



1. Project Data

Project ID P110156	Project Name SZ-Health, HIV/AIDS & TB Project (FY11)	
Country Eswatini	Practice Area(Lead) Health, Nutrition & Population	
L/C/TF Number(s) IBRD-80190,TF-11740	Closing Date (Original) 31-May-2016	Total Project Cost (USD) 35,609,430.75
Bank Approval Date 10-Mar-2011	Closing Date (Actual) 30-Sep-2018	
	IBRD/IDA (USD)	Grants (USD)
Original Commitment	20,000,000.00	16,336,866.00
Revised Commitment	36,321,842.25	16,321,842.25
Actual	35,661,552.04	16,321,841.43

Prepared by Salim J. Habayeb	Reviewed by Judyth L. Twigg	ICR Review Coordinator Eduardo Fernandez Maldonado	Group IEGHC (Unit 2)
--	---------------------------------------	---	--------------------------------

2. Project Objectives and Components

a. Objectives

The objectives of the project were to (i) improve access to and quality of health services in Swaziland with a particular focus on primary health care, maternal health and TB, and (ii) increase social safety net access for OVC (Loan Agreement, 12/14/11).



Explanatory note: TB means pulmonary tuberculosis, and OVC means orphans and vulnerable children.

The scope of the project was national, and the country's population was estimated to be one million people.

Note on an associated outcome target revision: The objectives, project scope and components did not change, but one associated outcome target was revised downward on 5/26/16 under a level II restructuring. Since both original and revised targets were substantially achieved, neither the ICR nor this ICR Review applied a split evaluation because a split methodology would not add value to the project's outcome assessment in this case.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

No

c. Will a split evaluation be undertaken?

No

d. Components

1. Strengthening the capacity of the health sector (Appraisal US\$3.90 million; Actual US\$4.7 million).

The component aimed at improving governance and management of the health system at the regional level and health care regulation through the development of a regulatory and accreditation framework, by:

- Strengthening regulatory functions in the health sector by: reviewing the Borrower's legal and regulatory framework; reviewing and adopting international and regional health agreements with a focus on public health; and strengthening oversight functions and professional health regulatory bodies, including the Medical and Dental Council and the Nursing Council.
- Strengthening the accreditation system in the health sector, including for health facilities and associated health training institutions; and strengthening hospital boards for improved planning and increased autonomy.
- Strengthening planning and fiduciary functions by building capacity of the health planning unit for better planning and coordination, with a focus on the development of health planning skills and



capacity, including the regional health management teams; finalizing the essential health care package; providing technical assistance; and training on financial management and procurement.

2. Facility-level support to improve access, quality and efficiency of services (Appraisal US\$24.38 million; Actual US\$26.9 million).

Support to clinics, health centers and hospitals, including support to the implementation of TB/HIV integrated care, emergency obstetric and neonatal care, and health care waste management. Such support was to include:

- Rehabilitating and upgrading infrastructure, providing equipment and furniture, designing and implementing infrastructure and equipment maintenance plans for selected health care facilities, and providing training and strengthening capacity to improve proper handling and maintenance of health infrastructure and medical equipment.
- Strengthening TB and HIV co-epidemic response through the provision of training and capacity building for HIV/TB coordinators, health care workers and ex-TB patients at the national and regional levels; conducting a study to identify good practice approaches for HIV/TB care at the community level and strengthening infection control measures at the national TB center; and establishing digital x-ray services at national and regional levels by financing the acquisition of digital x-ray equipment and provision of training for related use.
- Improving emergency obstetric and neonatal care through increased availability and capacity by developing and disseminating guidelines and protocols; training of midwives and medical doctors on postnatal and post-abortion care; supporting the hiring of anesthetic nurses; providing ambulances; developing and disseminating information, education and communication materials to increase awareness on midwifery; and emergency training, capacity building and technical assistance to the health management information system and to the sexual and reproductive health program to improve the monitoring of outcomes.
- Supporting the implementation of the health care waste management program and environmental and social management plans by developing policies, providing consumables and technologies for health care waste treatment and disposal, and training of health care staff on waste management.
- Supporting nursing training institutions aiming to improve the quality of nursing skills and increase access to nursing and midwifery services by rehabilitating selected nurse training institutions, developing a national strategic plan for nursing and midwifery, updating the existing national midwifery curriculum, and developing and implementing manuals and guidelines for mentorship and preceptorship.

