



1. Project Data:		Date Posted : 11/20/2003	
PROJ ID: P004567		Appraisal	Actual
Project Name : Womens Health & Safe Motherhood	Project Costs (US\$M)	136.45	77.42
Country: Philippines	Loan/Credit (US\$M)	18	11.58
Sector(s): Board: HE - Health (100%)	Cofinancing (US\$M)	54	62.71
L/C Number: L3852			
	Board Approval (FY)		95
Partners involved : Asian Development Bank; KfW; European Commission	Closing Date	12/10/2001	06/30/2002
Prepared by :	Reviewed by :	Group Manager :	Group:
Roy Jacobstein	Patrick G. Grasso	Alain A. Barbu	OEDST

2. Project Objectives and Components

a. Objectives

The Project's overall objectives were to improve the health status of women, with particular focus on women of reproductive age, and thereby to support the Government's long-term goals of reducing fertility, female morbidity and maternal mortality. Its specific objectives were to: (a) improve the quality and range of women's health and safe motherhood services; (b) strengthen the capacity of local government units to manage the provision of these services, and of the Department of Health to provide policy, technical, financial and logistical support; (c) enhance the effectiveness and sustainability of health interventions through the participation of local communities and NGOs in the project; and (d) expand the knowledge base upon which to draw policy and technical guidance for women's health programs.

b. Components

The Project had four components: (1) Service Delivery in the areas of (i) maternal care, and (ii) other women's health services, including family planning, diagnosis and treatment of RTIs and STDs, and detection and treatment of cervical cancer (\$US42.17 million actual cost); (2) Institutional Development including: IEC programs to promote attitudes and practices that improve women's health; training for public sector health workers delivering women's health services; development and installation of a national public health logistics system for the DOH; and support to the DOH for project management (\$US26.07 million actual cost); (3) Community Partnerships which would support local communities and NGOs working with local government units (LGUs) and the DOH in planning and implementing community-based women's health services (\$US6.85 million actual cost); and (4) Policy and Operations Research to conduct studies on women's health and related service delivery questions (\$US2.33 million actual cost). Some project targets were also scaled down and sub-components adjusted during the course of implementation but the project was not formally restructured.

c. Comments on Project Cost, Financing and Dates

\$US 3.7 million, or 20.6% of the Bank loan was cancelled in 1999, and overall, \$US 6.42 million was cancelled, representing 35.7% of the original loan. The ADB loan of US\$54 million was also reduced in 1999, by US\$21.2 million. The project had an overall under-run of US\$52 million, 39% of the total. The Government contributed \$US3.13 million (11.7%) of its planned contribution of \$US26.66 million.

3. Achievement of Relevant Objectives:

The ICR does not provide adequate evidence of a *satisfactory* achievement of objectives. Project achievements included facility upgrading (612 primary and 92 secondary facilities, 70 Rural Health Units, 74 Barangay Health Stations, and 11 RTI centers according to the figures provided by the Region), technical training (to 9503 health workers mostly primary care workers and mostly female according to the figures provided by the Region), expansion of new programs in RTI/STD management, and some

Institutional development effects. An operations research study identified a cost-effective screening measure for cervical cancer. Given the significant problems ("drugs and supplies reached the field in significant quantities only in the fourth year of the project due to serious procurement delays", "The IEC program was so late that it was still scaling up as the project ended", and "Project training reached only a quarter of midwives") and other significant shortcomings in the project (see section 5), the achievement of objectives is rated moderately unsatisfactory.

4. Significant Outcomes/Impacts:

At the barangay/village health level (as shown in ICR Annex 1), output indicators for women's health rose (from projections in the last PSR to latest estimates or between 1996 to 2001), for every indicator except for a sharp decline in female sterilization; comparison to baseline cannot be made, however, as the SAR does not present these measures (the 1996 data provided are not a true baseline since they were taken from a different source). The project's quality standards for Reproductive Health Unit infrastructure, equipment and staffing were adopted as the countrywide standard, and a new drug distribution system was established (details not provided in ICR). At the population level, as seen in Annex 1, some modest improvements in women's health status occurred between 1993 (2 years before the project began) and 1998 (4 years before project close), with MMR and TFR going from 209 and 4.1 respectively in 1993 to 172 and 3.7 in 1998. These improvements cannot be attributed to the project, however, since only 13% of project funds had been expended by 1998 and the service delivery component was 2-3 years delayed in onset of implementation.

