

## A. PROJECT DATA AND KEY DATES

### I. BASIC INFORMATION

Project Number P-NE-IB0-002	Project Title: Healthcare Quality Improvement in the Tahoua and Tillaberi Regions (HP II ADF)	Country: REPUBLIC OF NIGER	
Lending Instrument(s): LOAN GRANT		Sector: HEALTH	Environmental Classification: CATEGORY II
Original Commitment Amount: LOAN: UA 15.95 million GRANT: UA 400,000 STATE: CFAF 1,724,800,000	Amount Cancelled: UA 837 179.66	Amount Disbursed: LOAN: UA 15,112,820.34 GRANT: UA 400,000 STATE: CFAF 575,000,000	% Disbursed: LOAN: 94.75% GRANT: 100% STATE: 33.33%
<b>Borrower: REPUBLIC OF NIGER</b>			
<b>Executing Agency(ies)</b> [List the main Ministries, Project Implementation Units, Agencies and civil society organizations responsible for implementing project activities.] - Ministry of Health including the regional directorates in Tahoua and Tillaberi - Executing Agency: Delegated project supervisor (CIMA International, consultant recruited to manage the project)			

### II. KEY DATES

Project Concept Note Cleared by Ops. Com. NA	Appraisal Report Cleared by Ops. Com. NA	Board Approval 10 October 2001	
Restructuring(s)			
	Original Date	Actual Date	Difference in months [between original date and actual date]
EFFECTIVENESS	01/03/2002	05/11/2002	8
MID-TERM REVIEW	01/06/2004	04/04/2007	34
CLOSING	31/12/2007	31/12/2009	24

### III. RATINGS SUMMARY

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

### IV. BANK STAFF RESPONSIBLE

POSITIONS	AT APPROVAL	AT COMPLETION
Regional Director	E.G.TAYLOR-LEWIS	JANVIER KPOUROU LITSE
Sector Director	E.G.TAYLOR-LEWIS	TOM HURLEY
Sector Division Manager:	R. CRESSMAN (OCDW.5)	TSHINKO BONGO ILUNGA (OSHD.3)
Task Manager	BINETA BA	MOHAMED MOHSEN CHAKROUN (OSHD.3)
PCR Team Leader		MAIMOUNA DIOP LY
PCR Team Members		P. OUREGA LOBA; F. MESSAADI (Consultants).

## 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.**

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

Combating poverty remains the country's main development challenge. The Government adopted an interim poverty reduction strategy paper. In the health sector, the planning process initiated led to the drafting of the 1994-2000 Health Development Plan. A health sector policy declaration was adopted in 1995. The National Health Policy is "aimed at improving the health and nutritional status of individuals, families and communities through the application of Primary Health Care".

Despite all the reforms and efforts made, the national and regional indicators remain low.

The health coverage rates in the project areas are 32% and 28% for Tillaberi and Tahoua respectively, compared to a national average of 47.6% in 2000.

- In accordance with the poverty reduction paper, the project's strategic context is social and community-based. Niger updated its health policy paper, its various strategic guidelines and priorities and planned a roundtable meeting of health development partners. The policy is based on the population's involvement through community participation and disease control activities. Women's access to and management of reproductive health and STI/HIV/AIDS issues remains precarious. Certain problems such as obstetric fistulas require special attention.

- The Bank funded Health Project I (Maradi and Diffa), which ended in 2001, and emergency assistance for poliomyelitis and bird flu control.

- A coordination mechanism for TFP assistance was set up to facilitate the channeling of financial resources. French cooperation system and the World Bank also set up a health sector financing mechanism (Common Fund).

## C. PROJECT OBJECTIVES AND LOGICAL FRAMEWORK

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

The sector goal of the Project is to help improve the health of the Niger population and combat poverty. Its specific objective is to contribute to reducing morbidity and mortality resulting from poor health coverage, reproductive health problems and major illnesses such as malaria, respiratory infections, diarrhoea, STI/HIV/AIDS and malnutrition.

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

The project has five components: (i) improvement of health coverage in order to increase health resource availability in terms of infrastructure, staff, equipment and medicines; (ii) promotion of reproductive health in order to raise the capacity of the health system in that respect and help curb maternal and infant mortality; (iii) disease and STI/HIV/AIDS control in order to increase the capacity to control prevalent diseases; (iv) strengthening the maintenance system through decentralization in order to ensure investment sustainability; (v) project management in order to increase health resource availability in terms of infrastructure, staff, equipment and medicines as well as the transfer of skills.

