



1. Project Data:		Date Posted : 08/14/2002	
PROJ ID: P000509		Appraisal	Actual
Project Name: Health & Safe Motherhood	Project Costs (US\$M)	25.7	36.6
Country: Chad	Loan/Credit (US\$M)	18.5	29.7
Sector(s): Board: HE - Central government administration (61%), Health (39%)	Cofinancing (US\$M)		
L/C Number: C2626			
	Board Approval (FY)		94
Partners involved : UNDP, UNICEF	Closing Date	06/30/2000	06/30/2001

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2. Project Objectives and Components

a. Objectives

The project supported the government's efforts to :

- Enhance capability at the central level to support regional health services;
- Improve access to basic health services in the Prefectures of Gu éra and Tandjilé; and
- Ensure accessibility of the population to low -cost essential drugs.

b. Components

The project had three components (final cost):

1. Reinforcement of the capacities of the central level to support peripheral health services (\$4.2 m), including improving the central and regional budget process, developing training modules for regional and district health personnel, developing a national information, education and communications (IEC) program, and reinforcing government capacity to plan, coordinate and implement donor -financed projects..
2. Support to health, nutrition and family planning services in the prefectures of Gu éra and Tandjilé (\$16.2 m). This component financed civil works (to establish or upgrade district health facilities), skills upgrading for district health personnel, and promoted community participation in local health services planning, implementation, and monitoring. Following approval of the supplemental credit, the project also financed decentralized basic training for paramedical personnel, construction of two regional training centers, and water supply for health facilities
3. Development and implementation of a national pharmaceutical policy (\$5.3 m), including strengthening planning and management capacity of the Division of Pharmacy, and creating a central purchasing agency for essential and generic drugs. The pharmaceutical component was part of an essential drug program that involved cost recovery through revolving drug funds managed by local communities.

c. Comments on Project Cost, Financing and Dates

The loan was denominated in SDR, which appreciated against the dollar . Due to underestimates during appraisal (particularly for civil works), cofinancers not meeting commitments, and shortages of counterpart funds, a supplemental credit of SDR8.2 million (US\$10.9 million, IDA Credit No. 26261) was signed in October 1998 (for a total IDA credit US\$28.5 million), and the loan was extended by one year . US\$16,000 from the original credit was cancelled at closing. The final project cost tables in Annex 2 of the ICR (reflected in the cost per component above) do not appear to include the supplementary credit, however .

3. Achievement of Relevant Objectives:

The project achieved most of its relevant objectives, despite a difficult country context .

- According to the ICR, the project contributed to strengthening financial management capacity in the ministry public health; contributed to the development of a new budgetary nomenclature and trained 165 personnel in budgetary management; developed 46 health worker training modules, constructed and equipped two regional training centers; developed a national communications strategy for health (with technical support from a national NGO), trained 23 trainers, 95 health workers, and 40 social mobilizers in IEC, and widely disseminated IEC material; assisted the government to develop a national health strategy which served as a framework for coordinating donor partners; and supported several qualitative studies (teenage pregnancy, breast feeding, maternal mortality).
- Half of project resources were devoted to the two target Prefectures of Gu éra and Tandjilé. The project

supported construction of new health facilities (which ensured one health center per zone, and one hospital per district); trained over 1000 health providers; established local health management committees (primarily to manage cost recovery from essential drugs). These investments improved access to health services. Indicators for child vaccination coverage and antenatal care improved between 1995 and 2000.

- The National Pharmaceutical Policy and law on pharmaceuticals were adopted, which established a national list of essential drugs. The project also supported the creation of a Central Purchasing Agency for essential drugs, which has been fully operational, autonomous, and self-financed since June 2000 (WHO and the EU provided support for this component).

4. Significant Outcomes/Impacts:

- In Guéra, geographic access to health services improved from 47% (1995) to 77% (2001), and from 58% to 76% in Tandjilé. Over the same time period, BCG vaccination coverage increased from 17% to 94% in Guéra, and from 37% to 76% in Tandjilé. Antenatal coverage and assisted deliveries also improved, albeit from low levels (for ANC, from 15% to 26% in Guéra, and from 23% to 27% in Tandjilé). ANC and assisted delivery indicators also improved at the national level, however, similar to the changes in Tandjilé. Evidence are inadequate to assess the extent to which the project contributed to these changes in the two target prefectures.
- The Central Pharmaceutical Purchasing Agency has contributed to increasing the availability of essential and generic drugs throughout the country at a reasonable cost. The community management committees appear to have helped improve availability of drugs at the community level (although no data are given regarding drug access and equity at the facility level).
- The ICR reports that the IEC materials produced by the project (including for micronutrients, immunization, HIV/AIDS, malaria, and family planning) were widely distributed and appreciated by beneficiaries and partners (no data are available on the impact on behavior, however).
- Good capacity and continuity in the Project Coordination Unit contributed to good performance, while line departments retained responsibilities for activities under their purview. In addition, the project together with the national health strategy contributed to improved coordination of donor activities in the sector.

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

- Even though much of the project financed infrastructure activities, no in-country appraisal was conducted regarding the cost and scope of these activities (relying instead on regional averages). The fact that most facilities lacked water supply was not recognized initially, and had to be addressed through the supplementary credit.
- Construction activities suffered from delays, cost overruns, and design flaws due to lack of in-country appraisal estimates, the poor performance of the initial private-sector contractor, and lack of consultation with local health staff.
- The Pharmacy Department did not perform its planning and management role effectively and the Prefecture Supply Pharmacies remain unregulated.
- Operational research and monitoring and evaluation were not given sufficient priority from the outset. The logframe indicators are for project outputs, not impacts, and implementation of M&E appears to have been limited. So it is difficult to assess the impact of many project activities.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Satisfactory	
Institutional Dev.:	Substantial	Substantial	
Sustainability:	Likely	Likely	
Bank Performance:	Satisfactory	Satisfactory	QAE was only moderately satisfactory, due to poor appraisal of civil works and weak M&E framework.
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:

The ICR lists the following findings/lessons:

- A key to project success was that it financed elements of the overall National Health Policy, for which there was strong government commitment and ownership. As a result, the project developed and implemented within a broader framework of multi-donor efforts to strengthen the health sector, with each donor fitting into a national strategy which was coordinated by the government.
- The difficulties encountered in the construction components suggest several lessons, including (i) plans for construction and equipping of hospitals should be discussed with all stakeholders, rather than relying on national standards; (ii) field visits contribute to better cost estimates; and (iii) management agent selection is critical.

8. Assessment Recommended? Yes No

Why? This project appears to have contributed to progress in a difficult context, but further evaluation of

the progress with regard to increased service access, community -managed cost recovery, etc. would be useful. The synergies between this project and the Population and AIDS Control Project could also be further explored .

9. Comments on Quality of ICR:

The ICR is rated satisfactory, but moderately so. The ICR provides a useful overview of the project, and summarizes project outputs and some outcome indicators nationally and in the target prefectures . But there are a number of gaps in the description of both project outputs and outcomes (e.g., the ICR does not state the total number of facilities built; there are no data on improvements in drug availability or the extent of cost recovery; no definition of what is meant by "geographic access;" and no data on the actual utilization of the facilities constructed by the project). The ICR also should have given greater attention to analyzing the extent to which the project might have contributed to improvements in available indicators (vaccination rates, ANC, assisted deliveries) given that the changes in the target prefectures were similar to those at the national level . Finally, there were several errors and omissions in the annex tables on project costs .