Lesotho Health Sector Performance Enhancement (P114859)


Implementing Agencies: Ministry of Health, Ministry of Finance, Ministry of Finance

Key Dates

**Key Project Dates**

Bank Approval Date: 11-Apr-2013
Planned Mid Term Review Date: 27-Mar-2017
Original Closing Date: 30-Jun-2017

Effectiveness Date: 14-Feb-2014
Actual Mid-Term Review Date: 13-Mar-2017
Revised Closing Date: 30-Jun-2019

Project Development Objectives

Project Development Objective (from Project Appraisal Document)
The overall project development objective is to improve the utilization and quality of maternal and newborn health (MNH) services in selected districts in Lesotho.

Has the Project Development Objective been changed since Board Approval of the Project Objective?
Yes

Board Approved Revised Project Development Objective (If project is formally restructured)
The overall project development objective is to: (i) increase utilization and improve the quality of primary health services in selected districts in Lesotho with a particular focus on maternal and child health, TB and HIV; (ii) improve contract management of select PPPs; and (iii) in the event of an Eligible Crisis or Emergency, to provide immediate and effective response to said Eligible Crisis or Emergency.

Components

**Name**

Component 1: Improving Health Service Delivery through Performance-Based Financing: (Cost $11.45 M)
Component 2: Capacity Building Support to the Ministry of Health: (Cost $3.73 M)
Component 3: Enhance PPP Management Capacity within the Government of Lesotho: (Cost $0.82 M)
Component 4: Contingent Emergency Response

Overall Ratings

<table>
<thead>
<tr>
<th>Name</th>
<th>Previous Rating</th>
<th>Current Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress towards achievement of PDO</td>
<td>⚫ Moderately Unsatisfactory</td>
<td>⚫ Moderately Satisfactory</td>
</tr>
</tbody>
</table>
The World Bank
Lesotho Health Sector Performance Enhancement (P114859)

Overall Implementation Progress (IP)  Moderately Unsatisfactory  Moderately Satisfactory
Overall Risk Rating  Substantial  Substantial

Implementation Status and Key Decisions

The PBF pilot program is showing solid progress at the health center and district hospital levels, following the scale-up to 4 additional districts: Thaba-Tseka, Mokhotlong, Mafeteng and Mohale’s Hoek. As per the quarterly PBF data, utilization of services has increased including institutional deliveries, 4 ANC visits, post-natal care and immunization. Following strong performance with respect to average health facility quality of care scores in the two pilot districts (Leribe and Quthing), the quality of care checklist was revised and made more stringent. This, coupled with the inclusion of the four additional Phase II districts in July and October 2016, resulted in a decline in the average quality score from 70.7% in June 2016 to 59% in December 2016. However, as health facilities continue to make improvements in their quality of care in accordance with the more rigorous quality checklist, average quality of care scores have since improved to 72% as of April 2017. In addition, as per the project results framework, indicators such as the number of TB patients treated according to DOTS increased from 4925 at baseline in 2013 to 8365 in December 2016; pregnant women living with HIV receiving ARV prophylaxis to reduce risk of MTCT increased from 3910 at baseline to 13,063 in April 2017; pregnant women receiving ANC increased from 17,233 at baseline to 61,082 in April 2017; and the number of children immunized increased from 17,851 at baseline to 51,279 as of December 2016. Furthermore, owing to the timely flow of PBF funds, facilities are exhibiting greater autonomy and proactivity in the use of PBF funds to develop novel ways to improving service delivery. For example, health facilities in the PBF districts have utilized PBF funds to address demand-side issues, including the provision of transportation arrangements, and outreach activities. A PBF Stakeholders Consultation meeting was held in March 2017, attended by senior management of the MOH, district level staff as well as the Christian Health Association of Lesotho, and development partners. Spirited presentations from the District Health Managers from Thaba-Tseka and Leribe highlighted the positive impact the PBF program has had in their respective districts, particularly in Leribe, where one facility, Maputsoe, is building a maternity waiting home with PBF funds, another facility was reopened using PBF incentives, and infrastructure improvements were made at the Motebang district hospital. The project also continues to provide capacity building training activities, including advanced midwifery, neonatology and anesthesiology for nurses, Information and Communications Technology (ICT) based financial management (FM) for the Project Accounting Unit (PAU) FM specialist, procurement and Monitoring and Evaluation (M&E) training for Ministry of Health (MOH) staff.