### 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	Considering the national poverty reduction priorities and those set out in the Health Development Plan (2005-2010), notably the reduction of infant and maternal mortality rates, the project's objectives are relevant.	4
ACHIEVABLE	b) Objectives deemed achievable considering the contributions to the project and the envisaged deadlines	In light of the cost, deadlines and activities under the project, the objectives are achievable within the timeframe. However, constraints and risks relating to the UA depreciation and the performance of contractors and consultancy firms were not fully analyzed.	2
CONSISTENT	c) Consistent with the Bank's country or regional strategy	The project is perfectly consistent with the Bank's country strategy paper; it is equally consistent with the the Bank's poverty reduction priorities.	4
	d) Consistent with the Bank's corporate priorities	The project is consistent with the Bank's strategy and relevant sectoral policies (Health sector policy and AIDS control operational guidelines)	4

4. 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.

COMPONENTS	ACTIVITIES	EXPECTED OUTPUTS	EXPECTED OUTCOMES	INDICATORS TO BE MEASURED
Component 1: Improvement of health coverage	Activity 1. Construction of 17 health centres and rehabilitation of 3 District hospitals	Output 1: 17 IHCs and 3 DHs constructed	Outcome 1: Increase of the health coverage rate	Health coverage rate
	Activity 2. Training of health staff	Output 2: 952 health workers trained	Outcome 2: Improvement of service quality	Curative care utilization rate
	Activity 3: Training of community workers	Output 3: functional literacy education for 5540 community relay workers and members of health committees (COSANs) and management committees (COGES)		
Component 2: Promotion of reproductive health	Activity 1: Training of staff in emergency obstetric care and family planning	Output 1: 333 workers trained in EmNOC and 1 in obstetric gyneacology	Outcome 1: Reduction of maternal and infant/child mortality	Maternal mortality rate Infant/child mortality rate
	Activity 2: Providing health facilities with RH equipment and contraceptives	Output 2: 14 health districts have equipment and contraceptives	Outcome 2: Increase in contraceptive prevalence	Contraception prevalence rate
	Activity 3: Providing care to women victims of obstetric fistula.	Output 3: Care provided to 1000 women suffering from obstetric fistula	Outcome 3: Improvement in the health and socio-economic conditions of women victims of obstetric fistula	Number of women who receive surgical care. Number of women reintegratedn

<b>Component 3: Disease control, including STI/HIV/AIDS and malnutrition</b>	<b>Activity 1: Training health staff in treatment of prevalent diseases</b>	<b>Output 1: 284 workers trained intreatment of childhood diseases and malnutrition</b>	<b>Outcome 1: Reduction of infant and infant/child mortality</b>	<b>Infant and infant/child mortality</b>
	<b>Activity 2: Construction and equipping of two regional blood transfusion centres</b>	<b>Output 2: 2 regional blood transfusion centres constructed and equipped</b>	<b>Outcome 2: Increased blood transfusion safety</b>	<b>Number of transfusion blood bags that are 100% safe Satisfaction rate for 100% safe blood requirement</b>
<b>Component 4: Consolidation of the maintenance system</b>	<b>Activity 1: Establishment of a maintenance fund</b>	<b>Output 1: A maintenance fund established</b>	<b>Outcome 1: Improved service quality</b>	<b>Number of maintenance micro-projects implemented</b>
	<b>Activity 2: Recruitment, training, equipping and installation of multiskilled maintenance workers (MMW)</b>	<b>Output 2: 42 MMW recruited, trained, equipped and installed</b>	<b>Outcome 2: Decentralization of maintenance</b>	<b>Percentage of machinery and equipment that is well maintained</b>
	<b>Activity 3: Training of maintenance technicians</b>	<b>Output 3: 22 technicians trained</b>	<b>Outcome 3: Improved functionality of health infrastructure and equipment</b>	<b>Percentage of functional infrastructure and equipment</b>
	<b>Activity 4: Community participation in maintenance financing</b>	<b>Output 4: Contribution of up to 10% of the amount for micro- projects</b>	<b>Outcome 4: Community ownership of maintenance activities</b>	<b>Amount raised by the community</b>
<b>Component 5: Project management</b>	<b>Activity 1: Project management</b>	<b>Output 1: Efficient and -effective project management</b>	<b>Outcome 1: Attainment of set objectives</b>	<b>Activity implementation rate (physical and financial)</b>
	<b>Activity 2: Skill transfer</b>	<b>Output 2: Capacity- building for public health ministry experts</b>	<b>Outcome 2: Improvement of managerial capacity of public health ministry experts</b>	<b>Number of people trained in management</b>