3. Strengthening of orphans and vulnerable children (OVC) Safety Net (Appraisal US\$6.2 million; Actual US\$4 million). The component aimed at supporting the implementation of the OVC Scheme to increase social safety net access for OVC households, by:



- Developing key features of the OVC Scheme and the OVC Scheme Manual that outlines its operational set-up and processes, preparing and installing a cash transfer payment mechanism, providing training and technical support for the Department of Social Welfare and the National Children's Coordination Unit at the central and regional levels for the implementation of the OVC Scheme, establishing a management information system, designing an impact evaluation, and developing a list of beneficiaries as the pilot expands.
- Piloting the OVC Scheme, by providing OVC cash grants to beneficiaries to strengthen the ability of vulnerable households to care for OVC and meet their basic needs, and supporting the monitoring of the OVC Scheme through the management information system, external monitoring and impact evaluation.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Costs and financing. The original project cost amounted to US\$38.3 million consisting of an IBRD loan of US\$20 million, a European Union (EU) grant of US\$16.3 million, and a Borrower contribution of US\$2 million equivalent to cover staffing and operating costs for the last two years of the project. The actual cost was US\$37.6 million.

Dates. The project was approved on 3/10/11 and became effective on 5/9/12. A Mid-Term Review was carried out on 10/24/14. The project closed on 9/30/18, two years and four months beyond the original closing date (5/31/16). The project underwent five Level II restructurings shown below. The first restructuring of 5/26/16 modified the results framework and extended the project closing date (see details below). The rest of the restructurings were triggered by serial EU tranche funding. The following summarizes the five restructurings:

- 5/26/16: The restructuring revised the results framework by dropping two outcome indicators, introducing new ones, and revising intermediate indicators to improve measurability (ICR, p. 14). One outcome target related to service access was moderately revised downwards, from 80% to 75% (see section 9b). The restructuring reallocated funds across disbursement categories and extended the original closing date by 22 months, from 5/31/16 to 3/31/18, to provide more time to complete project activities
- 9/27/16: Second tranche of EU co-financing.
- 6/27/17: Third tranche of EU co-financing and changes in the reporting of some indicators from cumulative to annual measurements.
- 3/28/18: Fourth tranche of EU co-financing and extension of project closing date by an additional six months from 3/31/18 to 9/30/18.



- 6/29/18: Following full disbursement of EU financing on 6/30/18, this final restructuring adjusted funding ratios for the remaining project period (until 9/30/18).

3. Relevance of Objectives

Rationale

During the years preceding the project, the country had unfavorable indicators in maternal, neonatal, and child health. Maternal and infant mortality were high. The maternal mortality ratio was estimated at 589 deaths per 100,000 live births (2007), and the infant mortality rate at 85 deaths per 1,000 live births. Unequal access to health services was influenced by unequal distribution of health facilities, personnel, and types of services offered across health facilities (ICR, pp. 6-7). In 2009, Swaziland had a GDP per capita income of US\$2,533 (World Bank, World Development Indicators, 2009), although nearly 70% of the population lived below the upper poverty line of US\$9.50 per capita per month. Co-infection of HIV and TB occurred in over 80% of all TB cases. The high rates of AIDS resulted in an increased number of OVC in the country (estimated at 144,000 or about one third of Swazi children, PAD, p. 2) along with an increase in child-headed households (ICR, p. 52). The project was consistent with the National Health System/Sector Strategic Plans I and II (2009-2018) and was responsive to the needs of the country.

At closing, the project continued to be relevant to the World Bank Group Country Partnership Strategy (CPS FY2015–FY2018) for the Kingdom of Swaziland, specifically to Pillar II, Objective 2 on Social Services Delivery, which highlighted HIV/AIDS, TB, and OVC support. Four project indicators constituted CPS Objective Indicators (TB treatment success rate; percentage of health facilities that provide five public health services; Caesarian deliveries as a percentage of institutional deliveries; and improved support to poor families through OVC cash transfers). The TTL noted (5/1/19) that the project was pivotal in raising attention to health system strengthening, as the government's prior focus was on specific diseases or compartmentalized activities. At the same time a wider sectoral approach increased the breadth and complexity of project activities, although such a broader shift was not well captured by the project title.

Given full alignment between project objectives and the country partnership strategy around project closing, relevance of objectives is rated High.

Rating

High

4. Achievement of Objectives (Efficacy)



OBJECTIVE 1

Objective

Improve access to health services with a particular focus on primary health care, maternal health and TB.

