



1. Project Data:		Date Posted : 08/20/2002	
PROJ ID: P010457		Appraisal	Actual
Project Name: Population Ix	Project Costs (US\$M)	103.8	100.51
Country: India	Loan/Credit (US\$M)	88.6	81.6
Sector(s): Board: HE - Health (100%)	Cofinancing (US\$M)	0	0
L/C Number: C2630			
	Board Approval (FY)		94
Partners involved :	Closing Date	12/31/2001	12/31/2001

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2. Project Objectives and Components

a. Objectives
To: (1) strengthen and improve functioning of the Family Welfare (FW) Programs in 3 states, and (2) lower the current levels of fertility and maternal and childhood mortality in these states .

b. Components
Original components included: (1) extension and upgrading of FW infrastructure and strengthening outreach and community linkages and participation systems using volunteers (\$55.2m); (2) Improving quality of FW services through improvements in training, logistics systems, and drugs and medical supplies, and involvement of nongovernmental organizations (NGOs) (\$23.8m); (3) Demand generation activities (\$11.1m); (4) Strengthening FW program management and (5) Innovative schemes and preparation of future investments (\$4.2m)

c. Comments on Project Cost, Financing and Dates
Project components were revised by scaling down scope of civil works (because of cost escalation) and training, information-education-and-communication (IEC) and community mobilization activities (because of limited management capacity at state level), and diverting some funds for the Gujarat Emergency Earthquake Assistance Project. Implementation of training, IEC and community mobilization was integrated with those of the IDA -assisted Reproductive and Child Health project. Steady devaluation of the Rupee against the US dollar resulted in cost savings which were used in part to finance the Emergency Earthquake Assistance Project .

3. Achievement of Relevant Objectives:

Fertility and maternal and childhood mortality rates fell during the course of the project, but the extent of the decline attributable to the project cannot be determined .

Expansion of Services. The targets for construction, renovation, upgrading and provisioning of health facilities were largely achieved, and most of the new facilities placed in service . Outreach and community linkage activities were not pursued with the same vigor . While large numbers of mobile camps were conducted, moped and bicycle loan schemes to increase mobility of outreach workers had a poor response in all states, training targets for volunteers were not fully achieved, and end-line surveys reported that the fraction of those trained that were actually working was substantially less than planned .

Quality of Services. End-line surveys suggest that the ability of those who received training to provide services improved significantly . But only 80% of the revised targets for training were achieved, apparently because of fewer teachers being appointed than planned and slow and problematic procurement of equipment for the training centers that were established .

Demand Generating Activities. Most IEC activities were only started after the mid -term review and did not achieve their targets, in large part because of neglect, weak implementation capacity, and poor supervision .

Strengthening FW Programs and Management. This component is considered marginally satisfactory . A new office building for the FW Department in Assam was constructed . State level plans for upgrading computer facilities, installing and maintaining systems, and training staff was partially achieved . The computer department of the Area Projects Division of the Ministry of Health and Family Welfare was upgraded, but staff appointments, and therefore overall capacity improvements, were less than planned .

Innovative schemes were, to a large extent, defined as involving NGOs and (in Rajasthan) enlisting the assistance of community members as volunteers . For example, in Karnataka, NGOs were contracted to provide services to remote

and tribal areas and to operate some public health centers . Expenditures in this component were only 30% of the amount originally budgeted, suggesting that significantly less was done in these directions than originally planned . Emergency Earthquake Assistance for Reconstruction in Gujarat . This project was amended to allow \$ 10 mill. To be reallocated to this component. \$9.53 mill were disbursed, all for reconstruction of collapsed houses and repair of partially damaged houses.

Performance by State. Performance by state varied considerably, Assam in general performing better than did Rajasthan and Karnataka.

4. Significant Outcomes/Impacts:

Main outcome appears to have been provision and upgrading of services in remote regions of three states .

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

Most shortcomings occurred in the software components . Significantly less was accomplished than originally planned with respect to training, outreach, community mobilization, demand -generating activities like IEC, mobilization and use of volunteers, and innovative activities . Appointment of critical academic teaching staff in training institutes was less than planned . Weak procurement and logistic capacity resulted in delays and failure to fully utilize warehouses and some training facilities .

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Satisfactory	Moderately Satisfactory	While the hardware components were satisfactory, a significant number of important software components were only marginally satisfactory or unsatisfactory, as outlined above.
Institutional Dev .:	Substantial	Modest	Efforts to improve management capacity were narrowly focused, mainly on construction of a new office building and provision of computer services and related training. Critical staff appointments to utilize the new office equipment and training facilities were less than targeted
Sustainability :	Likely	Likely	
Bank Performance :	Unsatisfactory	Unsatisfactory	
Borrower Perf .:	Satisfactory	Unsatisfactory	The less than fully satisfactory outcomes, according to the ICR, resulted from lack of commitment and management capacity, mainly at the state and district level and lack of adequate manpower.
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:

The units of government below the center that are responsible for project implementation need to be as much committed and involved in project design as is the center.

Management structures and implementation arrangements must be tailored to the context and environment of the different implementing units, in this case, states; a single model is unlikely to be appropriate in all cases.

An adequate assessment of the impact of training on quality of services requires more than an end-line survey asking trainees whether they benefited; it requires direct observations of service quality itself.

Project outcomes appear to suggest that training of large numbers of para-medical staff requires in-house training capacity, while the implementation and management of a behavior change strategy may best be done by a private sector firm. This is an interesting hypothesis that should be tested elsewhere.

If community involvement is a goal of a project, the communities should be involved in the design of the project--for example, in the selection of sites for health facilities and in deciding on ways to involve and utilize volunteers from the community.

8. Assessment Recommended? Yes No

Why? More to be learned, especially if part of a cluster of state projects

9. Comments on Quality of ICR:

Quality is generally good, but explanations sometimes too terse or missing altogether . For example, the ICR states that the construction component was scaled down because of cost escalation; but why was this escalation not

funded from the savings due to devaluation of the rupee? More could usefully be said about the nature of the institutional and managerial limitations at the state level and whether project inputs to improve management were appropriate and adequate to the task . An explanation for why the moped loan program failed in all three states would have been useful. Also, there is too much focus on outputs rather than impacts . For example, the numbers of buildings created is discussed, but there is little discussion of the extent to which these buildings were utilized . Similarly, there is more focus on numbers of persons trained than on whether the service quality (which was supposed to improve as a consequence of the training) was in fact improved.