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 specific objectives of the various components all contribute towards achievement of the project's main objective.	4
MEASURABLE	b) Expresses objectives and outcomes in a way that is measurable and quantifiable	The majority of the outcomes are measurable, with clear and quantifiable indicators.	3
THOROUGH	c) States the risks and key assumptions	Certain risks, as well as mitigative measures are not well defined. The reasons for this include the fact that the project did not take into account the business environment in the country. Furthermore, several complaints and grievances have been lodged by bidders. Proposals have also been rejected. Assumptions for attainment of the objective were not clearly defined.	2

## D. OUTPUTS AND OUTCOMES

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) and mentioned in the appraisal report	Weighted score (auto-calculated)
Expected Outputs	Actual Outputs			
1) Construction and equipping of 20 health units (17 integrated health centres and 1 district hospital constructed, 2 district hospitals rehabilitated)	17 health centres and 1 hospital constructed, 2 district hospitals rehabilitated and all equipped. One IHC constructed by another partner equipped under the project.	3	38.59	1.4757

<b>2) Construction and equipping of 2 regional blood transfusion centres (RBTCs) in Maradi and Tahoua</b>	The RBTCs of Maradi and Tahoua are constructed and equipped. However, some equipment items are not functional.	3	11.03	0.0915
<b>3) Capacity-building for 952 beneficiaries (health experts)</b>	1633 beneficiaries trained (considering the number of participants per training session) on various topics, including 8 experts for long-term specialization.	3	9.37	0.1008
<b>4) Training of 5540 community workers</b>	3748 community workers trained, 237 health committees renewed and reactivated.	3	2.76	0.0837
<b>5) Reinforcement of healthcare organization in 2 regional directorates and 14 health districts</b>	All projected logistical support, equipment and financing provided.	3	7.33	0.192
<b>6) Surgical care and social integration for 1000 women victims of obstetric fistula</b>	Surgical care for 882 women, social reintegration for 352 women victims of obstetric fistula; the number of women provided with care is lower than the target figure because other partners such as UNFPA were also involved under a national fistula care plan; Capacity-building in social reintegration for 5 departments/agencies	3	5.51	0.015

7) 700 maintenance micro-projects in 42 health districts of Niger	832 maintenance micro-projects financed in 41 of the targeted 42 health districts in the country; a decentralized maintenance management mechanism set up (8 focal points; 41 MMWs, procedures manual, tools, equipment and logistics).	3	14.39	0.001635
8) Timely submission of project results, with strict adherence to the budget and standards set out by the Ministry of Health	99.6% of the outputs expected after the mid-term review are delivered (87.8% of outputs targeted at project appraisal) in accordance with MH standards, with a time overrun of 4 months beyond the 5-year implementation period and a balance of UA 0.7 million	3	2.76	0.8733
9) Transfer of project management skills	The skill transfer was not done. To address this situation, the Bank authorized a series of training sessions for MH experts (results-based management, operational project planning and procurement).	2	8.27	0.00
OVERALL OUTPUT SCORE [Score is calculated as the sum of weighted scores]				3

**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		
Projections	Achievements	Working score
1) Contribution to the increase in health infrastructure coverage: Keita HD (36% to 76.5%), ILLéla HD (33% to 55%), Tillabéri HD (51 to 52%); 2) Curative care utilization rate: Tahoua (30 to 41%), Tillabéri (16 to 26%);	1) The health coverage rates are respectively: Keita HD (58%), Illéla HD (45.73%), Tillabéri (58%); 2) Curative care utilization rate: Tahoua (44.41%), Tillabéri (42.94%);	3

3) Maternal mortality rate of 7 to 5 per 1000; 4) Infant/child mortality rate of 198 to 192 per 1000; 5) Contraceptive coverage rate (5% to 10%); 6) 1000 female fistula victims receive surgical care; 7) social reintegration of 1000 female victims .	3) Maternal mortality rate of 6.5 per 1000; 4) Infant/child mortality rate of 167 per 1000; 5) Contraceptive prevalence rate (5% to 10%): Tillabéri = 16.86%, Tahoua = 10.56%; 6) 882 female fistula victims receive surgical care; 7) 321 female victims benefit from social reintegration.	3
8) At least 80% satisfaction rate for safe blood requirements	RBTCs constructed, equipped and operational; satisfaction rate about 60%	2
9) A number of health districts implement maintenance micro-projects	41 health districts out of 42 (97.62%) implement maintenance micro-projects	3
<b>OVERALL OUTPUT SCORE</b> [Score is calculated as an average of the working scores]		3

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

Given the inability of the facilities to manage the targeted number of fistula cases, the activity was extended to the region of Maradi. A maintenance management database was set up. A gender action plan was prepared and implemented. This plan is implemented by the competent authorities of the Ministry in charge of this component and takes into account the gender problem as a whole.