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

The project was overly complex and suffered from poor design and implementation, as well as suboptimal Bank performance and Borrower management and financial support. The project was Unsatisfactory at MTR in November 1998. Architectural designs were noncompliant with DOH standards and necessitated remedial works, and there were "large-scale procurement anomalies". While these and some other poorly performing activities were financed and supervised by other donors (not the Bank), all donors including the Bank had *together* committed to the overall project objectives, and were *together* responsible for the moderately unsatisfactory outcome. Similarly, the fact that the project "failed to provide for strengthening the health management capacity of local governments", as noted in the ICR, must be attributed to all donors involved including the World Bank. At Appraisal there was a failure to indicate explicitly the co-financing shares of LGUs as well as to require increasing LGU shares over project life to increase prospects of sustainability. Throughout there was a lack of a meaningful evaluation framework, including failure to define baseline measures of appropriate indicators and failure to establish and/or follow effective monitoring and reporting processes. Thus at project end, project achievements could not be easily cited.

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Satisfactory	Moderately Unsatisfactory	The project achieved its major relevant objectives with major shortcomings (see section 5). The ICR text calls the project marginally satisfactory.
Institutional Dev .:	Substantial	Modest	While the project had some positive institutional effects (e.g., adoption of a new competency-based approach to training, new service quality assurance standards, new drug distribution system, and more cost-effective method of cervical cancer screening), they do not add-up to "substantial" institutional development impact. Furthermore, the project "failed to provide for strengthening the health management capacity of local governments", project training reached only quarter of the targeted number of midwives,

			and the community partnership component was delayed and small-scale in its impact.
Sustainability :	Likely	Unlikely	While some benefits may be sustained, overall sustainability is rated unlikely because financial sustainability of the project is doubtful given national government and local government budget constraints and the lack of commitment.
Bank Performance :	Satisfactory	Unsatisfactory	Shortcomings in quality at entry (e.g., overly complex design, weak government ownership, negligible project-level M&E) and in supervision/implementation (noted above in Section 5) translate into an overall unsatisfactory Bank performance. A number of project targets were reduced during project implementation but these reductions resulted, inter alia, from weaknesses in project design and project management/implementation rather than from exogenous shocks--it appears that the targets were, for the most part, chasing poor performance. While some project components not funded and supervised by the Bank performed particularly poorly and the Bank cannot be penalized for them, the Bank could have given far greater attention to quality at entry, monitoring and evaluation, strengthening local government capacity, and community engagement-- the latter two being explicit project objectives.
Borrower Perf. :	Unsatisfactory	Unsatisfactory	
Quality of ICR :		Unsatisfactory	

NOTE: ICR rating values flagged with '*' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

In a milieu of decentralization, Bank projects need to: (1) not be overly complex, given the multitude of implementing entities; and, (2) ensure that local governments and other units to whom responsibility is being devolved also receive the necessary resources, i.e., that plans for such resource availability are an explicit part (if not a precondition) of the project. Two additional well-known shortcomings, both of which were prominently a part of this project's performance and are duly noted by the ICR authors, are that: (1) A detailed monitoring and evaluation plan, with appropriate indicators, needs to be in place at appraisal, and then used in management and supervision; and, (2) Civil works and equipment requirement surveys need to be completed in advance of effectiveness.

8. Assessment Recommended? Yes No

Why? To verify ratings.

9. Comments on Quality of ICR:

The ICR is judged Unsatisfactory. Very few quantitative measures of input, output or outcome are provided, despite the fact that many targets for projected equipment, supply, and training inputs were provided in SAR Annexes 3, 4 and 6. There was a major civil works component to the project, for example, yet one gets little sense of what was actually completed. While the ICR makes a number of candid and accurate assessments of sub-component shortcomings, it then renders overly generous and

unsubstantiated summative judgments of project performance, extent of institutional development, sustainability, and Bank performance.