

1. EXECUTIVE SUMMARY

The intermediate evaluation of Project NIC/020 took place from 26 August 2009 to 16 September 2009. The team was made up of a team leader (Dr Denis Pigot) and a national expert in environmental management (Erika Fricke). Dr Ena Barillas, representing the Ministry of Health, accompanied the mission.

The evaluation mission had five specific objectives:

- To analyse the results and specific objectives achieved at the time of the evaluation compared to the objectives stated in the project document.
- To analyse the results obtained in terms of capacity development.
- To analyse management and monitoring of the project and, especially, the following aspects:
 - In management terms: harmonisation and alignment;
 - In monitoring terms: monitoring of the various levels of the project (resources, tasks and activities, results, specific objective).
- To analyse the project in terms of these criteria: evaluation criteria (relevance, effectiveness, efficiency, sustainability) and cross-cutting issues (poverty eradication, democratic governance, gender equality and the environment).
- Identify lessons learned and make recommendations for the rest of the project/for future projects in the same sector.

This was the first evaluation of Project NIC/020. However, the project is the second phase of another project, NIC/014, which was given an intermediate evaluation and a final evaluation.

The specific objective of the project is **to increase the coverage and improve the quality of the services supplied by the SILAIS (Local System of Integrated Health Care), as part of the decentralisation of the services**. The mission has examined the available information and concluded that some aspects are tending to show that there has been an improvement. The quality of the data is, however, not sufficient to confirm this.

The project aims to achieve these results:

(R1) The SILAIS' organisation and management capacities have been strengthened. The mission has ascertained an improvement in the SILAIS' organisational and management capacity; however, the mission does not have any precise information on the exact level of this improvement.

(R2) Service provision has improved. The general level of service provision has improved, but it is difficult to know if the most disadvantaged population has benefited from these improvements, which is the priority objective of the project. As a consequence, the mission recommends that the project management unit (PMU) adopts indicators that allow for more precise measurement.

(R3) The basic conditions which enable high-quality care to be provided have improved in the three SILAIS. Significant improvements have been observed in the three SILAIS, but some weaknesses must be rectified at the monitoring level of the phase following the works' completion, to ensure that the care is of a genuinely high quality.

The project has built capacities in all its sections and also uses procedures that guarantee harmonisation with the other cooperation organisations. The project is perfectly aligned with MINSA policy with regard to the organisation and management of health services. With regard to the supply of health services, MINSA has specified the priority populations in the new model for family and community care (MOS AFC), taking factors of poverty, sex, age and ethnicity into account. The project sets the priorities for the provision of health services to cater for ethnicity, sex and age, but does not take account of poverty.

The make-up of the team has been one of the project's major successes, since the project has managed to assemble enthusiastic and committed staff sharing the same goals, and this has had an impact on the SILAIS, the communes' health councils and the communities. Apart from Tasks T1 to T5, where the PMU has relaxed its control, it remains involved in the direct monitoring of the activities, a job which must be handed over to the partners in order to facilitate the transfer of responsibilities.

The relevance of the project activities is high. Effectiveness is at an acceptable level, but it is sometimes difficult to evaluate the merit of the project, since the indicators used are not specific to the project but rather come from the Ministry of Health. Effectiveness could be improved if the components of the project worked in a more coordinated way. Sustainability is weak, due to the fact that, until the second quarter of 2009, the project had not gone straight to the phase where responsibility was transferred to MINSAs¹. The first steps of the transfer have been taken with regard to budgetary support (Task T4) and the mobile maintenance units (Task T10) of two of the three SILAIS. The work and equipment are of a high quality and users are very satisfied with them, according to the survey carried out by the PMU; however, the mission observed that the adequate use of some of the equipment (sanitary equipment and the infrastructure for treating solid waste) was still weak in some of the health units visited. The PMU has no clear vision of the objectives of the transfer and the way to carry it out. The mission has thus been forced to formulate precise recommendations so that the PMU and the SILAIS can examine them and move as soon as possible into the transfer phase.

One positive element is that there has been no major delay in the implementation of the technical activities. The degree of financial implementation has also been satisfying. Likewise, no major difficulty or obstacle is foreseen from now until the end of the project. The situation is, therefore, favourable and the PMU and the SILAIS must take advantage of this to carry out three things: (1) finalise the activities mentioned in the 2009 annual operation plan; (2) rectify the weaknesses brought to light by the mission and (3) begin the transfer forthwith.

It is important to have a plan for the transfer of responsibilities. The mission has prepared a draft specifying the strategic adjustments required for each component.

Amongst all the components, it was the component of budgetary support with technical assistance that has undergone the most changes during the second half of 2009. The responsibility for financial control has been transferred to the SILAIS, with the project's accounting staff carrying out on-the-spot checks (intermittent checks). As far as the medical advisers are concerned, they are currently re-focusing their activities with a view to building the SILAIS' capacities in the areas needing the most support. This support will also be carried out with a view to preparing the SILAIS for the post-project phase, when the project's technical assistance will be withdrawn.

The mission made a special evaluation of environmental issues. The corresponding report is attached as appendix F6 to this document. In a general sense, we can say that the project is making progress in implementing measures to reduce damage to the environment. The most visible result is that the directors of the SILAIS have become aware of issues related to the environment and of effective protective measures. The PMU has supported the SILAIS in successfully developing a combination of energy economy and adequate technology appropriate to the infrastructure. The PMU and the SILAIS must strengthen environmental health actions, both in terms of the use of the sanitation facilities and the treatment of health units' waste and in terms of developing the staff's capacities (hygiene awareness instructors and staff in general) and educating members of the community and school pupils.

¹ During the workshop where the evaluation's conclusions were presented, these results were discussed with the project actors and decisions were taken with a view to strengthening this important aspect.