



<b>1. Project Data:</b>		<b>Date Posted :</b> 06/27/2003	
<b>PROJ ID:</b> P005152		<b>Appraisal</b>	<b>Actual</b>
<b>Project Name:</b> Schistosomiasis Control	<b>Project Costs (US\$M)</b>	43.25	24.4
<b>Country:</b> Egypt	<b>Loan/Credit (US\$M)</b>	26.84	22.23
<b>Sector(s):</b> Board: HE - Health (97%), Central government administration (3%)	<b>Cofinancing (US\$M)</b>	10.42	0
<b>L/C Number:</b> C2403			
	<b>Board Approval (FY)</b>		92
<b>Partners involved :</b> Unidentified	<b>Closing Date</b>	06/30/1999	09/30/2002
<b>Prepared by :</b>	<b>Reviewed by :</b>	<b>Group Manager :</b>	<b>Group:</b>
Roy Jacobstein	Ridley Nelson	Alain A. Barbu	OEDST
<b>2. Project Objectives and Components</b>			
<b>a. Objectives</b>			
The Project had two "broad aims": 1) To expand the coverage and improve the operations of the National Schistosomiasis Control Programme (NSCP), including "to initiate a systematic attack on problems of program design, staff motivation and management in the health sector"; and 2) To initiate a program of cooperation that focuses on strengthening the design and management of health programs, including "strengthening the capacity of the Ministry of Health and Population's Endemic Diseases Control Department (EDCD) to define its mission, evaluate its activities, design interventions, assess constraints on the program and devolve responsibility to authorities at the governate and district levels."			
<b>b. Components</b>			
The Project envisioned that the credit would support "three sets of activities:" 1) Expanding coverage of the NSCP into five governates of the Nile Delta via provision of drugs, molluscicides, laboratory supplies and equipment, vehicles and training (US\$23.7 million); 2) Consolidation of existing control activities (modernizing and rehabilitating the existing facilities and activities of the NSCP with the same inputs as in the expansion component; US\$15.6 million); and, 3) Strengthening the management capacity of the EDCD (US\$0.75 million), with a focus on accounting and budgeting, and strategic planning and implementation. Overall, of the US\$24.4 million total cost of the project, US\$21.19 million (87%) went for physical goods such as drugs, molluscicides and laboratory equipment.			
<b>c. Comments on Project Cost, Financing and Dates</b>			
IDA disbursed US\$21.5 million (82%) of the planned US\$26.84 million credit. The major reason for not using all of the credit was an unanticipated significant fall in the international cost of the drugs and molluscicides. The Government contributed US\$ 2.65 million, or 44% of the planned amount. The major reason for the discrepancy between planned and actual project cost was the failure of an unidentified (in either SAR or ICR) co-financier to contribute the \$10.42 million that had been expected.			
<b>3. Achievement of Relevant Objectives:</b>			
The Project achieved a number of its development objectives. The NSCP expanded its coverage to the Delta governates, thus achieving national coverage for the entire population of rural Egypt. The NSCP also integrated its national program into existing health service delivery systems, and introduced modern, more strategic approaches to schistosomiasis control and treatment. Finally, concomitantly—and undoubtedly at least partly causally—the prevalence of schistosomiasis has dropped dramatically, from levels of over 35% in the early 1980s to levels of 5% and less today.			
<b>4. Significant Outcomes/Impacts:</b>			
Extension of the NSCP to the five Delta governates was successfully completed, adding coverage to an additional 17 million people. Prevalence of <i>S. mansoni</i> fell to below 3% in schoolchildren and 6% in outpatients. Stool sample positivity in Rural Health Units dropped from 11.9% in 1996 to 1.6% in 2001. In			

Upper and Middle Egypt, *S. haematobium* in stool samples declined over the same period from 5.3% to 1.3% and the ICR states that “clinical disease in those areas has now disappeared”. Significant levels of selective population screening and treatment (e.g., over 50 million stool and urine exams and 1.400,000 positives treated in 1999), mass population therapy and snail control took place.

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

The institutional development that was called for was spottily implemented, with training and other capacity enhancement and management improvements, especially at central levels, minimal. Government financial support was less than half of planned levels, and its “cumbersome administrative procedures” and restrictive procurement procedures contributed to additional lengthy delays in project implementation. Implementation was also delayed and impeded by poor staffing, failure to follow Bank procurement procedures, and lack of a detailed implementation plan. Throughout there was a lack of a monitoring and evaluation system in place for data collection, analysis and use.

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
<b>Outcome :</b>	Satisfactory	Satisfactory	
<b>Institutional Dev .:</b>	Modest	Modest	
<b>Sustainability :</b>	Likely	Likely	
<b>Bank Performance :</b>	Satisfactory	Satisfactory	
<b>Borrower Perf .:</b>	Satisfactory	Satisfactory	
<b>Quality of ICR :</b>	Satisfactory	Satisfactory	

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

**7. Lessons of Broad Applicability:**

This project confirms that in the absence of a good M&E system, it will be difficult to gauge to what extent improvements that *correlate* with a project are *due* to the project. In this case, it is reasonable to infer that the many physical inputs—drugs, molluscicides, lab equipment—translated into causality; however other concomitant dynamics (e.g., improved sanitation, higher standards of living, greater population awareness) also undoubtedly played a role. The project design confirms the value of keeping a project simple (which was done). The project design also illustrates—by its absence—the value of also focusing adequately on strategic management aspects, training, policy change, institutional development, fostering greater government commitment (and greater familiarity with and adherence to Bank procedures).

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

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

The ICR is satisfactory, with shortcomings. The list of seven significant shortcomings on p. 4 should have been discussed in greater detail. “Issues related to monitoring and evaluation remained unsatisfactory until the close of the project” under overall Borrower performance, p. 14, should have been discussed more fully as the basis for lessons that will improve future projects. The Key Performance Indicators/Log Frame Matrix is weak. Annex 2, Table 4 has missing data for the Government's financial contribution, although subsequent queries to the task manager revealed this to be an error.