**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.**

The risk resides in insufficient skills for maintenance of biomedical equipment. The MH's failure to take ownership of the maintenance management pilot experiment.

## 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: 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 project was identified, prepared and appraised in accordance with the Bank's procedures. Its design was based on the interim health sector strategy paper. Given the project's context at appraisal, the decision was made to recruit technical assistance that would serve as the executing agency, however reinforced with two national counterparts.

The other technical assistance required for the project was composed of architectural and technical consultancy firms, control and project audit firms, etc. Furthermore, taking into account the State's resource mobilization capacity, the counterpart contribution for construction work and equipment was eliminated. A maintenance component was added to address shortcomings in infrastructure and equipment maintenance.

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
<b>REALISM</b>	a) Project complexity is matched with country capacity and political commitment.	The project itself is not complex although it has numerous activities and therefore requires a high degree of coordination. However, drawing lessons from the shortcomings noted in the implementation of Health Project I, it was decided in principle to entrust project management to a delegated contracting party (CIMA International) and avoid ADB/Government co-financing of infrastructure such as in the the previous operation.	<b>2</b>
<b>RISK ASSESSMENT AND MITIGATION</b>	b) Project design includes adequate risk analysis	Project design took into account risks related to implementation of the decentralization process, staff availability and budget allocations to health units. The risks excluded, particularly relating to the new institutional mechanism to be set up and the capacity of local operators (contractors, suppliers and consultancy firms) did not have a significant impact on project implementation.	<b>2</b>

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	In accordance with the loan agreement, the procurement system used is that of the Bank. The Bank did not reject any contract award proposals submitted. Besides, a maintenance component was added to address infrastructure and equipment maintenance shortcomings.	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.	A delegated contracting authority ( <b>CIMA INTERNATIONAL</b> ) was recruited to manage the project and ensure skill transfer. However, the project was jointly managed with counterpart MH staff and the skill transfer was not satisfactory.	2	2
PROCUREMENT READINESS	e) Necessary implementation documents (e.g. specifications, design, procurement documents) are ready at appraisal.	The administrative, financial and accounting procedures manual was prepared in 2005 and revised in 2007; that is, three years after the project started. An implementation manual was prepared as soon as the project started.	3	3
MONITORING READINESS	Monitoring indicators and monitoring plan are adopted.	<b>The project indicators are contained in the project's log. frame. However, the monitoring/evaluation system and mechanism were not clearly defined. The project's log. frame was revised after the mid-term review of March 2007. A monitoring/evaluation mechanism was established but its actual application was inadequate.</b>	3	3
BASELINE DATA	Baseline data are available or are being collected.	Baseline data was collected after project launch. The project's baseline studies were conducted in 2006 when the World Bank had just completed a project in the same areas with up-to-date data.	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 at Annex 6: Project Narrative.]**

The schedule was not respected. The deadline for the last disbursement set for 31 December 2007 was extended twice (to 30 June 2009 and then to 31 December 2009) because of delays in project effectiveness (disbursement of State counterpart funds and recruitment of the executing agency) and project implementation (limited capacity of the consultancy firms and contractors as well some malfunctioning within the project coordination unit, arising from co-management). The frequency of supervision (ten supervision missions) was satisfactory. The agency management performance was deemed satisfactory, although it was considered unsatisfactory in terms of skills transfer.

Nevertheless the limited capacity of the contractors, suppliers and local consultancy firms extended the duration of some activities and relatively affected the quality of certain infrastructure. In general, the involvement of the central, regional and departmental services in the execution of certain project activities (roving events and programmes, training, supervision, coordination and community awareness-raising) was satisfactory. It would have been even more effective had it not been for their workload which affected their output.

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.

Community's involvement through its contribution of up to 10% of the financing for maintenance micro-projects was very satisfactory and made it possible to increase its responsibility in the management of health infrastructure and equipment.

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

The project follows the national financial and accounting procedures set out in the country's general planning system. During the mid-term review, and depending on the activities of the other partners, certain project components were either reduced or eliminated (AIDS control, orphans' survey, nutrition, district surgical training, etc). Project activities have always been included in MH planning through departmental, regional and national annual action plans (AAPs).

