



1. Project Data:		Date Posted : 04/09/2002	
PROJ ID: P004568		Appraisal	Actual
Project Name: Urban Health and Nutrition Project	Project Costs (US\$M)	82.3	43.6
Country: Philippines	Loan/Credit (US\$M)	70	37.54
Sector(s): Board: HE - Health (100%)	Cofinancing (US\$M)	3.1	
L/C Number: C2506			
	Board Approval (FY)		93
Partners involved : AusAid	Closing Date	12/31/2000	06/30/2001

Prepared by :	Reviewed by :	Group Manager :	Group:
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2. Project Objectives and Components

a. Objectives

The project's objectives were fourfold: 1) to improve the health and nutrition status of slum-dwellers in project cities; 2) to build the capacity of city and municipal governments to plan, finance and implement cost-effective health and nutrition programs in slum areas, in partnership with communities, NGOs, and the Department of Health (DOH); 3) to help slum communities identify their own health, nutrition and environmental problems and participate in planning, implementing and monitoring appropriate interventions; and, 4) to help DOH develop policies and strategies to improve its health and nutrition service delivery systems. Because of poor disbursements, the project was restructured after a mid-term review, although neither objectives nor component structure was changed.

b. Components

The project had four components: Service Delivery (\$51.6 million); Institutional Development (\$14.5 million); Community Partnerships for Health (\$4.9 million); and Policy Research and Evaluation.

c. Comments on Project Cost, Financing and Dates

The original project cost was \$82.3 million, and latest costs were \$43.6 million. The loan became effective 16 months after appraisal, in April 1994, and was closed on June 30, 2001, 6 months beyond the initial closing date. Of the original \$70 million credit, a total of \$34.56 was canceled. The original Government estimated contribution of \$9.1 million was decreased in actuality to \$5.1 million. The Co-Financier's contribution from AusAid was estimated to be \$3.1 million.

3. Achievement of Relevant Objectives:

Within the Service Delivery component, certain health indicators in slum communities improved during the project period, with particularly good performance in the area of diagnosis and treatment of tuberculosis. Also, one-eighth of planned community participation partnership sub-projects were implemented, and a new system for targeting health services to the urban poor was successfully introduced.

4. Significant Outcomes/Impacts:

At project completion, all supported health facilities were implementing DOTS (Directly Observed Short Treatment) for TB. Most facilities were close to the target of 70% detection of smear-positive cases, and cure of 85% of those cases. Some data suggests that access to MCH services for the poor rose from 1997 to 2001, although the contribution of the project to these improvements cannot be known for certain. From the standpoint of infrastructure, 114 facilities were built or upgraded and equipped, resulting in a 25% increase over the previous infrastructure. Over 600 staff were trained, primarily midwives and nurses working in primary care and outreach.

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

There were no baseline and almost no endline data upon which project performance could be assessed, thus little can be said about improvement of health and nutrition status of target populations, other than in the area of TB. There were serious shortfalls in the quantity and timeliness of drugs and equipment procured, only half of additional staff to be recruited actually were, and only 1/3 of the planned integrated MCH training took place. Project management was

weak, Government commitment weak and turnover high, local governments' capacity development negligible, and Bank supervision deficient, especially in the project's critical early years. The commendable emphasis on (urban slum) community participation and partnership was only minimally realized, with only approximately 100 sub-projects for partnerships implemented, 12% of the planned total (and over half of those began in the project's final two years). Policy research and evaluation was minimal and had little influence on the direction of programs.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Unsatisfactory	Unsatisfactory	
Institutional Dev .:	Negligible	Negligible	
Sustainability:	Unlikely	Unlikely	
Bank Performance:	Unsatisfactory	Unsatisfactory	
Borrower Perf .:	Unsatisfactory	Unsatisfactory	
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 project experience confirms a number of long-standing OED lessons. Monitoring and evaluation indicators are necessary for project design, supervision and evaluation; in their absence assessment of project performance is difficult. Adequate supervision intensity, with the proper mix of skills, is necessary to good project performance, particularly at the beginning of project effectiveness. Projects that emphasize poverty reduction and community participation, as this one did, need to secure buy-in from central levels if such activities are to succeed. Marked turnover of Governments is deleterious to project stability and performance, and projects facing such situations require greater intensity of supervision; conversely, in such situations, concomitant Bank turnover further exacerbates an already suboptimal situation. Adequate procedures for management, procurement and financing should be in place prior to project effectiveness.

8. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

The ICR covered the range of considerations fairly well, was internally consistent, and was admirably frank about the technical shortcomings of the project, the management shortcomings—of both Borrower and Bank, the paucity of significant, measurable development results.