ICR Review
Operations Evaluation Department

Report Number : ICRR10999

1. Project Data:		Date Posted : 08/07/2001		
PROJ ID :	P037827		Appraisal	Actual
Project Name :	Northern Health	Project Costs (US$M)	57.70	32.05
Country :	Pakistan	Loan/Credit (US$M)	26.7	16.55
Sector(s):	Board: HE - Health (95%), Central government administration (4%), Other social services (1%)	Cofinancing (US$M)	10.6	4.32
L/C Number :	C2883			
		Board Approval (FY)		96
Partners involved :	Germany (KfW)	Closing Date	12/31/2000	12/31/2000

Prepared by :	Reviewed by :	Group Manager :	Group :	
Roy A. Jacobstein	Timothy A. Johnston	Alain A. Barbu	OEDST	

2. Project Objectives and Components

a. Objectives

Project Objectives were to support the Governments' programs in northern Pakistan (Northern Areas [NA], and Azad Jammu & Kashmir [AJK]) to improve the health status of the population, with a specific target of reducing infant and maternal mortality by 30% in four years. These mountainous areas are among the most remote in the country, making access to services difficult.

b. Components

There were four Project components:

1. Strengthening Community and NGO Participation, focused on strengthening and expanding existing NGO services, adding new NGO services, and introducing community and NGO involvement into existing Government services.
2. Strengthening Government Health Services, by upgrading existing infrastructure, training and posting additional female paramedics, generally strengthening MCH/FP services and communicable disease control (CDC) programs, and enhancing referral capacity for accidents and emergency obstetrical care.
3. Human Resource Development, through pre-service and in-service training, especially of female service providers.
4. Management and Organizational Development, to develop the 2 DOH's, and to a lesser extent, the NGOs', capacity to plan, implement and otherwise manage the enhanced programs.

c. Comments on Project Cost, Financing and Dates

Total project costs at appraisal were estimated at US$57.7 million, with an IDA credit of $26.7 million, Government contribution of US$11.3 million, and co-funding of US$10.6 million from KfW (Kreditanstalt fur Wiederaufbau), US$6.1 million from the Second Social Action Program Project (SAPPII), and $US 3.0 million from participating NGOs. The Project was part of a larger $US 136.7 million program, which comprised the total activities of the government health sector in NA and AJK (plus eligible health-related activities of communities and NGOs). Latest estimates at closing were a total project cost of US$32.1million, 56% of the appraisal estimate. Of that amount, the IDA credit was US$16.55 million, Government contribution US$7.08 million, KfW grant US$ 4.32 million, and SAPPII, US$4.1 million. (The NGOs final expenditure is not given; KfW's involvement is ongoing.) In October 1997, the IDA credit was reduced by $US 6.1 million. Due to delay in formal Government approval, the implementation period was reduced from 50 months to 36 months.

3. Achievement of Relevant Objectives:

At the impact level, the Project contributed to a number of significant improvements in health status and health services in both areas (NA & AJK). Infant mortality, estimated at 1996 appraisal to be 130 in NA and 90 in AJK, fell respectively to 70 (1999, according to ICR) and 56 (1998, according to Borrower response in ICR). Maternal

mortality levels are not given, but immunization with tetanus toxoid rose from 1996 to 1999, from 17% to 48% in NA and from 16% to 52% in AJK. Contraceptive prevalence rates in NA and AJK were 21% and 28% respectively (versus the Project goal of 25%; baselines are not given in the SAR or ICR). At the health system level, the Project led to a notable increase in deployment of female paramedical staff, and to effective Government-NGO partnerships in the areas of MCH-FP services and communicable disease control.

4. Significant Outcomes/Impacts:

The number of lady health visitors (LHVs) rose significantly (from 92 to 158 in AJK, 12 to 64 in NA, with 32 more placed after Project closure) and 48 new facilities were made fully functional. MCH/FP services are thus available in 70% of first level care facilities in AJK, up from 44%; and they are available in 50% in NA, whereas formerly they were available only in hospitals. Effective collaboration with Marie Adelaide Leprosy Center (MALC) was established; MALC managed the program's switch from clinic-based TB management to Directly Observed Treatment, Short-course (DOTS), with coverage extended to 50% of the population in AJK and 30% in NA, versus the national average of 12%. The Family Planning Association of Pakistan provided services through government facilities in AFK, and the number of new FP clients rose by 150%. The HMIS is well established, with a reporting rate of 99% in AJK, 68% in NA. In NA, all 966 posts created under the Project have been transferred to the regular budget; in AJK 309 of the 602 have, with plans to regularize the remaining posts later in 2001.

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

The Project did not become effective until 2 & ½ years after appraisal, and 18 months after approval, because the government's Central Development Working Party -- the key economic decisionmaking body -- deemed the project too large and ambitious; thus project scope was reduced and the period of implementation was effectively only three years. Immunization coverage of children remained low; the target of 60% was not met, and while in NA the percentage of fully immunized children rose from 30 to 41%, in AJK it fell from 58% to 40%. The envisioned in-service training programs in both areas could not be established. The HMIS is not yet being used as a management tool, and overall monitoring and supervision remains weak, including an insufficient budget for these activities. In NA, the Government demonstrated only limited commitment to longer-term collaboration with NGOs, and there was turnover of key staff and delay in filling critical vacancies. The adequacy of future Government allocations for operational costs is uncertain.

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

Substantive involvement of the Ministries of Finance and Planning during preparation may avoid subsequent funding shortfalls and contribute to sustainability. Projects that heavily involve NGOs in partnership with government can be successful, particularly if those NGOs have acknowledged competencies and are involved early in the design phase. Baseline performance indicators and interim benchmarks should be identified at appraisal and regularly tracked in supervision as well as used in final evaluation; these indicators should be for intermediate outcomes, rather than population-level impact. Gender priorities in health projects are important to articulate in project design, can be met in project implementation, and can result in increased MCH/FP service use.

8. Assessment Recommended? ○ Yes ● No

9. Comments on Quality of ICR:

The ICR is well written and internally consistent. Principal performance ratings and ratings for achievement of objectives were reasonable and justified in the text by quantitative data and other qualitative findings. Additional analysis of why child immunization targets were not met would have been useful, however.