ICR Review

Operations Evaluation Department

Report Number : ICRR11397

1. Project Data:		Date Posted : 05/06/2003		
PROJ ID :	P001070		Appraisal	Actual
Project Name :	Health/nutrition Sector Project	Project Costs (US$M)	27.3	27.34
Country :	Guinea	Loan/Credit (US$M)	24.6	24.6
Sector(s):	Board: HE - Health (89%), Central government administration (11%)	Cofinancing (US$M)		
L/C Number :	C2574			
		Board Approval (FY)		94
Partners involved :		Closing Date	06/30/2001	03/31/2002

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2. Project Objectives and Components

a. Objectives

The project objective was to improve the health status of the population of Middle and Lower Guinea, especially the most vulnerable groups of the population, by increasing quality and access to low cost basic health services. This was the second IDA-financed health sector project in Guinea, and covered roughly 20% of the country's population.

b. Components

The project had two major components, each of which consisted of three subcomponents. The first component was Expansion of Service Coverage and Improvement of Service Quality (US$ 17 million). Its three subcomponents were: (i) construction, rehabilitation and maintenance of health centers and hospitals (US$ 11.5 million); (ii) supply of low-cost essential drugs, vaccines and materials (U.S.$ 3.3 million); and (iii) strengthening of key technical programs such as maternal and child health, family planning, and nutrition through training and integration into the primary health care delivery system (U.S.$ 2.2 million). The second component was Strengthening of Sector Organization and Management (US$ 9.7 million). Its three subcomponents were: (i) rehabilitation for decentralization and sector coordination; (ii) improved systems for financial, material and human resource management; and (iii) support for resource generation through user fees and adequate budgetary allocation.

c. Comments on Project Cost, Financing and Dates

Despite the difficult economic (and neighboring political) environment, the full original Government contribution of US$ 2.69 million was provided. At the time of closure of the project, 96% of total project funds, or US$ 23.5 million had been spent. Within cost categories, some reallocation was made in July 2001 to finalize equipping four rehabilitated district hospitals, fund additional needed training, and ensure sufficient PCU operating costs given project extension.

3. Achievement of Relevant Objectives:

Primary health care service coverage was expanded in project regions and facility catchment areas, with estimated service coverage for primary health care in Middle and Lower Guinea increased from 50% in 1997 to 85% in 2001. Marked increases in estimates of measures of maternal and child health, nutrition, and communicable disease were reported. The project contributed to the strengthening of management and to decentralization of health sector management. Communities were mobilized to participate in health promotion, disease prevention, and management of community health facilities, with cost sharing rapidly becoming an accepted norm in Guinea. Given continuing financing of some share of these activities by the Bank and bilateral donors, and continuing Government commitment and support, project achievements may be technically sustainable.

4. Significant Outcomes/Impacts:

Twenty health centers and four prefectoral hospitals were constructed or rehabilitated (an unspecified

number of these were only “in advanced stages of completion”). Significant health system outcomes included estimated increases in immunization coverage (to 80% in 2001 from 50% in 1997) and prenatal care coverage (to 85% in 2001 from 31% in 1997). Moderate to severe malnutrition reported in children 0-5 declined in catchment populations from 36% in 1997 to 18% in 2001. Estimated use of impregnated bed nets in Middle and Lower Guinea rose from 5% in 1997 to 70% in 2001. The Division of Communicable Diseases established an effective nationwide surveillance system. The Ministere de la Sante Publique et des Affaires Sociales successfully undertook a “major” reorganization, which included decentralized health sector management. A sizeable number of clinicians, trainers and managers were trained in germane subjects.

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

The project lacked baseline indicators, targets and benchmarks, and a monitoring and evaluation system based on intermediate health indicators and other outcome measures appropriate to the project level. This raises the possibility that some of the dramatic estimates of improvement do not reflect the actual situation. Even when prenatal care coverage went up dramatically (from 31% in 1997 to 85% in 2001, skilled attendance at delivery only rose from 13% to 22% in project areas, and contraceptive prevalence remained very low (6%). Political commitment to reproductive health remained weak and the maternal mortality ratio remained very high. No overall total number of trainees is provided, nor was the link of this training to improved service quality demonstrated.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Satisfactory	
Institutional Dev .:	Substantial	Substantial	
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:

(1) The results of this project confirm the importance of Government commitment to successful outcome, especially in poor countries with limited financial and human resources. (2) A holistic program approach that involves local communities is feasible and useful. (3) Good monitoring and evaluation, with actual, objective data rather than estimates, is essential to monitor and document project outcomes. (4) Attention to the strengthening of human resources has to move significantly beyond training events per se to work on optimizing the system itself, taking into consideration such variables as deployment, reward structures, and other performance improvement variables.

8. Assessment Recommended? ● Yes ○ No

Why? It would be worthwhile to confirm the estimates of such noteworthy outcome achievements in a relatively short time (in a resource-constrained setting) as are reported in the ICR. If they can be confirmed, useful lessons for the region might emerge. On the other hand, perhaps an overly rosy picture has been painted in the ICR. For example, given the continuing “crisis” of low numbers of skilled human resources in Guinea, the reported increases in service outcome indicators are surprising.

9. Comments on Quality of ICR:

The ICR is well-written and consistent in its views. It presents a good analysis and overview of the project, focuses on important issues, and provides relevant data, although much of that data is only in the form of “estimates”. There are 13 items given in the Lessons Learned section, but some of them are fairly generic (e.g., “Coverage and sustainability are a continuous challenge,”), and others are not lessons but observations (e.g., “[There were some] weaknesses in project design)” or recommendations (e.g., “Land, water and energy should be given special attention”). The fact that the Project lacked baseline indicators, targets and benchmarks, and an M&E system based on intermediate health indicators is underemphasized. So too is the related fact that many of the dramatic achievements cited are only estimates, some of which seem implausible, e.g., the ICR reports without comment that estimated use of impregnated bed nets rose from 5% in 1997 to 70% in 2001.