Rationale

Activities related to improving health system performance, including technical support for health planning and budgeting; improved regulatory mechanisms, governance, and management; support to health centers and hospitals, including through standard operating procedures and guidelines; support to nursing training institutions; better management of primary care services, emergency obstetrics and neonatal services, and TB/HIV services; health care waste management; and construction of health facilities in underprivileged areas could reasonably be expected to contribute to enhanced health sector capacity and performance, which in turn would plausibly contribute to better access and quality of health services.

Given various underlying determinants to health outcomes, and given the presence of active partners in the health sector (ICR, p. 10), direct attribution of outcomes to the project should be taken with caution, while also noting that the role of the project was predominant in developing health care facilities. Main partners providing support, directly or through technical assistance, were the European Union and Italian Cooperation (the EU co-financed the project); the Global Fund to fight AIDS, Tuberculosis and Malaria; President's Emergency Plan for AIDS Relief; UNICEF; WHO; and UNFPA.

Outputs and intermediate results

- People receiving essential health, nutrition, and population services increased from a baseline of 25,400 in 2011 to 167,081 in 2018, exceeding the target of 153,703.
- Pregnant women receiving antenatal care during a visit to a health provider increased from a baseline of 13,963 in 2012 to 177,704 in 2018, exceeding both the original target of 24,323 and the revised target of 132,186.
- The percentage of HIV positive TB patients (adults and children), who were initiated on antiretroviral therapy, increased from a baseline of 50.7% in 2011 to 97.6% in 2018, exceeding the target of 90%.

Outcomes



- Health facilities that provided at least five public health services [(i) family planning, modern methods; (ii) postnatal care; (iii) management of sexually transmitted infections/HIV; (iv) immunization; and (v) growth monitoring] increased from a baseline of 56.3% in 2010 to 77.4% in 2018, essentially achieving the original target of 80%, and exceeding the revised target of 75%.
- Caesarean deliveries, as a percentage of institutional deliveries at health facilities, increased from a baseline of 10.2% in 2011 to 13.5% in 2018, exceeding the target of 12% (however, this indicator, on its own, is not an optimal measure of access as it could be high even with a limited catchment population; and a high rate may also indicate unnecessary overuse of the procedure beyond what is medically necessary).

Rating

Substantial

OBJECTIVE 2

Objective

Improve the quality of health services with a particular focus on primary health care, maternal health and TB.

Rationale

The rationale is the same as described under Objective 1 above.

Outputs and intermediate results

2,242 nurses and midwives were trained, and deliveries attended by skilled health personnel reached 167,081, exceeding the target of 153,703. People receiving tuberculosis treatment in accordance with the WHO-recommended "Directly Observed Treatment Strategy" witnessed a gradual and favorable decrease from a baseline of 9,180 in 2011 to 2,760 in 2018, exceeding the target of 6,100. This positive trend was associated with decreasing TB infections in the community (TTL 5/1/19), substantiated by national data illustrating a gradual decline in TB incidence, prevalence, and case notifications.

Outcomes



The TB treatment success rate among bacteriologically confirmed cases increased from a baseline of 71% in 2011 to 89% in 2018, exceeding the target of 85%. However, this result is insufficient to assess the achievement of the overall objective to improve the quality of health services, as the ICR did not provide information on outcomes that would substantiate improved quality of primary health care and maternal health resulting from the project.

Rating
Modest

OBJECTIVE 3

Objective

Increase social safety net access for orphans and vulnerable children.

Rationale

The establishment of a cash transfer scheme, targeting mechanism, information system, and payment delivery mechanism could reasonably be expected to generate predictable cash transfers benefiting OVC to support the purchase of food, school materials, and transport support to health facilities. In turn, the resulting safety net scheme for OVC would plausibly contribute to increased access to this social safety net. Also, in the broader and longer-term context, the scheme was reasonably expected to mitigate the impact of HIV/AIDS on OVC.

Outputs and Intermediate results

In addition to the information on the safety net design aspects noted in the rationale above, the project provided training and technical support to the Department of Social Welfare in support of the OVC scheme; established a management information system; and designed and conducted an impact evaluation. Quarterly payment lists were generated to support regular and predictable cash transfers to beneficiaries. The percentage of grievance and redress cases that were resolved within 45 days from receipt and registration reached 75%, attaining the target.

The beneficiaries were selected based on a proxy means test from each of the four regions of the country (ICR, p. 13). Beneficiaries were selected from one rural constituency per region, and there was no selection from urban constituencies that were less poor.



