily management of the project and more contract approval powers delegated to the Mali Field Office of the Bank, this would have facilitated implementation of a project of this scale and complexity within the standard five-year period.

I. PROJECT RATINGS SUMMARY

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

CRITERIA	SUB-CRITERIA	Working score
PROJECT OUTCOME	Achievement of outputs	4
	Achievement of outcomes	3
	Timeliness	3
	OVERALL PROJECT OUTCOME SCORE	3
BANK PERFORMANCE	Design and Readiness	
	Project Objectives were relevant to country development priorities.	3
	Project Objectives could in principle be achieved with the project inputs and in the expected time frame.	2
	Project Objectives were consistent with the Bank's country or regional strategy	3
	Project Objectives were consistent with the Bank's corporate priorities	3
	The log frame presents a logical causal chain for achieving the project development objectives.	3
	The log frame expresses objectives and outcomes in a way that is measurable and quantifiable.	2
	The log frame states the risks and key assumptions.	3
	Project complexity was matched with country capacity and political commitment.	4
	Project design includes adequate risk analysis.	2
	Project procurement, financial management, monitoring and/or other processes were based on those already in use by government and/or other partners	3
	Responsibilities for project implementation were clearly defined.	2
Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	3	

	Monitoring indicators and monitoring plan are adopted.	2
	Baseline data was available or were collected during design.	3
	PROJECT DESIGN AND READINESS SUB-SCORE	3
	Supervision:	
	Bank complied with:	
	Environmental Safeguards	2
	Fiduciary Requirements	?
	Project Covenants	2
	Bank provided quality supervision in the form of skills mix provided and practicality of solutions.	2
	Bank provided quality management oversight.	3
	PCR was delivered on a timely basis	1
	SUPERVISION SUB-SCORE	2
	OVERALL BANK PERFORMANCE SCORE	3
BORROWER PERFORMANCE	Design and Readiness	
	Responsibilities for project implementation are clearly defined.	4
	Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	2
	Monitoring indicators and monitoring plan are agreed upon and baseline data are available or are being collected	3
	PROJECT DESIGN AND READINESS SCORE	3
	Implementation	
	Borrower complied with:	
	Environmental Safeguards	2
	Fiduciary Requirements	?
	Project Covenants	2
	Borrower was responsive to Bank supervision findings and recommendations.	2
Borrower collected and used of monitoring information for decision-making.	3	
IMPLEMENTATION SUB-SCORE	2	
OVERALL BORROWER PERFORMANCE SCORE	3	

J. PROCESSING

STEP	SIGNATURE AND COMMENTS	DATE
Sector Manager Clearance: T.B. ILUNGA		
Regional Director Clearance: F.J. PERRAULT		
Acting Sector Director Approval: Mr T. ILUNGA		

SCORE	EXPLANATION
4	Very satisfactory – Perfect implementation, flawless
3	Satisfactory – Most of the objectives have been achieved despite a few shortcomings
2	Average – Project partially completed. The outcomes almost equal the shortcomings
1	Mediocre – Very few achievements and serious shortcomings
NA	Not Applicable

ADDITIONAL INFORMATION

I. PROJECT COSTS BY EXPENDITURE CATEGORY

ADF LOAN

EXPENDITURE CATEGORIES	ALLOCATED AMOUNT (UA)	REVISED AMOUNT (UA)
Goods	4 170 000	3 883 431
Works	6 450 000	6 279 215
Services	3 960 000	4 210 710
Operating costs	420 000	626 644
TOTAL	15 000 000	15 000 000

BORROWER'S COUNTERPART FUNDS

EXPENDITURE CATEGORIES	ALLOCATED AMOUNT (UA)
Goods	510 000
Works	1 590 000
Services	0
Operating costs	40 000
TOTAL	2 140 000

II. LIST OF THE BANK'S SUPERVISION MISSIONS

PERIOD	TEAM LEADER
04/06/2003 – 19/06/2003	Ms. BA-Diagne Bineta
28/11/2003 – 15/12/2003	Ibrahim Sanogo
13/05/2004 – 01/06/2004	Ibrahim Sanogo
06/12/2004 – 18/12/2004	Ibrahim Sanogo
26/04/2005 – 13/05/2005	Ibrahim Sanogo
11/12/2005 – 22/12/2005	MOC 2716
19/02/2006 – 04/03/2006	Ibrahim Sanogo
04/11/2006 – 19/11/2006	Ibrahim Sanogo
08/02/2007 – 23/02/2007	Ibrahim Sanogo
31/10/2007 – 16/11/2007	Ibrahim Sanogo
18/04/2008 – 28/04/2008	Ms. BA-Diagne Bineta
11/12/2008 – 26/12/2008	Ali Cissé
19/06/2009 – 03/07/2009	Ms. BA-Diagne Bineta

N. B.: The last supervision mission (19 June – 3 July 2009) awarded the project a score of 2.38 for implementation status (IP) and 3 for development objectives (DO).

III. STATUS OF CONSTRUCTION WORKS AT SIKASSO REGIONAL HOSPITAL

Reminder: By Letter No. 0045/MS-SG of 18 January 2007, the Borrower informed the Bank of its decision to withdraw the construction of the Sikasso Regional Hospital, the maintenance unit and the blood bank from the project, and take over the financing of these works. By Letter OSHD.3/2007/01/011-E02 of 24 January 2007, the Bank took note of this decision. Consequently, the resources initially allocated to these works were re-allocated to other components of the project, such as the construction and equipment of the referral health centres and community health centres.

From the information contained in the minutes of Meeting No. 32 of 3 February 2010, the status of construction works at Sikasso Regional Hospital is estimated at 84.27%. The enterprise which won the contract has undertaken to complete the works by 31 March 2010.

IV. ESTIMATION OF EQUIPMENT LIFESPAN

The project supplied medical equipment, office furniture, vehicles, scooters and IT equipment to social and health services in Sikasso region (see details in the completion report). The project's technical assistance team estimates the average lifespan of light equipment to be 5 (five) years and of heavy equipment to be 10 (ten) years.