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.	Two successive extensions of last disbursement deadline.	3
		24		
BANK PERFORMANCE	b) Bank complied with:			
	Environmental Safeguards	It is difficult to give an opinion on its impact since the project has no environmental assessment plan; however, trees were planted on construction sites to replace those felled during construction. Incinerators were constructed in health facilities for disposal of toxic and solid waste.		3
	Fiduciary Requirements	Procurement was in accordance with the arrangements agreed upon at appraisal. Due to exchange rate fluctuation, certain activities had to be modified. The disbursement modes and budget were maintained. The audits regularly certified project accounts except for that for 2009, which is in the process of validation.		3
	Project Covenants	The Bank complied with the terms of the agreements signed with the Borrower.		4
	c) Bank provided quality supervision in the form of skills mix provided and practicality of solutions.	In terms of the skills mix, the majority of the supervisions were conducted by a health expert with or without an architect. This mix is satisfactory. With respect to the feasibility of solutions, the majority of mission recommendations were fulfilled, especially those relating to operational aspects and Government commitments.		3

	d) Bank provided quality management oversight.	Yes. Apart from the regular supervision missions, a mission was organized on procurement rules and procedures by the Bank department responsible for procurement.	4
<b>BORROWER PERFORMANCE</b>	e) Borrower complied with:		
	Environmental Safeguards	It is difficult to give an opinion on its impact, since the project has no environmental assessment plan; however, trees were planted on construction sites following the felling of trees during construction.	3
	Fiduciary Requirements	Procurement was in accordance with the arrangements agreed at appraisal. The audits regularly certified project accounts, with the exception of the 2009 account audit, which is in the process of validation. The terms of the loan agreement were complied with.	3
	Project Covenants	The Borrower complied with the terms of the loan agreement.	4
	f) Borrower was responsive to Bank supervision findings and recommendations.	Borrower satisfactorily implemented the various recommendations made.	3
	g) Borrower collected and used monitoring information for decision making.	With the support of the Project Executing Agency, a process of regular monitoring of the attainment of results, utilization of financial resources and compliance with schedule was instituted. The Borrower set up a steering committee which regularly oriented activities towards results.	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 If the difference is 6 months or less, a 4 is scored. If the difference is 6.1 or more, a 1 is scored (auto-calculated)
31/12/2009		6	4

**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]**

The completion report drafting process was as follows:

- An ad hoc committee tasked with the drafting of the PCR was set up by Decree No. 00382/MSP/DEP of 2 November 2009 and it prepared the first draft. The draft was submitted for comment to representatives of the ministries responsible for the project (MEF/MH) and project area beneficiaries.

- A joint mission (ADB-Government) held discussions especially with the TFP lead agency and the resident World Bank mission; it also went into the field to visit a sample of project operations and hold discussions with beneficiaries.

- A completion report validation workshop was organized on Thursday, 29 April 2010.

## H. 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.]**

1. The steering committee played an essential role in the successful implementation of project activities through its commitment and recommendations.
2. The setting up of regional branches tasked with activities such as the drafting of TORs for district and RDPH activities helped to speed up the implementation of activities entrusted to these ministries.
3. The non-specification of the categories of enterprises for the various lots contributed to the delays noted in infrastructure construction.
4. Procurement directly negotiated with UN organisations often led to delays in the implementation of activities.
5. The 100% financing of infrastructure and equipment with the loan facilitated implementation.
6. Works lots which were not adjusted the capacities of certain service providers led to delays in project implementation.
7. The maintenance management procedures instituted by the project made it possible to improve financing traceability and the visibility of actions implemented while raising awareness in this area.
8. The recruitment of an external executing agency led to the sound management and smooth conduct of the project's procurement process through mobilization of confirmed experts in this area.

9. The non-interference of the authorities in project management by the external executing agency made it possible to avoid departing from set targets (use of resources solely for the prescribed purposes).
10. The importance attached to the use of ICTs (skype, e-mail, etc.) made it possible to improve communication between the Bank and the project, and consequently the quality of project implementation and monitoring.
11. Despite the 2 (two) year delay at start-up, the project was implemented over the (5) five-year period set at appraisal. This time period is reasonable for similar projects of this magnitude, on condition that the implementation schedule is regularly reviewed to reflect realities, with analysis of the constraints and causes of delays in each activity, as necessary.
12. The project could have addressed gender problems better by factoring in the different needs of men and women at its design stage.