Outcomes

OVC beneficiaries who received cash transfers on a quarterly basis increased from a zero baseline in 2011 to reach 15,920 in 2018, exceeding the target of 8,000. According to the ICR (p. 19), exchange rate gains enabled a larger number of beneficiaries to be reached than originally targeted. An impact evaluation indicated that cash transfer recipients had better school attendance, consumed more essential foods, had more household savings, and had better funding for transportation to seek health care (ICR, p.30).

The ICR suggested future scale-up of the program, subject to more detailed assessments of efficiency and fiscal space (ICR, p. 24), and the Borrower (ICR, p. 70) suggested increasing the cash transfer amount to fully cover all the needs of beneficiary children. The electronic payment system introduced by the project for OVC cash transfers was adopted by other development partners in the country (ICR, p. 26).

Rating
High

Rationale

The aggregation of one fully achieved objective with an almost fully achieved objective and with one partially achieved objective indicates a Substantial rating for overall efficacy.

Overall Efficacy Rating

Substantial

5. Efficiency

The PAD's economic analysis (pp. 24-25) was insufficient, as it offered generic arguments about the economic justification for the project based on the following expected benefits: first, that there were large positive externalities associated with the investments, such as in maternal and child health; second, that the project would contribute to improving the efficiency and effectiveness of existing sectoral spending and resource allocations; and third, that indirect benefits from the OVC cash transfer pilot were expected to yield long-term



positive impacts from the anticipated incentives that would be created, such as better school attendance among vulnerable school-age children.

The ICR (pp. 47-50) conducted an economic analysis for component 2 (facility-level support to health services) as it constituted 76% of the investment, and the nature of its interventions allowed economic analysis calculations. The ICR estimated the number of lives saved through caesarean section, safe delivery, establishment of health facilities that provide at least five public health services, and effective TB treatment. Reasonable assumptions on the impact of interventions were made based on international literature, which indicated that maternal deaths were reduced by 35% and neonatal deaths by 22.7%. The analysis assumed a 5% discount rate, computed with consideration of the treasury bond rate and inflation. The analysis concluded that the net economic benefits generated by the project resulted in a positive net present value estimated at US\$17.5 million, with an internal rate of return of 7%, and a cost-benefit ratio of 2.1. A sensitivity analysis using a discount rate of 10% displayed a cost-benefit ratio of 1.4.

There were significant shortcomings in the efficiency of implementation, indicating that the project was not efficiently implemented. Effectiveness was delayed by 14 months after project approval because of delays in recruiting essential staff for the implementation and coordinating teams, and in finalizing the Project Operations Manual. The project was extended twice for a total of two years and four months to complete its activities. Staffing and services of project-constructed facilities remained partial after seven years of project implementation. Apart from the lack of staff, all facilities reported sub-standard equipment and stock of supplies (ICR, p. 68). The lack of standards for medical equipment and health facilities enabled the procurement of equipment that required high maintenance and that was not suitable for resource-constrained settings (ICR, p. 69). There was no effective monitoring of procured goods and services. Equipment was delivered long before the completion of facilities, resulting in expired warranties before the equipment was installed (ICR, p. 28) was installed (ICR, p. 28). Also there were contextual issues related to stock-outs of essential drugs that were supported by other sources, outside project financing, but which had implications on the quality of services (ICR, 32).

Government policy was inconsistent in the area of human resources, as it instituted a no-recruitment policy, and yet new staff were critical to achieve the project's intended outcomes (ICR, p. 65). There was no monitoring of the locations where nursing graduates were employed, and the location of midwives who graduated in 2018 from the project-supported nursing school was unknown. Personnel turnover was high, and roles and responsibilities were not clear (ICR, p. 65). In addition to delays in civil works, there were delays in technical assistance and in the implementation of OVC-related activities. The Borrower's comments (ICR, pp. 68-69) noted that the project was too broad with poor coordination and delayed execution, that line ministries lacked awareness about the project, and that relevant stakeholders were not adequately involved and passively participated in implementing the project, which was perceived as a World Bank project.

Efficiency Rating

Modest



a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 <input type="checkbox"/> Not Applicable
ICR Estimate	✓	7.00	76.00 <input type="checkbox"/> Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives is rated High as the objectives remained fully aligned with the country partnership strategy and with national plans. Efficacy is rated Substantial, as the project almost fully achieved its objectives. Efficiency is rated Modest because of significant shortcomings in the efficiency of implementation. Therefore, the overall Outcome is rated Moderately Satisfactory, indicative of moderate shortcomings in the project's overall preparation, implementation, and achievement.

