



1. Project Data:		Date Posted : 06/26/2003	
PROJ ID: P002237		Appraisal	Actual
Project Name: Health & Population	Project Costs (US\$M)	21.8	28.03
Country: Rwanda	Loan/Credit (US\$M)	21.0	27.27
Sector(s): Board: HE - Health (85%), Central government administration (12%), General education sector (3%)	Cofinancing (US\$M)		
L/C Number: C2272			
	Board Approval (FY)		91
Partners involved :	Closing Date	06/30/1998	06/30/2002
Prepared by :	Reviewed by :	Group Manager :	Group:
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2. Project Objectives and Components

a. Objectives

The original project objective (of what was originally the First Population Project) was to support implementation of the National Population Policy. The project was restructured in 1996 and renamed the Health and Population Project, with three objectives: 1) Support the implementation of the National Health Policy by rehabilitating and strengthening the health system to establish a solid foundation for consolidating reforms in the areas of operationalization of health districts, health sector financing, and pharmaceutical policy; 2) Strengthen the Government's capacity to formulate and implement a comprehensive and sustainable strategy of AIDS control on a national scale; and, 3) Strengthen the government's capacity to formulate and carry out a population policy.

b. Components

The original project had three components. In sum they were: (a) Improvement in quality and efficiency of FP services through in-service training, supervision and management, and provision of contraceptives and equipment; (b) Expansion and promotion of FP services; and, (c) Implementation of population studies and promotion of multisectoral population activities. The restructured project had four components: 1) A health component (44% of total base cost) aimed at supporting implementation of the National Health Policy through: strengthening cost recovery mechanisms; assisting with supply and distribution of essential generic drugs, including establishing an autonomous drug supply agency; and supporting development of a national social communication/IEC capacity. 2) An AIDS component (13% of total base cost) that supported the development and implementation of the national AIDS control strategy through: restructuring and decentralizing the functions of the National AIDS Control Program (NACP); strengthening the policy role of the NACP; restoring national capacity to carry out epidemiological surveillance of HIV and STDs; and developing a national capacity for voluntary counseling and testing (VCT). (3) A population component (39% of total base cost) aimed to support the development and implementation of a national population policy that focused on provision of information and promoting family planning services. (4) A project coordination component (4% of total base costs).

c. Comments on Project Cost, Financing and Dates

The original \$19.6 million First Population Project experienced slow start-up due to difficulties in adhering to conditions of effectiveness and to unstable country conditions. The 1994 genocide brought activities to a complete halt. Thus, only 10% of the original credit was dispersed in the first five years. Following project restructuring in 1996, activities picked up, with 95% of the original credit disbursed and 93% of total estimated MOP project costs provided (\$US 20.4 million actual). The Government provided 80% of its planned share of \$0.5 million. A supplemental credit of \$7.0 million was approved in November 2000.

The table on p. 38 of the ICR indicates that the actual IDA credit disbursed was slightly greater than the supplemental amount, US\$ 7.27 million; this is at variance with the ICR text (p. 5), which indicates that only 78% of the supplemental credit was disbursed, with \$1.6 million being cancelled. Appraisal figures in Section 1 of the ES reflect the cost of the restructured project and actuals include the supplement.

3. Achievement of Relevant Objectives:

(i) With respect to the Health Objective, the ICR states that all physical objectives (mostly drugs and equipment, to judge from the tables) were met. Cost recovery (user fees) proved difficult post-conflict, but pilot community financing schemes that utilize risk pooling were introduced in three districts and may be scaled-up by the MOH. The pharmaceutical sector was strengthened, with an autonomous non-profit national drug procurement and distribution agency established, although improvements in quality control of pharmaceuticals were modest at best. Health indicators improved between 1991-94 and 1995-2000, although the extent to which such improvements can be attributed to the project is unknown.

(ii) With respect to the AIDS Objective, a number of achievements were made that strengthened the Government's policy and program capabilities.

(iii) With respect to the Population Objective, very limited achievement was seen, with contraceptive prevalence rates falling from 9% to 3%, mirroring the lack of success in re-establishing family planning services.

4. Significant Outcomes/Impacts:

The essential drug sub-component fostered the transformation of OPHAR (the national pharmaceutical office of Rwanda) into an independent non-profit national drug procurement and distribution agency (CAMERWA) that was functioning well at project completion, as reflected in relatively low cost and good availability of these drugs. Relevant institutional reforms were made within the national AIDS control program, and a pilot effort at funding NGOs was made, with \$80,000 distributed to 13 NGOs (out of 40 proposals). National level epidemiological surveillance capacities for HIV/AIDS were restored, with the resumption of activities at 18 sites, and a model VCT site was established.

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

A number of procurement shortcomings led to deficiencies in the quality of construction and the appropriateness of medical equipment purchased. There was a lack of needed architectural expertise on the supervision missions when it was crucially needed. Political commitment to family planning and reproductive health remained weak, and the project had no apparent impact upon improved quality or use of family planning. The performance of the PMU was variable--slow at start up, solid during the postwar period (1996-2000) and spotty during the period of the supplemental credit (2000-2002), with significant staffing difficulties and procurement irregularities. The project lacked output and outcome indicators.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Moderately Satisfactory	The project achieved two of its three relevant objectives, with significant shortcomings. [this rating is not available in the ICR's rating scale, so should not be considered a down-grading].
Institutional Dev.:	Negligible	Negligible	
Sustainability:	Unlikely	Unlikely	
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:

(1) Projects in fragile environments, particularly post-civil war, should be kept simple and not be unrealistic or overambitious about what can be achieved. (2) Community-level NGOs can be useful partners in a national-level AIDS control effort. (3) Family planning and reproductive health components need to concentrate on quality and availability of services, not solely on knowledge creation, with a view to creating effective demand and behavior change. (4) In a post-civil war or genocide environment, family planning services should be promoted for their quality, as a child and (maternal) survival intervention. (5) projects should have output and outcome indicators, benchmarks and targets, for management as well as evaluation purposes. Otherwise, as the ICR correctly notes, it will be difficult to establish causality between project investments and results.

8. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

The ICR is satisfactory, but with some deficiencies. It does a good job of presenting the chronology and context for the project, which was of long duration, restructured, and supplementally financed. However, it does not speak to the extent of attainment of specific project objectives. There is a lack of output or outcome measures in the logframe matrix. The physical objectives of the National Health Policy are not defined or quantified; they are judged satisfactory despite a number of major deficiencies that were discussed. The essential drug sub-component is rated highly satisfactory but the ICR notes that "there are continuing concerns with distribution and logistics management and financial access". Very little supporting evidence is presented with respect to the physical objectives of the IEC component or its impact.