



<b>1. Project Data:</b>		<b>Date Posted :</b> 08/22/2002	
<b>PROJ ID:</b> P007392		<b>Appraisal</b>	<b>Actual</b>
<b>Project Name:</b> Hn/nutrition/health	<b>Project Costs (US\$M)</b>	65.8	73.5
<b>Country:</b> Honduras	<b>Loan/Credit (US\$M)</b>	35.4	35.8
<b>Sector(s):</b> Board: HE - Other social services (61%), Health (27%), Central government administration (7%), Sanitation (3%), Pre-primary education (2%)	<b>Cofinancing (US\$M)</b>	18.7	21.4
<b>L/C Number:</b> C2452			
	<b>Board Approval (FY)</b>		93
<b>Partners involved :</b> WFP, USAID, Others	<b>Closing Date</b>	06/30/1997	06/30/2001
<b>Prepared by :</b>	<b>Reviewed by :</b>	<b>Group Manager :</b>	<b>Group:</b>
Ronald G. Ridker	Timothy A. Johnston	Alain A. Barbu	OEDST
<b>2. Project Objectives and Components</b>			
<b>a. Objectives</b>			
(a) Protect nutrition status of poorest children and pregnant and nursing women, thought to be most vulnerable to economic adjustment process under way at the time . (b) Support development and implementation of a long-term nutrition assistance strategy . (c) Reduce maternal, child, and infant mortality and morbidity rates by improving access to basic health services and safe water and sanitation, quality of services, and health, nutrition and family planning education. (d) Strengthen the institutional capacity of relevant agencies . (e) Control spread of AIDS.			
<b>b. Components</b>			
Original components included (1) Nutrition Assistance and Policy Development (\$32.5m/\$39.0m); (2) Delivery of Basic Health Services (\$24.6m/\$26.2m); (3) Environmental Health (\$7.2m/\$7.0m); and (4) Monitoring, Evaluation and Auditing (\$1.5m/\$1.3m). In January, 1999, three months after hurricane Mitch, supplemental funds and activities were added; most significantly, a sub-component under (2) for Epidemiological Surveillance, Disease Prevention and Control (\$3.7m) was added. (First figure is appraisal estimate plus supplement; second figure is latest estimate )			
<b>c. Comments on Project Cost, Financing and Dates</b>			
Original total project cost was \$54.23m, with IDA financing \$25m. As a consequence of hurricane Mitch, total project cost was raised to \$65.8m and IDA's contribution to \$35.4m, and the completion date was extended . Final figures are slightly larger due to exchange rate changes . There were no formal cofinanciers, but there was substantial parallel financing; the amounts involved are recorded above in the space for cofinanciers contributions .			
<b>3. Achievement of Relevant Objectives:</b>			
(a) The project helped expand a national food stamp program (replacing general food subsidies). Nutrition status did not deteriorate (and by some measures improved modestly) as it might have because of deterioration in economic conditions of the poor resulting from the economic adjustment program and Hurricane Mitch . (b) A long-term nutrition strategy with useful features was developed; implementation was spotty and slow, however, largely because of shortages of trained personnel . (c) Access to basic health services and safe water and sanitation improved significantly. During this same period maternal and child mortality rates declined but it is not clear to what extent the project inputs were responsible for these improvements . (d) The efforts to strengthen institutional capacity had mixed results and overall is rated as modest . (e) Efforts to control the spread of AIDS were unsatisfactory .			
<b>4. Significant Outcomes/Impacts:</b>			
The project coincided with improvements in national-level indicators for child 0-5 mortality due to diarrhea, child stunting, and contraceptive prevalence . The ICR suggests that monetary incentives, in particular the food stamp program, along with health education and expansion of health services, contributed to these changes . The project also helped catalyze community involvement in provision of safe water and sanitation, increasing prospects for sustainability of these investments .			
<b>5. Significant Shortcomings (including non-compliance with safeguard policies):</b>			

Although planned inputs were provided and most policy and procedural changes occurred, "there is little evidence that [these] project interventions significantly changed the decision making and planning processes within the Ministry of Health, and these remain weak." The AIDS component did not achieve its objectives. Two important studies were not undertaken. Communications equipment and clinic construction financed by the project may be at risk due to insufficient arrangements for operations and maintenance.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
<b>Outcome:</b>	Satisfactory	Moderately Satisfactory	While the project achieved many of its objectives, there were some significant shortcomings: the AIDS program was unsatisfactory, several key studies were not undertaken, efforts to strengthen communication networks under the supplemental credit did not fare well and suffered from lack of MOH ownership, etc.
<b>Institutional Dev.:</b>	Modest	Modest	
<b>Sustainability:</b>	Likely	Likely	
<b>Bank Performance:</b>	Satisfactory	Satisfactory	
<b>Borrower Perf.:</b>	Satisfactory	Satisfactory	
<b>Quality of ICR:</b>		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 ICR offers a number of lessons, including: (1) Demand-side interventions (most significantly, food-stamps) are an important tool to provide effective social protection. (2) Well-structured community participation (most significantly, water and sanitation) can contribute to sustainability. (3) Education can play a major role in helping achieve nutrition, family planning and health improvements [the ICR offers no evidence, however, on the outcome of the education voucher program, other than the number of households enrolled].

#### 8. Assessment Recommended? Yes No

**Why?** The use coupons (maternal-child coupons and coupons for school-age children) to improve the nutritional status and educational attainment of targeted poor groups is intriguing and appears to have worked well. But no evidence is provided. If they did in fact work well, they might be of use elsewhere. A review of the unsuccessful AIDS component might also be useful for the upcoming OED evaluation of Bank support for HIV/AIDS programs.

#### 9. Comments on Quality of ICR:

The ICR is only marginally satisfactory. It covers all the necessary bases, but many of its assertions regarding project impact are not backed up by adequate analysis and data. For example, the assertion is made, but without evidence or explanation, that the food stamps were well targeted; and no attempt was made to explain the lack of significant institutional improvement in MOH operations despite the satisfactory provision of apparently appropriate inputs. For the purposes of this Evaluation Summary, these assertions have been accepted since they are plausible, but the case is not totally convincing.