- a. **Outcome Rating**
Moderately Satisfactory

7. Risk to Development Outcome

The ICR (pp. 32-33) reported important risks to development outcomes. Most are rooted in resource constraints. The availability of adequate human resources and pharmaceutical supplies remains a risk to the sustainability of outcomes. The ICR noted that this risk can be mitigated through collaboration with the Ministries of Public Service and Finance. The maintenance of infrastructure and equipment is another risk exacerbated by the weak capacities of the Ministry of Health (MOH). The ICR suggested that this risk may be mitigated through coordination with the Ministry of Public Works and through public-private partnerships, including the possibility of leasing equipment from the private sector. There is no sustained budget and personnel to support continued implementation of health care waste management functions. At the time of the ICR, no alternative resources had been identified to sustain the cash transfer scheme for OVC. However, substantial institutional strengthening was realized under the project, including skills development for district health and social welfare staff, and studies informing the sector on health financing, hospital governance and management, and health legislation and regulation, including health insurance (ICR, p. 25).



8. Assessment of Bank Performance

a. Quality-at-Entry

The Bank's strategic choice to support health services and OVC was pertinent. The Bank Team adequately identified risks and weak capacities. In view of limited prior Bank engagement, the Team judiciously provided early attention to planning technical assistance and fiduciary aspects and oversight. The results framework had gaps, as it did not adequately reflect all PDO aspects that would be required to enable full outcome assessment (ICR, p. 29). Health facility planning was well targeted to serve poor communities, but with shortcomings that were subsequently revealed by the fact that most facilities required new construction rather than rehabilitation as initially planned (ICR, p. 27).

Quality-at-Entry Rating

Moderately Satisfactory

b. Quality of supervision

Supervision was undertaken regularly with a total of 15 ISRs adequately reported. Supervision and implementation included fiduciary and technical specialists. The Bank Team was reportedly proactive in identifying and addressing threats to the achievement of outcomes and the Bank's fiduciary role, as evidenced by the project restructuring and improvements in the results framework. The utilization of exchange rate savings led to doubling the number of OVC cash beneficiaries. According to the ICR, the project team was able to navigate through a challenging governance and economic environment, while adequately providing oversight to fiduciary aspects, where no shortcomings were observed.

Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Moderately Satisfactory

9. M&E Design, Implementation, & Utilization



a. M&E Design

Project activities reflected the theory of change. The indicators reflected the objectives, but did not encompass all aspects of the stated objectives. Baselines were available. The indicators were measurable. Maternal health indicators were provided in absolute numbers only, and lacked percentages that would have provided information about utilization, e.g., attended deliveries, and pregnant women receiving antenatal care. The measurement frequency of indicators was not fully clear, as the term to be monitored "regularly" was used. Data were planned to be collected from MOH's routine health management information system, the demographic and health survey, health facility surveys, and the OVC cash transfer information system that was to be established by the project. Measurement of the percentage of births delivered by a skilled attendant required a household survey. A data quality assessment undertaken in 2009 with a focus on HIV concluded that MOH data was of adequate quality standards, with a score of 3.9/5 (PAD, p. 42). An impact evaluation for the OVC scheme was planned.

b. M&E Implementation

Routine data collection was implemented as planned and the impact evaluation for the OVC scheme was carried out. The results framework was revised in 2016 in consultation with MOH departments to ensure that definitions were well understood, and that indicators were aligned with existing systems. The percentage of births delivered by a skilled attendant was dropped as it was unlikely that a household survey could be undertaken by the closing date, and it was replaced by caesarean deliveries as a percentage of institutional deliveries. The TB case notification rate was dropped and replaced by TB treatment success rate among bacteriologically confirmed cases, which is a more robust indicator for TB treatment quality and effectiveness. Other clarifications were introduced to other indicators. The TTL also noted (5/1/19) that the new indicator on TB treatment success was better aligned with the TB program's strategic objective, and would also reflect the ability of the national program to manage TB. The TTL explained that TB notifications were declining, in concert with decreasing TB infections in the country, and substantiated by gradual declines in TB incidence, prevalence, and case notification.

c. M&E Utilization

In addition to the routine use of data for project monitoring, findings were used to inform the design of the upcoming follow-on Health System Strengthening Project. M&E was used to support the establishment of a system for OVC cash transfer, which was also used as a platform for the registration of grievance redress cases. The ICR stated that M&E findings were used by government stakeholders for advocacy and lobbying to sustain the cash transfer scheme after project closing. Also, the TTL (5/1/19) noted that project findings raised awareness about the need to strengthen the health system's building blocks as a whole rather than focusing on specific diseases separately.