Risks

Systematic Operations Risk-rating Tool

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Rating at Approval</th>
<th>Previous Rating</th>
<th>Current Rating</th>
</tr>
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<tbody>
<tr>
<td>Political and Governance</td>
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<td>● Substantial</td>
</tr>
<tr>
<td>Macroeconomic</td>
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<td>● Moderate</td>
<td>● Moderate</td>
</tr>
<tr>
<td>Sector Strategies and Policies</td>
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<td>● Substantial</td>
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<td>Technical Design of Project or Program</td>
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<td>● Substantial</td>
</tr>
<tr>
<td>Institutional Capacity for Implementation and Sustainability</td>
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<td>● Substantial</td>
<td>● Substantial</td>
</tr>
<tr>
<td>Fiduciary</td>
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<td>● Substantial</td>
</tr>
<tr>
<td>Environment and Social</td>
<td>--</td>
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<td>● Moderate</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>--</td>
<td>● Moderate</td>
<td>● Moderate</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
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<tr>
<td>Overall</td>
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<td>● Substantial</td>
<td>● Substantial</td>
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Results

Project Development Objective Indicators

Pregnant women delivering in PBF enrolled health facilities in target districts (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
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<tbody>
<tr>
<td>Value</td>
<td>53.20</td>
<td>74.30</td>
<td>74.30</td>
<td>80.00</td>
</tr>
<tr>
<td>Date</td>
<td>31-Dec-2009</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

Comments
- Baseline and actual data from 2009 and 2014 DHS used in the result framework so far were collected before the project started implementation. The team will discuss with the MOH options to amend the results framework through a restructuring so that the Results Framework better reflects data collected during the project period, in order to better monitor the project’s impact.
- Actual data for Dec 2016 onwards replicates the 2014 DHS household level data for the six target districts, i.e. 74.3%.
- As a proxy to measuring progress in coverage, ongoing routine utilization data (average per facility per month) for this indicator will be estimated using PBF Quarterly Quantity invoices (covering utilization at health centers only). For the present ISR, data will only be presented for districts that have been enrolled for a sufficient period in the PBF program. Quthing: baseline (2014): 3 deliveries, current (2017): 5 deliveries; Leribe: baseline (2015): 8 deliveries, current (2017): 7 deliveries.

Children under 1-year fully immunized in PBF enrolled health facilities in the target districts (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
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<tbody>
<tr>
<td>Value</td>
<td>60.10</td>
<td>67.20</td>
<td>67.20</td>
<td>72.00</td>
</tr>
<tr>
<td>Date</td>
<td>31-Dec-2009</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

Comments
- Baseline and actual data from 2009 and 2014 DHS used in the result framework so far were collected before the project started implementation. The team will discuss with the MOH options to amend the results framework through a restructuring so that the Results Framework better reflects data collected during the project period, in order to better monitor the project’s impact.
- Actual data for Dec 2016 onwards replicates the 2014 DHS household level data for the six target districts, i.e. 67.2%.
- As a proxy to measuring progress in coverage, ongoing routine utilization data (average per facility per month) for this indicator will be estimated using PBF Quarterly Quantity invoices (covering utilization at health centers only). For the present ISR, data will only be presented for districts that have been enrolled for a sufficient period in the PBF program. In Quthing, it went up from an average per facility per month of 8 children in 2014 to 9 in 2017; in Leribe the same trend of averages is observed.
### Currently married women using modern contraceptive method in target districts (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>40.40</td>
<td>58.10</td>
<td>58.10</td>
<td>62.00</td>
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<tr>
<td>Date</td>
<td>31-Dec-2009</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

**Comments**
- Baseline and actual data from 2009 and 2014 DHS used in the result framework so far were collected before the project started implementation. The team will discuss with the MOH options to amend the results framework through a restructuring so that the Results Framework better reflects data collected during the project period, in order to better monitor the project’s impact.
- Actual data for Dec 2016 onwards replicates the 2014 DHS household level data for the six target districts, i.e. 58.1%.
- As proxy to measuring progress in coverage, ongoing routine utilization data (average per facility per month) for this indicator will be estimated using PBF Quarterly Quantity invoices (covering utilization at health centers only). For the present ISR, data will only be presented for districts that have been enrolled for a sufficient period in the PBF program. In Quthing, use of long term contraceptives among all women has increased from an average per facility per month of 2 women in 2015 to 14 women in 2017; in Leribe, it went up from 3 women to 8 on the same period. In the case of short term contraceptives, in Quthing it went down from 56 women in 2014 to 39 women. In Leribe it went up from 83 women in 2015 to 90 women in 2017.

