



| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|---------------|
| 1. Project Data: | | Date Posted : 08/17/2000 | |
| PROJ ID: P010492 | | Appraisal | Actual |
| Project Name: Population Welfare Program Project | Project Costs (US\$M) | 287.6 | 161.4 |
| Country: Pakistan | Loan/Credit (US\$M) | 65.1 | 35.3 |
| Sector(s): Primary Health, Including Reproductive Health, Chi | Cofinancing (US\$M) | 161.4 | 86.7 |
| L/C Number: C2688 | | | |
| | Board Approval (FY) | | 95 |
| Partners involved : | Closing Date | 12/31/1999 | 12/31/1999 |
| Prepared by : | Reviewed by : | Group Manager : | Group: |
| | | | |
| 2. Project Objectives and Components | | | |
| a. Objectives | | | |
| The Project's objectives were to help the GOP slow population growth and improve the health of women and children by reducing fertility. The reduced fertility was to be achieved via: 1) expanding quality and coverage of FP services; 2) increasing demand for FP services, and 3) strengthening GOP and NGO institutional capacity for delivering EP services. | | | |
| b. Components | | | |
| The project had 3 components, in the context of a sector wide approach (SWAp) program: 1) Service Delivery expansion at the provincial level; 2) Support of Services at the federal level; and, 3) Private sector service expansion and strengthening. | | | |
| c. Comments on Project Cost, Financing and Dates | | | |
| Actual project costs were only 56% of appraisal costs (\$161.4 M rather than \$287.7M) due to slower than anticipated expansion. Thus GOP contribution was \$86.7M instead of \$161M and IDA \$36M rather than \$65.1M. | | | |
| 3. Achievement of Relevant Objectives: | | | |
| No project targets were set in the SAR or subsequently other than at the macro (i.e., countrywide demographic) level. At the national level, significant progress was made, with CPR rising from 10.7% in 1993/94 to 23.9% in 1998/99, and the TFR falling from 5.6 to 4.5. Concomitantly, there has been an increased demand from 40% to 61% for FP spacing or limiting, and access to services has increased (from 5% to 57% in rural areas and from 54 to 77% in urban areas). The lack of specific baseline and/or interim program data with planned benchmarks, targets and indicators makes it difficult to assess project/program achievement at levels below (correlation with) national demographic levels, however. | | | |
| 4. Significant Outcomes/Impacts: | | | |
| FP services were expanded in all provinces, with the addition of over 200 fully functional Family Welfare Centers and the training of 50,000 workers of various cadres, including over 40,000 Lady Health Worker (a community-based cadre). Awareness and knowledge of FP was increased during the project period due to mass media and interpersonal communication activities, and 181 (of a planned 322) NGOs were supported. | | | |
| 5. Significant Shortcomings (including non-compliance with safeguard policies): | | | |
| Collaboration between the GOP, NGOs and private sector was largely unsuccessful. Less than 55% of the IDA credit could be absorbed because of fragile GOP institutional capacity, and GOP financial commitment to the project was only 55% of the level anticipated in the SAR. Concomitantly, as the ICR notes, "financial management of the project was very weak...insufficient attention was paid to issues raised by auditors." Economic crisis slowed initial project implementation and contributed to shortages of counterpart funds. Finally, although contributing to improved access, the project appears to have been less successful in addressing problems of service quality and client satisfaction. | | | |

| 6. Ratings : | ICR | OED Review | Reason for Disagreement /Comments |
|-----------------------------|--------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outcome : | Satisfactory | Moderately Satisfactory | Despite progress in a difficult setting, improvements in national demographic indicators cannot necessarily be attributed to the project. Only half of the IDA credit was disbursed, and there were significant problems with procurement and financial management. |
| Institutional Dev .: | Modest | Modest | |
| 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:

Benchmark targets for project components are necessary in order to adequately monitor progress, manage the program, and document program accomplishments. Among these benchmark targets and indicators that need to be measured regularly are those that address quality and use of FP/RH services, adequacy of contraceptive supply, and degree of involvement of NGOs, communities, and other segments of the private sector. Decentralization of funding should accompany decentralized program administration and service provision; this condition should precede commitment of IDA funds. Similarly, a detailed appraisal of the financial management system should be carried out and necessary improvements be made prior to approval of the project.

8. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

The ICR was adequate in laying out the dimensions of the projects. Project shortcomings, such as the reduction in scope, suboptimal commitment of GOP funds and performance in certain program areas such as financial management were glossed over, with little data presented. Similarly, the general lack of relevant benchmark targets for intermediate program outcomes was little commented upon. Also, as noted by one of the co-financiers, DFID, "The report does not adequately address the issues of contraceptive supply, community participation, and quality of care, which are key factors in...sustainability of the program." The ICR might also have usefully discussed the advantages and difficulties associated with the SWAp approach in a large country with recognized governance problems.