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

CRITERIA	SUB-CRITERIA	Working score
<b>PROJECT OUTCOME</b>	Achievement of outputs	3
	Achievement of outcomes	3
	Timeliness	3
	<b>OVERALL PROJECT OUTCOME SCORE</b>	<b>3</b>
<b>BANK PERFORMANCE</b>	<b>Design and Readiness</b>	
	Project objectives are relevant to country development priorities.	4
	Project objectives could in principle be achieved with the project inputs and in the expected time frame.	2
	Project objectives are consistent with the Bank's country or regional strategy.	4
	Project objectives are consistent with the Bank's corporate priorities.	4
	The log frame presents a logical causal chain for achieving the project development objectives.	4
	The log frame expresses objectives and outcomes in a way that is measurable and quantifiable.	3
	The 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.	3
	Project procurement, financial management, monitoring and/or other processes 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 adopted.	3
	Baseline data are available or are being collected.	3
	<b>PROJECT DESIGN AND READINESS SUB-SCORE</b>	<b>3</b>
	<b>Supervision:</b>	
	Bank complied with:	
	Environmental Safeguards	3
	Fiduciary Requirements	4
	Project Covenants	4
	Bank provided quality supervision in the form of skills mix provided and practicality of solutions.	3
	Bank provided quality management oversight.	4
	PCR was delivered on a timely basis	4
	<b>SUPERVISION SUB-SCORE</b>	<b>4</b>
	<b>OVERALL BANK PERFORMANCE SCORE</b>	<b>4</b>
<b>BORROWER PERFORMANCE</b>	<b>Design and Readiness</b>	
	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 and baseline data are available or are being collected	3
	<b>PROJECT DESIGN AND READINESS SCORE</b>	<b>3</b>
	<b>Implementation</b>	
	Borrower complied with:	
	Environmental Safeguards	3
	Fiduciary Requirements	3
	Project Covenants	4
	Borrower was responsive to Bank supervision findings and recommendations.	4
	Borrower collected and used of monitoring information for decision-making.	4
	<b>IMPLEMENTATION SUB-SCORE</b>	<b>4</b>

	<b>OVERALL BORROWER PERFORMANCE SCORE</b>	<b>4</b>
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## J. PROCESSING

STEP	SIGNATURE AND COMMENTS	DATE
Sector Manager clearance TSHINKO BONGO ILUNGA (OSHD.3)		
Regional Director clearance JANVIER KPOUROU LITSE		
Sector Director approval THOMAS HURLEY (OSHD)		

## Annex 1: Project cost and financing

### 1.a: Project Cost by Component

Financing sources Components	In CFA.F million				In UA million				Percent age (%)
	ADF	TAF	Gov't	Total	ADF	TAF	Gov't	Total	
I Improvement of health coverage	5 041.41	-	-	<b>5 041.41</b>	5.23	-	-	<b>5.23</b>	28.8%
II Promotion of reproductive health	2 115.88	-	-	<b>2 115.88</b>	2.20	-	-	<b>2.20</b>	12.1%
III Disease and STI/HIV/AIDS control	5 591.97	-	-	<b>5 591.97</b>	5.80	-	-	<b>5.80</b>	32.0%
I Reinforcement of the maintenance V system	1 920.05	-	1 242.98	<b>3 163.02</b>	1.99	-	1.29	<b>3.28</b>	18.1%
V Project management	708.92	385.42	481.77	<b>1 576.11</b>	0.74	0.40	0.50	<b>1.64</b>	9.0%
<b>Total project costs</b>	<b>15 378.22</b>	<b>385.42</b>	<b>1 724.75</b>	<b>17 488.39</b>	<b>15.95</b>	<b>0.40</b>	<b>1.79</b>	<b>18.14</b>	<b>100.0%</b>

### 1.b: Resources by Financing Source

Amounts Financing sources	In CFA.F million			In UA million			%	
	Foreign exchange	Local currency	Total	Foreign exchange	Local currency	Total	Foreign exchange	Total
ADF loan	11 610.75	3 767.47	<b>15 378.23</b>	12.05	3.91	<b>15.95</b>	75.55%	<b>87.93%</b>
TAF grant	385.42	-	<b>385.42</b>	0.40	-	<b>0.40</b>	100.00%	<b>2.21%</b>
Government	-	1 724.75	<b>1 724.75</b>	-	1.79	<b>1.79</b>	0.00%	<b>9.87%</b>
<b>Total project costs</b>	<b>11 996.17</b>	<b>5 492.22</b>	<b>17 488.40</b>	<b>12.45</b>	<b>5.70</b>	<b>18.14</b>	<b>68.63%</b>	<b>100.00%</b>

