ICR Review

Operations Evaluation Department

Report Number : ICRR11223

1. Project Data:		Date Posted : 06/06/2002		
PROJ ID : P000287			Appraisal	Actual
Project Name : Health/nutrition		Project Costs (US$M)	38.3	28.05
Country : Burkina Faso		Loan/Credit (US$M)	29.2	29.2
Sector(s): Board: HE - Health (76%), Central government administration (24%)		Cofinancing (US$M)		
L/C Number : C2595				
		Board Approval (FY)		94
Partners involved :		Closing Date	12/31/1999	09/30/2001

Prepared by :	Reviewed by :	Group Manager :	Group :
Timothy A. Johnston	Ridley Nelson	Alain A. Barbu	OEDST

2. Project Objectives and Components

a. Objectives

The project's objectives (as stated in the appraisal document) were to :

- Improve the quality, coverage and utilization of basic health services for the Burkinabe population;
- Enhanced the nutritional status of the population; and
- Develop national capacity for achieving sustainable control of endemic parasitic diseases .

b. Components

The project had four components :

- Improve quality, coverage, and utilization of health services (72 % total cost) through: (i) upgrading health facility infrastructure, improving the referral system, and establishing maintenance systems; (ii) staff training and redeployment; (iii) decentralization (through establishment of health districts); (iv) increasing the availability of essential drugs by strengthening procurement, distribution, storage and management capacities . This component also supported the establishment of local health management committees financed through cost recovery for drugs and health services -- consistent with the Bamako Initiative.
- Reduce micronutrient deficiencies (12 percent total cost) through support for (i) vitamin A, iodine, and iron supplementation; and (ii) development of a national micronutrient strategy .
- Control endemic parasitic diseases (4 percent total cost) by strengthening capacity to carry out surveillance, treat cases of onchocerciasis, trypanosomiasis, and dracunculiasis, and increase awareness among target populations.
- Institutional strengthening (12 percent) to increase MOH planning and implementation capacity, particularly for the Directorates of Preventive Medicine, Pharmaceutical Services, Administration and Finance, Studies and Planning. This component also supported the Project Coordinating Unit (PCU).

c. Comments on Project Cost, Financing and Dates

The project was redesigned at the midterm review in December 1998, with the Development Credit Agreement amended to allow direct project financing of provincial and district health work programs . Progress was to be monitored in accordance with key performance indicators, with quarterly disbursements . This represented a significant shift from the original input-oriented approach, but project objectives remained unchanged . The project was extended by nearly two years to allow completion of infrastructure activities and to test the new approach to financing district health services.

3. Achievement of Relevant Objectives:

- The project -- through its support for decentralization of financing, training for district health teams, improved availability of essential drugs, and increased local participation in health service delivery -- made substantial contributions to improving the quality and coverage of health services, and to the utilization of preventive services. Utilization of curative services did not improve, however .
- The country made substantial progress in controlling endemic parasitic diseases, with onchocerciasis (river blindness) and dracunculiasis (guinea worm) virtually eliminated (the project's contribution was only modest,

however, compared to the significant support provided through international disease eradication programs).
- The micronutrient component made little progress and was unsatisfactory overall .