### People receiving tuberculosis treatment in accordance with the WHO-recommended “Directly Observed Treatment Strategy” (DOTS) (number) (Number, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>4,925.00</td>
<td>8,365.00</td>
<td>11,556.00</td>
<td>9,500.00</td>
</tr>
<tr>
<td>Date</td>
<td>30-Jan-2013</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

**Comments**
- This indicator is not part of the list of incentivized indicators. It cannot therefore be reported based on the monitoring tool of the project. The possibility of including as an incentivized indicator will be considered.
## Pregnant women living with HIV who received ARV prophylaxis or complete course of ARV to reduce the risk of MTCT in target districts (Number, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>3,910.00</td>
<td>10,721.00</td>
<td>13,063.00</td>
<td>13,000.00</td>
</tr>
<tr>
<td>Date</td>
<td>30-Jan-2013</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

**Comments**
- This indicator is not part of the list of incentivized indicators. It cannot therefore be reported based on the monitoring tool of the project. The possibility of including as an incentivized indicator will be considered.

## Average Health Facility Quality of Care Score in target districts (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>59.60</td>
<td>59.00</td>
<td>72.00</td>
<td>78.00</td>
</tr>
</tbody>
</table>

**Comments**
- Source of Baseline data: Baseline Quality of Care Assessment. Baseline data for the six target districts collected in two phases (2013 for Leribe and Quthing and 2015 for the remaining 4 Phase II districts).
- Actual data collected from the implementation of the routine quality checklist by the MOH Quality Assurance Unit.
- Previous quality score as of Dec 2016: 59% - This represents a decline in the quality score because of the addition of two additional districts (Mokhotlong and Thaba-Tseka) in July 2016 and October 2016 (Mohale's Hoek and Mafeteng), and also because of the revised and more rigorous quality checklist following the recent restructuring.
- Actual Quality core as of Apr 2017: 72%

## MOF Central PPP Unit and MOH PPP Contract Management office established (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Date</td>
<td>30-Sep-2016</td>
<td>20-Dec-2016</td>
<td>12-Jun-2017</td>
<td>30-Jun-2019</td>
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</tbody>
</table>

**Comments**
**Source:** Project Administrative Records

**Baseline:** The MOF Central PPP Unit and MOH Contract Management Office are yet to be established and a full staff complement recruited.

**End target:** The MOF Central PPP Unit and MOH Contract Management Office maintain a full staff complement comprising all essential positions.

**Current Status (June 2017):** PPP Capacity Building Activities, including PPP Framework Support, PPP Unit Interim Assistance, and various trainings, are progressing well. It is envisaged that the MOF and MOH will proceed with the recruitment of the necessary staffing complement for both the PPP Unit at MOF and the PPP Contract Management Office at MOH now that the optimal institutional structure has been determined.

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**Overall Comments**

**Intermediate Results Indicators**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mothers who received postnatal care within two days of childbirth in target districts (Percentage, Custom)</strong></td>
<td>40.00</td>
<td>60.70</td>
<td>60.70</td>
<td>70.00</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>31-Dec-2009</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

**Comments**

- Baseline and actual data from 2009 and 2014 DHS used in the result framework so far were collected before the project started implementation. The team will discuss with the MOH options to amend the results framework through a restructuring so that the Results Framework better reflects data collected during the project period, in order to better monitor the project’s impact.

- Actual data for Dec 2016 onwards replicates the 2014 DHS household level data for the six target districts, i.e. 60.7%.

- As proxy to measuring progress in coverage, ongoing routine utilization data (average per facility per month) for this indicator will be estimated using PBF Quarterly Quantity invoices (covering utilization at health centers only). For the present ISR, data will only be presented for districts that have been enrolled for a sufficient period in the PBF program. In Quthing, it went up from an average per facility per month of 3 cases in 2014 to 5 in 2017; in Leribe the trend goes from 7 cases in 2015 to 8 in 2017.
### Pregnant women receiving antenatal care during a visit to a health provider (number) (Number, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
<td>17,233.00</td>
<td>51,774.00</td>
<td>61,082.00</td>
<td>60,000.00</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>30-Jan-2013</td>
<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

**Comments**
- For a better linkage between the progress and the intervention, the volume of the first ANC visits will be presented for Leribe and Quthing district for their full years of implementation.

