



1. Project Data:		Date Posted : 05/14/2002	
PROJ ID: P009095		Appraisal	Actual
Project Name: Prim Health Care Serv	Project Costs (US\$M)	18.6	.507
Country: Turkey	Loan/Credit (US\$M)	14.5	.507
Sector(s): Board: HE - Health (92%), Central government administration (8%)	Cofinancing (US\$M)	None	
L/C Number: L4201			
	Board Approval (FY)		97
Partners involved :	Closing Date	11/30/2000	06/30/2001
Prepared by :	Reviewed by :	Group Manager :	Group:
Roy Jacobstein	Timothy A. Johnston	Alain A. Barbu	OEDST
2. Project Objectives and Components			
a. Objectives			
<p>The original three-year project objective was “to improve access to and quality of primary health care in two provinces and to serve as the basis for extending the tested primary care health reforms nation-wide.” The project was completely restructured in September 1999, following a major earthquake in August 1999. The revised project objective was to help re-establish effective provision of health services at all levels in the provinces of the Marmara Region that were devastated by the earthquake.</p>			
b. Components			
<p>The original project had two phases: 1) to develop the necessary physical and human infrastructure for an effective primary care (and referral) system in the two pilot provinces, and 2) subsequent to enabling legislation, to pilot financial incentives in support of the family physician model with effective referral to higher levels of care. After project restructuring in September 1999, the revised project’s components were 1) reconstruction and rehabilitation of public sector health facilities; 2) purchase of medical equipment and supplies, including ambulances, mobile health units, drugs, and vaccines; and 3) establishment of an epidemiological surveillance system.</p>			
c. Comments on Project Cost, Financing and Dates			
<p>The original project cost was \$14.5 million, with the loan becoming effective December 18, 1997. After 21 months with no disbursements, the entire loan amount was reallocated in September 1999 to an Emergency Health Program (EHP), along with \$22.5 million from the Health II loan. Due to greater than anticipated donor cofinancing, however, the Bank and government agreed to cancel the balance from this credit on the original closing date. The loan thus was closed on June 30, 2001, with an unallocated balance of \$13.9 million cancelled in August 2001. The Emergency Health Program is still under implementation, however.</p>			
3. Achievement of Relevant Objectives:			
<p>Apart from a small amount of limited preparatory training in primary health care in the project provinces, none of the original objectives were achieved. The Emergency Health Program is still under implementation (with funds allocated from the Second Health Project and undercut financing), however, so it is not yet possible to judge achievement of the revised objectives.</p>			
4. Significant Outcomes/Impacts:			
<p>The restructured project may make a significant contribution to rehabilitating health infrastructure (albiet without financing from this loan), but it is too early to judge.</p>			
5. Significant Shortcomings (including non-compliance with safeguard policies):			
<p>In the original project, there was little support for the concept of family practitioners among stakeholders in the MOH, and marked opposition from the Turkish Medical Association. The Project Coordination Unit (PCU) operated independently of the MOH, and grew to 190 persons at one point. The Bank subsequently downsized the PCU and</p>			

shifted policy and implementation responsibilities to the MOH. The restructured project initially encountered a number of impediments to implementation, including cumbersome procedures for securing title to land for reconstruction of facilities. Implementation reportedly improved subsequently.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Unsatisfactory	Not Rated	Little of the original loan was disbursed, but the restructured Emergency project is still under implementation with funds reallocated from the Health II loan and donor cofinancing.
Institutional Dev.:	Not Rated	Not Rated	
Sustainability:	Not Rated	Non-evaluable	
Bank Performance:	Satisfactory	Satisfactory	Quality at entry for the original project was unsatisfactory, but the Bank was responsive in reallocating loan proceeds for emergency rehabilitation. The Bank's decision to cancel the credit balance when additional donor funding became available was appropriate.
Borrower Perf.:	Not Rated	Satisfactory	Performance during design and initial implementation of the original project was unsatisfactory. There is little evidence upon which to judge borrower implementation performance for the revised project. This rating should be considered preliminary pending completion of the EHP.
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 difficulties encountered by the original project confirms a number of well-established lessons from other Bank projects: Government and stakeholder support is crucial in health reform projects, and if enabling legislation is needed for a reform to proceed, passage of such legislation should be considered as a condition precedent for the project's moving ahead. The initial experience with the restructured project suggests that reallocating an existing loan in response to an emergency situation may not in fact lead to a rapid response. But flexibility in such situations is appropriate, including efforts by the Bank to mobilize donor funds and to cancel unused loan balances when appropriate.

8. Assessment Recommended? ☐ Yes ☒ No

9. Comments on Quality of ICR:

This Implementation Completion Note is succinct, well-written, and well-organized. It gives a clear chronology of events, and a compelling analysis of the challenges encountered by the original and restructured project. The lessons are robust and useful.