Project Evaluation Report

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| **Examined documents** | ERF project documents, ERF project interim and final reports, epidemiologic statistics, patient registers, health prefecture work plan |

**Context**

_Briefly describe the context in which the project was implemented, including the local security and political context, the displacement situation, and the assessed needs of the people in the area._

In June 2007, AMI was the first international organisation to start activities in Bamingui-Bangoran prefecture, with the financial support of the ERF. Bamingui-Bangoran had been affected by the political conflict between the UFDR armed group and the government. More importantly, people in the area increasingly suffer from attacks by bandits and poachers, as well as repeated incursions of foreign armed groups. Yet, until the arrival of AMI, no organisation had been providing humanitarian assistance or protection to the 45,000 people living in the prefecture. AMI’s presence and the relations that were established with local authorities and associations have greatly facilitated the arrival of Solidarités, the WHO, the Global Fund, and OCHA in Ndélé.

**Results**

_Compare the results (outcomes and impact) on the ground with the ‘expected outcomes’ and indicators in the project sheet and work plan._

AMI’s health project was launched in June 2007. It is focused on providing support to health structures in the prefecture, including the hospital in Ndélé and health centres and posts in the surrounding smaller villages. The evaluation team, relying on visits to the Ndélé hospital and the health centres in Kotissako and Bamingui, meetings with AMI staff, medical staff of the Ministry of Health and the Global Fund, patients and their families, and local authorities, as well as the consultation of epidemiological
statistics, patient registers and AMI’s project documents, examined the achieved results on all indicators and objectives that AMI had established in its project sheets.

*Nine health centres have a functional cold chain*
Eleven health centres have a functional cold chain; the objective was exceeded.

*DTC3 vaccination coverage at least 70%*
During the first half of 2008, DTC3 vaccination coverage was 158%. This may be due to several reasons: people from other prefectures or from Chad (for health posts in the north) may be coming to Bamingui-Bangoran to benefit from the vaccination programme; the denominator may be wrong; or there may be errors in the data. However, trained AMI supervisors regularly visit all health structures to verify their statistics.

*Staff of the regional medical authorities visit each health centre at least once a month*
The regional medical authorities (the *préfecture sanitaire*) have classified the health centres in three groups: high risk centres that are visited twice a month (Akoursoulback, Ngarba, Ndélé), risk centres that are visited once a month (Bamingui, Kotissako, Tiri) and low-risk centres that are visited once per quarter. Each health centre should be visited at least once a month, and AMI, WHO, the Global Fund, and local health authorities will be working together towards this goal. In addition to the health authorities, four trained AMI supervisors regularly visit all supported health structures in the prefecture.

*Vaccination stocks are sufficient to cover the needs in Bamingui-Bangoran*
Since June 2008, BCGs (TB vaccination) are no longer available at Bangui level. All health organisations, with WHO as lead of the health cluster, will work together with the Ministry of Health to make sure that all relevant vaccinations are available, countrywide.

*50% of deliveries are assisted by trained birth attendants*
During the first half of 2007 (before the arrival of AMI) only 32% of deliveries were assisted by trained birth attendants. A year later, this has doubled, to 61%. Thus, the objective has been topped but many women in Bamingui-Bangoran still give birth without any trained assistance and, in case of complications, they are referred late to health structures.

*50% of women with high-risk pregnancies deliver at Ndélé hospital*
It was difficult to obtain statistics on high-risk pregnancies and the evaluation team could not calculate the results according to this indicator.

*60% of pregnant women have at least one prenatal consultation*
During the first quarter of 2007, 67% of pregnant women had at least one prenatal consultation. This percentage increased to 86% during the first half of 2008.

*No pipeline interruptions of essential medical drugs in each health structure*
Due to a pipeline break at the national level, first-level anti-malaria drugs (Co-artem) are unavailable in all health structures. As a consequence, medical staff have resorted to quinine, the second-level anti-malaria drug, which exposes patients to more severe side-effects and higher risks. Two days after the evaluation, WHO sent malaria-kits with Co-artem to Ndélé.

*70% of medical prescriptions follow established guidelines*
Especially with regard to malaria treatment, many medical staff of the health authorities do not always follow established guidelines. Quinine prescriptions often do not respect recommended doses, treatment duration, or modes of usage. Intra-muscular quinine doses expose patients to a health risks and to becoming resistant to quinine. AMI, WHO, and Ministry of Health medical doctors will increase their efforts to train health staff, particularly in health centres and posts outside Ndélé.
The frequentation rate at Ndélé hospital is at least 50%
The graph below shows a substantial increase in the number of new cases starting in June 2007 when AMI started to support the hospital. Over all of 2007, the average rate was 73% whereas it was 118% during the first half of 2008 (in comparison with the population of Ndélé).

Constraints

What constraints were faced during the implementation of the project, including security and logistical constraints or constraints internal to the organisation (lack of staff, etc.)? Was the project duration extended as result? If yes, was it justified?

The biggest obstacle was the remoteness of Bamingui-Bangoran prefecture which is difficult to access, particularly during the rainy season. This has increased logistics costs and made travel of supervisors and the delivery of drugs, and medical and rehabilitation equipment expensive. ACTED, also with ERF, funding has almost completed the rehabilitation of bridges between Ndélé and Kaga-Bandoro, which greatly facilitates access by road, particularly during the rainy season. The security situation remains precarious, rendering some health structures inaccessible in the early stages of the programme. The lack of qualified national health staff (of the Ministry of Health or local structures) has somewhat delayed the implementation of the project.

Impact of ERF funding

What impact did ERF funding have on the overall programme activities of the organisation? Were ERF-funded activities compatible to activities of other organisations in the same area? Were these well coordinated?

In June 2007, AMI was the first international organisation to start programmes in Bamingui-Bangoran prefecture and, until April 2008, the only one. The first ERF contribution enabled AMI to open an office, recruit staff, and to start its health programme, while the two subsequent contributions were essential to maintaining it. Since April 2008, Solidarités (food security and water, sanitation and hygiene), WHO (health), the Global Fund (HIV/AIDS prevention and response), ACTED (road rehabilitation, economic recovery), and OCHA (coordination and support) have started activities in
Bamingui-Bangoran. They coordinate closely and meet regularly, particularly with regard to health activities (as a sub-chapter of the health cluster). But one example of successful collaboration is the ongoing construction of latrines, trash pits, and an incinerator by Solidarités at Ndélé hospital.

Conclusion

_What is the evaluation team’s overall conclusion? Was ERF funding helpful? Was the project implemented according to the plan? Did it have an impact on the ground? What are the lessons learnt?_

The programme has responded to the people’s health needs in Bamingui-Bangoran. Access to medical services has been considerably improved since the arrival of AMI, particularly for pregnant women and children under five. Indicators on access to and the quality of services and the availability of medical drugs have been substantially improved. The presence of AMI, and now other organisations, has also greatly improved the understanding of the health situation in Bamingui-Bangoran and the availability of crucial statistics. Health programmes in Bamingui-Bangoran must continue and be expanded, to respond to all needs and further improve the quality of services.