UA 1 = CFA.F 963.5480 at project appraisal

## Annex 2: Supervision Missions Notes of Last Mission

<b>Missions</b>	<b>Start date</b>	<b>End date</b>	<b>Duration (No of days)</b>	<b>Composition</b>
Preparation	March 2001	NA	NA	NA
Appraisal	21 /06/2001	14/07/2001	24	1 Health expert, 1 Architect, 2 consultants
Launching	05/06/2003	20/06/2003	15	NA
Supervision	17/11/2003	01/12/2003	14	NA
Supervision	16/02/2004	08/03/2004	21	NA
Supervision	26/04/2005	10/05/2005	14	1 Health expert
Supervision	13/12/2005	27/12/2005	14	1 Consultant health expert 1 Architect
Supervision	16/06/2006	27/06/2006	11	1 Architect
Supervision	07/12/2006	25/12/2006	18	1 Health expert
Mid-term review	18/03/2007	04/04/2007	17	1 Health expert
Supervision	12/11/2007	26/11/2007	14	1 Health expert and 1 Architect
Supervision	01/10/2008	15/10/2008	14	1 Architect
Supervision	11/11/2008	23/11/2008	14	1 Health expert
Supervision	29/09/2009	11/10/2009	14	1 Health expert and 1 Architect
Drafting of Completion Report	19/04/2010	05/05/2010	12	1 Health expert, 1 Architect and 1 Consultant health expert

## **Annex 3. Project Objectives, Description and Formulation**

### **1. Objectives**

The sector goal of the Project is to help improve the health of the Niger population and combat poverty. Its specific objective is to contribute in reducing morbidity and mortality resulting from limited health coverage, reproductive health problems and major diseases such as malaria, respiratory infections, diarrhoea, STI/HIV/AIDS and malnutrition.

### **2. Project description**

Toward the set objectives, the project has 5 (five) components: (i) improvement of health coverage; (ii) promotion of reproductive health; (iii) disease and STI/HIV/AIDS control; (iv) reinforcement of the maintenance system; and (v) project management.

#### **2.1 Component I. Improvement of the health coverage**

2.1.1 This component entails reinforcing the organization of activities at the health district level and improving community access to them. The project will finance the technical studies and construction of 14 type-1 integrated health centres (IHC), 2 (two) type-II IHC, 1 district hospital (DH) and the rehabilitation/extension of 2 DHs and 1 type-II IHCs. The project will also finance furniture and equipment for these health facilities. The first stock of essential generic drugs, contraceptives and micronutrients will also be provided. The Ministry of Health (MH) will also recruit staff for the new health infrastructure.

2.1.2 Seventeen (17) all-terrain vehicles: 1 for each of the 14 health districts in the two project regions concerned (Tahoua and Tillaberi), 1 for the Department of Financial Affairs, Equipment and Infrastructure (DAFEI), 1 for the Department of Reproductive Health (DRH) and 1 for the Nutrition Division. The project will also finance, for the 14 health districts, 14 ambulances as well as 100 motorcycles and 1 scooter for strategy activities by IHC heads and maintenance activities by multipurpose maintenance workers. Liaison between the IHCs and their referral hospitals is also ensured by the project through procurement and installation of a single sideband (SSB) radio network to enable IHCs to call ambulances from the hospitals.

2.1.3 At the IHC level, the project will finance the training of health staff on all health management and organization aspects, disease control, advanced strategy activities, coordination activities and the quarterly supervision of trained staff. With respect to the district core teams (DCTs), the project will finance the training of physicians in district management and basic surgery and ensure that they are supervised on a quarterly basis by their trainers. The non-medical core staff will also be trained in health district management techniques and the preparation of district health development plans (DHDPs). At the regional level, two public health physicians skilled in district health management and reproductive health were recruited as technical advisers in Tahoua and Tillaberi. The project also finances the quarterly supervision of DCTs by regional teams. Lastly, at the central level, the project finances biannual technical support visits to regional teams and the holding of a biannual conference of central and regional MH directors to discuss the implementation status of field programmes and projects for the entire ministry.

#### **2.2 Component II. Promotion of reproductive health**

2.2.1 This component mainly covers safe motherhood (SM) activities, community-based distribution of contraceptives (CBDC) and the promotion of reproductive health among young adults and teenagers.

2.2.2 For SM, the project will finance equipment for maternity wards in 3 DHs and 2 type-II IHCs newly

constructed by the project and the supply of technical equipment to 42 existing maternity services in the two regions. It will also finance the training of physicians in the DHs, midwives and nurses in the IHCs and temporary healthcare units (*cases de santé*) set up for basic emergency obstetric care (BEmOC) and comprehensive emergency obstetric care (CEmOC).

2.2.3 For CBDC, and in order to increase local community access to contraceptives, the project will stock the pharmaceutical depots of the 14 HDs. Sale of these contraceptives by depot managers and through a network of community-based distributors, namely community health workers (CHW) and peer educators who get supplies from IHCs, will facilitate cost recovery and stock renewal. IHC workers and CHWs shall be trained with educational aids and provided with training modules reproduced by the project. In order to coordinate SM and CBDC activities, a 4x4 vehicle, office furniture and computer equipment will be procured for the RHD.

