



<b>1. Project Data:</b>		<b>Date Posted :</b> 08/09/2001	
<b>PROJ ID:</b> P001002		<b>Appraisal</b>	<b>Actual</b>
<b>Project Name:</b> Social Sector Project	<b>Project Costs (US\$M)</b>	9.65	9.64
<b>Country:</b> Guinea-Bissau	<b>Loan/Credit (US\$M)</b>	8.8	8.8
<b>Sector(s):</b> Board: HE - Health (92%), Other social services (8%)	<b>Cofinancing (US\$M)</b>	1	0.85
<b>L/C Number:</b> C2465			
	<b>Board Approval (FY)</b>		93
<b>Partners involved :</b> Dutch	<b>Closing Date</b>	06/30/1997	06/30/2000
<b>Prepared by :</b>	<b>Reviewed by :</b>	<b>Group Manager :</b>	<b>Group:</b>
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**2. Project Objectives and Components**

**a. Objectives**  
The project's objective, as stated in the SAR, was to assist the Government in improving the delivery capacity and quality of primary health care for a wider base of the population, with a special focus on the most vulnerable groups, particularly those in rural areas of the country .

**b. Components**  
The project financed the following components :

- Comprehensive training for health workers and professionals** (\$2.5 m), including (i) in-service training refresher program; (ii) local training upgrading program; and (iii) short-term training for medical specialization .
- Information, education and communications** (\$0.37 m), including (i) provision of short-term technical assistance; (ii) establishment of an Information Education and Communication (IEC) division in the Ministry of Health (MoH); (iii) training and seminars for health personnel; (iv) equipment; (v) educational materials production.
- Improvement of selected health facilities and community participation** in the regions (\$3.3 m), including, (i) upgrading health centers and staff housing; (ii) upgrading about 240 basic health units; (iii) wells (12) and solar panels (22); (iv) transportation, including 600 bicycles for basic health units, and vehicles for the three regions .
- Social Action Fund** (\$1.2 m), which helped government establish a funding entity to work with NGOs and community organizations to carry out social services through cross -sectoral micro-projects.

**c. Comments on Project Cost, Financing and Dates**  
The project was extended to allow completion of activities following the civil war . Government contributed only US\$0.3 m in counterpart financing.

**3. Achievement of Relevant Objectives:**  
The project met most of its input and output targets in terms of clinic and staff housing construction, staff training, IEC materials production, and funding of community projects . But impact was significantly undermined by a year-long civil war beginning in June 1998, which disrupted health services and led many staff and MOH officials to leave the country. Weak organizational capacity and extremely limited counterpart funds were constraints throughout, although the Project Management Unit implemented the project well . Assessment of outcome is complicated by a lack of data on health status, health behavior, service quality and utilization, availability of drugs and staff, etc .

**4. Significant Outcomes/Impacts:**  
The project sponsored extensive training at multiple levels of the system, including for nursing, health management, and IEC, which addressed major gaps in human resources for the sector . Clinics and staff housing constructed through the project may have contributed (or may contribute in the future) to improved staffing of rural facilities (although there are no data to confirm this). The project successfully engaged communities to participate in clinic and housing construction, which increased local ownership for these investments, and may facilitate increased community involvement in health services . The Social Action Fund targeted poor communities, and strengthened collaboration among communities, government, and NGOs . The project established an IEC division in the MOH, and helped coordinate various donor health promotion activities . Although not in the original design, the project initiated a national program for social marketing of condoms (through an international NGO), which represented the

country's first major HIV/AIDS effort, and is being continued through donor support . Finally, the project helped provide a framework for the government's health strategy in the post -conflict period, which is being supported by a follow-on project.

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

The civil war disrupted the project and the entire health system . The impact of training on MOH capacity and service quality was limited because a majority of those trained under the project have left government service, due to the war as well as low pay relative to donors, NGOs, and other countries . Some staff quit after training when they did not receive expected promotions . IEC equipment purchased through the project was stolen during the war . The social fund component, while beneficial, was too small to have a significant impact on poverty, and supervision of subprojects was discontinued in 1998. The project monitoring framework included only project output indicators, which appears to have reduced the focus on outcomes during implementation . For example, even before the war, it is not clear whether training actually contributed to improved service quality, or whether IEC material produced by the project contributed to behavior change (the social marketing component has been independently evaluated, however, with positive results).

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
<b>Outcome :</b>	Satisfactory	Moderately Satisfactory	The civil war significantly undermined health system performance and project impact, but project outputs appear to have ameliorated a situation that could have been worse, and may form the basis for subsequent progress .
<b>Institutional Dev .:</b>	Modest	Modest	
<b>Sustainability :</b>	Unlikely	Unlikely	
<b>Bank Performance :</b>	Satisfactory	Satisfactory	
<b>Borrower Perf .:</b>	Satisfactory	Satisfactory	
<b>Quality of ICR :</b>		Unsatisfactory	

**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 project illustrates a number of long-standing lessons, including the importance of project ownership and community engagement, and the importance of government leadership to ensure effective donor coordination . The ICR list a number of other lessons, including :

- Human resource development should not be limited to training; issues such as incentives, career development, public/private partnership and decentralization also need to be addressed;
- Public/private partnerships and the contracting out of services can provide a means for expanding social services, particularly when government capacity is weak;
- NGOs can and should play an important role in expanding primary health care and prevention and reaching the poorest segment of the population .

**8. Assessment Recommended?** ☐ Yes ☒ No

**9. Comments on Quality of ICR:**

The ICR includes an adequate description of project inputs and outputs, as well as the factors contributing to successes and shortcomings . It lacks data or evidence regarding project outcomes, however . The text and annexes include some inconsistencies and gaps, and borrower comments on the ICR -- as well as the borrower's own ICR -- were not available. The civil war clearly undermined already weak data systems, and several planned evaluation activities were cancelled as a result . But the ICR process also appears to have suffered from turnover of task managers, and inadequate management of project files .