4. Significant Outcomes/Impacts:

- The project met all its physical infrastructure targets, including : (i) constructing 12 medical centers with surgical units (representing half of first referral facilities); (ii) 45 health centers were constructed/equipped, and seed money provided for establishment of drug revolving funds; (iii) 60 new accommodations constructed for medical personnel at health center level. Meanwhile the proportion of fully-staffed health centers increased slightly -- from 65 percent to 75 percent in 2001.
- The project (after the MTR) helped establish health districts and promoted the decentralization of financial resources and use of management agreements. These innovations reportedly enhanced ownership and accountability at all levels of the health system. The frequency of technical support and supervisory visits increased substantially since the late-1990s -- due to capacity building and provision of improved transport -- and financial management also improved (capacity and performance varied among districts).
- The project helped introduce participatory strategic planning and budgeting processes at the regional, district, and health center levels, including establishment of community management committees (COGES), which set user fee schedules, manage the proceeds of cost recovery, and administer local pharmaceutical drug depots . COGES members received training to help them assume the new responsibilities, with support from districts and local health staff (but performance varies).
- Decentralized funding and community participation appear to have contributed to strengthening the coverage of key preventive services. Vaccination coverage increased significantly from a low point in the mid-1990s (DPT3 coverage increased from 28 percent in the mid-1990s to 64 percent in 2001). The proportion of pregnant women benefiting from at least two prenatal visits also increased (to 60 percent in 2000).
- The project, together with other partners, significantly strengthened the national drug procurement and distribution system, including transforming the national procurement center for essential drugs into a private, non-for-profit organization. Essential drug stockouts are reportedly less than 2 percent.

5. Significant Shortcomings (including non-compliance with safeguard policies):

- Utilization of curative health services remains low and unchanged (about 0.2 visits per capita-year). This reflects low demand for services, due both to cost and continued preference for traditional medicine . The cost recovery schemes supported by the project may have contributed to suppressing demand, particularly since local health committees were given considerable latitude in setting health and drug fees (the forthcoming Poverty Reduction Strategy Credit plans to support reductions in user fees).
- The micronutrient component suffered from weak government ownership and limited attention from Bank supervision missions. It probably should have been dropped or significantly restructured at mid-term review.
- The Project Coordination Unit proved effective, but was not adequately integrated into the MOH, resulting in mixed MOH ownership for some key project activities and reforms (including the district reforms and establishment of local project accounts). Staff turnover reduced the impact of some capacity-building activities, at both national and district levels.
- Design and implementation of civil works were delayed and of mixed quality, although implementation improved in the latter years. The government's constrained fiscal situation contributed to shortfalls in counterpart financing (less than a third of original commitments), which also may undermine sustainability of infrastructure investments.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Moderately Satisfactory	[OED's moderately sat. rating is not allowed under the ICR's 4-point scale]. The project made substantial contributions to decentralized management of health services, but there was little progress in improving utilization of curative services and the micronutrient objectives were not achieved.
Institutional Dev .:	Substantial	Substantial	
Sustainability :	Likely	Likely	Although many of the project's contributions are likely to be sustained -- and further sector reforms are being supported by a PRSC -- the mechanisms

			for continued financing of district health activities remain under discussion. Chronic shortages of recurrent financing also represent a risk to sustainability.
Bank Performance :	Satisfactory	Satisfactory	
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR :		Exemplary	

NOTE: ICR rating values flagged with ' * ' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

The ICR highlights several lessons, including:

- Adopting flexible and decentralized procedures for channeling funds can improve accountability, raise staff motivation, and improve response to local needs.
- Focusing on improving quality and coverage is insufficient to raise utilization of health services . More attention needs to be given to understanding and addressing the reasons behind low utilization, including costs, demand, and incentives.
- The adoption of a simple monitoring and evaluation system -- and ensuring that information were used strategically for decision-making -- would have strengthened project implementation, and facilitated assessment of impact.
- Integrating the project management unit into the government's institutional structure is essential to ensuring broad ownership and sustainability of project activities.

8. Assessment Recommended? ● Yes ○ No

Why? The ICR is thorough, but the decentralized financing and performance-based contracting scheme introduced by the project merits further evaluation -- particularly given current uncertainties as to how and whether it will be sustained.

9. Comments on Quality of ICR:

The ICR provides a thorough overview of the project's accomplishments and shortcomings, and is clearly written and logically structured. The ICR benefited from extensive background work by the ICR team and government, including an independent evaluation of the health decentralization approach piloted by the project -- the findings of which are summarized in the ICR. Although constrained by weaknesses in M&E during project implementation, it assesses the linkages among project outputs and available outcome indicators, and includes an in-depth discussion of alternatives for sustaining project-sponsored activities and reforms.