M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project was classified as Category B and triggered safeguard policy OP 4.01 for environmental assessment, as the project anticipated an increase in health care waste generated by health facilities. A Health Care Waste Management Plan and an Environmental and Social Management Framework were prepared to address waste management and the environmental effects of civil works related to the construction of health facilities. An Environment Management Plan was later prepared for the construction of facilities. During implementation, the project supported the government in preparing the National Health Care Waste Management Policy which was approved by parliament, after which waste management regulations would be developed. But the ICR did not offer information about actual implementation and compliance.

In the operations portal, the overall safeguards rating was recorded as Moderately Satisfactory. The TTL (5/1/19) clarified that the project commissioned an Environmental Compliance Officer to monitor construction activities and to submit monthly compliance reports, through which documentation and reporting were adequately implemented. Environmental performance was rated as moderately satisfactory for several reasons: delay in presenting the Health Care Waste Management Policy to the cabinet; delays in renewing permits for waste collection; issues of wastewater management and drainage, and maintenance of facilities; and water supply issues to some of the newly constructed facilities.

b. Fiduciary Compliance

Financial Management. Financial management aspects were adequately implemented. Independent external audits of project financial statements were carried out regularly. No qualified audits were reported.

Procurement. Procurement complied with guidelines, but the major challenge was related to weak capacities and significant delays. During appraisal, the procurement risk within the country was rated substantial, as procurement legislation was still undergoing reform, and the country's capacity to execute World Bank-financed procurement was recognized as weak. During implementation, there was a high turnover of staff who were trained. The project supported the procurement process through technical



assistance and supervision. The challenges for the proximal stages of the procurement process were overcome, but remained for the follow-up processes and monitoring stages after contract awards.

c. Unintended impacts (Positive or Negative)

As noted in Section 4 under Objective 3, the electronic payment system introduced by the project for OVC cash transfers was adopted by other development partners in the country, resulting in an unintended positive externality for the project (ICR, p. 26).

d. Other

--

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Moderately Satisfactory	This ICR Review rated efficiency as Modest because of significant shortcomings in the efficiency of implementation.
Bank Performance	Satisfactory	Moderately Satisfactory	This ICR Review rated the quality of supervision as Satisfactory, and the quality at entry as Moderately Satisfactory because of inadequate health facility planning and gaps in planning full outcome assessment.
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

The ICR (pp. 33-34) offered several lessons and recommendations, including the following lessons restated by IEG:



Collaboration with other ministries facilitates health sector performance. Under the project, several challenges were dependent on other ministries, such as the Ministry of Public Service for human resources; the Ministries of Public Works and Economic Planning for infrastructure maintenance; and the Ministry of Finance for stockouts of essential drugs.

The inclusion of critical inputs such as essential drugs in the project financing plan prevents a negative impact on project services that may be caused by uncertain supply from other financing sources. During project implementation, support to pharmaceuticals and human resources was expected from other financing sources, including from development partners, but such expectations did not materialize resulting in pharmaceutical shortages.

Utilization of comprehensive quality improvement techniques facilitates the monitoring of service quality. The quality of health services was a key project area, and the introduction of quality improvement plans for health facilities would have strengthened the monitoring of quality aspects.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR provided a detailed overview of the project experience in a clear and candid manner. The theory of change was generally aligned to development objectives. The evidence and analysis were aligned to the messages outlined in the ICR, but with shortcomings in the completeness of information on outcome evidence, where gaps were related to the project's M&E design rather than the ICR's analysis. The ICR was internally consistent, although the financing table in the main report was not fully consistent with the financing information provided in Annex 3. The narrative and evidence supported the ICR's main conclusions, except for efficiency. The ICR provided a noteworthy discussion on gender aspects, pro-poor approach, and impact of OVC support on vulnerable households, including for schooling. Lessons derived from project experience were outlined in the ICR. The ICR followed the majority of guidelines, but did not offer information about actual implementation and compliance with environmental safeguards, which were subsequently provided by the TTL. The ICR lacked a glossary for its numerous abbreviations and acronyms.

a. Quality of ICR Rating



Substantial