2.2.4 With respect to RH, the project will also contribute to fistula management by financing registration of women fistula victims and their clinical care. Furthermore, the project will award one scholarship for specialization in gynaecology/obstetrics and another in urology.

2.3 Component III. Combating disease, STI/HIV/AIDS and malnutrition

2.3.1 In addition to STI/HIV/AIDS control, this component covers the control of malaria, acute respiratory infections, water-borne diseases, malnutrition and the promotion of traditional medicine.

2.3.2 With respect to STI/HIV/AIDS control, the project will finance information, education and communication (IEC) activities, safe blood transfusion, sentinel sites and epidemiological surveillance, improvement of the HIV/AIDS reporting/screening system, management of persons living with HIV/AIDS and social integration of AIDS orphans. The project will finance the purchase of reagents and sample collection material in the project regions and Maradi as well as the construction and equipping of 2 (two) blood transfusion centres (RBTCs) in Tahoua and Maradi.

With respect to malaria control, the project will finance the procurement of 20,000 mosquito nets and 1200 litres of insecticide, as well as the training of 2 (two) entomologists, 2 laboratory technicians and 28 laboratory assistants. Awareness-raising campaigns will be organized and the DHs and IHCs will be provided with drugs and reagents.

2.3.4 As concerns water-borne disease control, 7 mini water supply schemes and 7 boreholes will be constructed in the 14 IHCs, educational materials will be produced and awareness-raising campaigns organized. One thousand five hundred (1500) hygiene and sanitation committee members will be trained. The project will also finance the setting-up and training of water supply management committees and the training of 4 experts and 20 workers involved in hygiene and sanitation. Districts in high-risk areas will also be provided with drugs, reagents and other disease control equipment.

2.3.5 As concerns the control of acute respiratory infections, the project will finance the procurement of 1020 weighing scales and 1020 height gauges for the IHCs in the project areas and respiratory support equipment for the IHCs and the project region districts as well as the training of 21 health workers on the integrated management of childhood illnesses (IMCI).

2.3.6 With respect to malnutrition control, the project will finance training abroad in nutrition for one expert up to the DEA (*Diplôme d'études approfondies*) level, training of two trainers in nutritional surveillance, 28 radio hosts in nutrition, 10 trainers in market gardening techniques and awareness-raising campaigns. Micronutrients will be made available to the IHCs in the project area and the Nutrition Division of the MH on national immunization days (NIDs) and national malnutrition days (NMDs).

2.3.7 For the promotion of traditional medicine, the project will finance one (1) national forum on traditional medicine and one awareness-raising campaign, and assist in the compilation of the register of traditional healers, preparation of a master plan for integrating traditional medicine into the health system and implementation of the forum's recommendations.

#### 2.4 Component IV. Reinforcement of the maintenance system

2.4.1 Through the creation of a maintenance fund (MF), the project will finance actions aimed at improving the existing maintenance system and developing a culture of maintenance.

2.4.2 The creation of the maintenance fund will make it possible to implement a subsidies programme for maintenance activities, assess attendant activities and conduct a study on the fund's sustainability. As concerns development of a culture of maintenance, the project will annually finance a regional planning seminar organized in seven (7) regions of the country. Improving the maintenance system will make it possible to recruit 42 multi-skilled maintenance workers (MMWs), at the rate of one worker for each of the 42 districts in the country, pay one year of the relevant salaries and provide each MMW with 1 (one) motorcycle, a set of tools and equipment. The Department of Health Infrastructure and Equipment (DIES) will be provided with office and IT equipment and a vehicle. The maintenance units of seven RDPH will be provided with equipment and IT supplies. The 42 MMWs will be trained in IEC techniques and supplementary maintenance. Furthermore, 20 MH engineers and technicians will be trained in maintenance planning and management and 2 biomedical technicians will be trained abroad. The project will also finance studies on the management and organization of maintenance services and on the development of a maintenance database.

### 2.5 Project management

2.5.1 The project will be managed by a Project Coordination Unit (PCU), composed of a Project Executing Agency (PEA) recruited through international shopping and two national counterparts, one responsible for coordination and the other responsible for training. The project will set up two regional branches in the RDPHs Tahoua and Tillaberi and finance the recruitment of the PEA, the allowances paid to national counterparts and the directorate heads of the two above-mentioned regions.

2.5.2 Furthermore, the project will finance works to extend the premises, the supply of furniture, the procurement of 4 (four) all-terrain vehicles and 2 light vehicles for the PCU; a computerized management system as well as quarterly meetings of the project steering committee for the RDPHs and the annual audit of accounts.