### People who have received essential health, nutrition, and population (HNP) services (Number, Corporate)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
<td>17,851.00</td>
<td>--</td>
<td>51,279.00</td>
<td>50,000.00</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>30-Jan-2013</td>
<td>--</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

**Comments**
- Source: HMIS
- Baseline: 17,851 (Jan 2013) - Leribe 5611, Quthing 1432, Mafeteng 3187, Mohale's Hoek 2465, Mokhotlong 2205, Thaba Tseka 2951
- Cumulative utilization data is reported from project effectiveness in 2014 until Dec 2016 as follows - 51,279 (Source: HMIS): Quthing 4909 (enrolled Apr 2014); Leribe 16,880 (enrolled Jan 2015); Thaba-Tseka 7684 (enrolled Jul 2016); Mokhotlong 5820 (enrolled Jul 2016); Mohale's Hoek 7080 (enrolled Oct 2016); Mafeteng 8906 (enrolled Oct 2016).
- This indicator is not part of the list of incentivized indicators. It cannot therefore be reported based on the monitoring tool of the project. The possibility of including as an incentivized indicator will be considered.

### Number of children immunized (Number, Corporate Breakdown)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
<td>17,851.00</td>
<td>--</td>
<td>51,279.00</td>
<td>50,000.00</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>30-Jan-2013</td>
<td>--</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>
Number of health facilities with PBF contracts (Number, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
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<td>100.00</td>
<td>75.00</td>
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<td>20-Dec-2016</td>
<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
</tr>
</tbody>
</table>

Comments
- Source: PBF Unit Administrative Records
- Actual (June 2017): The project has now scaled up to all four phase two districts with Mafeteng and Mohale's Hoek joining in October 2016, covering 92 health centers and 8 district hospitals.

Health personnel receiving training (number) (Number, Custom)

<table>
<thead>
<tr>
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<th>Baseline</th>
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<th>Actual (Current)</th>
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<tr>
<td>Value</td>
<td>0.00</td>
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<td>2,361.00</td>
<td>1,500.00</td>
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<td>30-Apr-2017</td>
<td>30-Jun-2019</td>
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</tbody>
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Comments
- Source: PBF Unit Administrative Records
- This indicator encompasses IRIs 13 to 17 in the PAD, including health personnel trained in advanced midwifery and neonatology; nurse anesthetists training; drug supply management manual training; ESAMI training; procurement and financial management training, as well as training of VHWs (IRI 18).
- Actual (Apr 2017): Training in Advanced Midwifery and Neonatology-10; Anesthetic Training-7; Supply Management Training-77; Pharmacists- 6; M&E Training-12; Impact Assessment and Evaluation of projects – 2; Audi management for donor funded projects-2; SPSS and STATA Training-2; Procurement Training-8; Village Health Workers for Leribe, Quthing, Mohale’s Hoek, Thaba-Tseka and Mokhotlong-2235.

Overall Comments

Data on Financial Performance

Disbursements (by loan)
### Project Status & Results

**Project**: Lesotho Health Sector Performance Enhancement (P114859)

**Loan/Credit/TF**: IDA-52290, TF-14147

#### Project Details

<table>
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<th>Project</th>
<th>Loan/Credit/TF</th>
<th>Status</th>
<th>Currency</th>
<th>Original</th>
<th>Revised</th>
<th>Cancelled</th>
<th>Disbursed</th>
<th>Undisbursed</th>
<th>Disbursed</th>
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<td>IDA-52290</td>
<td>Effective</td>
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<td>USD</td>
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<td>4.00</td>
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#### Key Dates (by loan)

<table>
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<th>Status</th>
<th>Approval Date</th>
<th>Signing Date</th>
<th>Effectiveness Date</th>
<th>Orig. Closing Date</th>
<th>Rev. Closing Date</th>
</tr>
</thead>
</table>

#### Cumulative Disbursements

![Cumulative Disbursements Chart]

#### Restructuring History

Level 1 Approved on 15-Nov-2016

#### Related Project(s)
There are no related projects.