ICR Review

Operations Evaluation Department

Report Number : ICRR11013

1. Project Data:		Date Posted : 08/14/2001		
PROJ ID : P008048			Appraisal	Actual
Project Name :	Peru Basic Health and Nutrition	Project Costs (US$M)	44.5	44.3
Country :	Peru	Loan/Credit (US$M)	34	33.8
Sector(s):	Board: HE - Health (100%)	Cofinancing (US$M)		
L/C Number :	L3701			
		Board Approval (FY)		94
Partners involved :	UNCECF	Closing Date	06/30/2000	12/31/2000

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2. Project Objectives and Components

a. Objectives

The project's objective was to improve the health and nutritional status in the project area, particularly among poor women and children, by :

(a) **increasing the use of maternal and child health and nutrition services** by extending access and improving the quality of services; and

(b) **promoting better health and nutrition practices** , with an emphasis on preventive care and education .

The project focussed on provinces in a limited number of departments (4 of 24), selected on the basis of poverty and non-inclusion of declared emergency zones .

b. Components

The project originally had four components : (i) maternal and child health care; (ii) nutrition; (iii) tuberculosis treatment; (iv) information, education, communications and training . Project components were reorganized and scaled up in 1996 to include:

1. **Health Service Provision ($22.3 m):** Support for integrated delivery of PHC for women and children through development of integrated care procedures, protocols, manuals, and training; guidelines for organizing health facility work; and guidelines for organization of health service networks .
2. **Health Promotion ($15.7 m)**: The scope of activities was reduced following restructuring to include (i) Promotion of healthy practices (including research, developing regional IEC commissions, materials production, education and counseling, tuberculosis prevention, and child feeding practice interventions); (ii) Social Marketing of Health Services; and (iii) Community Health (including identifying community health workers, community health surveys, training for CHWs, and strengthening links with health facilities .
3. **Management and Financing ($5.8 m):** Activities included (i) Training and technical assistance to improve management of health service networks, including establishing a diploma program for health service management training; and (ii) support for health financing reforms, including developing and Information System for Costs and Incomes (SICI); and Cost-Based Programming and Budgeting (SPP) (cofinanced with USAID).

c. Comments on Project Cost, Financing and Dates

A remaining credit balance of $404,218 was cancelled on June 18, 2000.

3. Achievement of Relevant Objectives:

The project achieved its first objective of improving the quality and use of maternal and child services in the target provinces. A new model of integrated patient care and management improvements was implemented in at least 237 primary care facilities. Comparisons with baseline data (1999) and with non-project control areas show improvements in a number of indicators of MCH utilization, service quality, and client satisfaction . With regard to health promotion, the project did not achieve its overall objective of improving healthy behaviors in the target communities -- although it did contribute to improved feeding practices in project areas . It did, however, develop educational materials, training manuals, and established regional IEC Commissions, which may form the basis for future progress in health promotion. Progress was slow during the first four years of implementation, in part due to limited government commitment and poor integration between donor and government activities . Implementation accelerated considerably for the final two years, however, as government sought to integrate the project into its emerging health sector reform strategy, which is being supported by a follow -on Bank project.

4. Significant Outcomes/Impacts:

Household surveys and Knowledge, Attitude and Practice (KAP) surveys showed increased use of prenatal care (67% in 1994 to 75% in 1999), professional birth attendance (from 64% to 90%), coverage of integrated MCH services. A review of clinical histories comparing intervention and control facilities showed improvements in quality of care variables, including the number of pregnant women receiving a hemoglobin test. Baseline (1999) and ex-post social marketing surveys showed improvements in client perceptions of health service organization and the structure, privacy, comprehension of health information, racial or social discrimination, and general quality of services. Evaluations of personnel performance showed improvements in the integration of care, interview skills, physical examination, diagnosis, counseling, and provider-client relationships. Despite shortcomings in the health promotion component, the project contributed to behavioral changes in child feeding practices (children receiving solid food first increased from 40% to 63%) due to careful design of communication interventions by experts, based on studies of maternal knowledge and beliefs. The project's later emphasis on developing protocols for integrated service delivery, training and training manuals for health personnel and CHWs, budget and costings system, and on monitoring and evaluation of pilot activities, increased the project's "spinoff" effects on the health system overall, and provided a foundation for subsequent reform efforts.

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

Except for child feeding, project intervention areas did not lead to improvements in health behavior and nutritional indicators compared to control areas. Comparisons of project and control areas found few differences in provision of counseling child nutrition during consultations, or in the proportion of TB and malaria cases that were treated and cured. Although a number of health promotion activities and IEC activities were financed, they lacked coherent objectives or a policy framework. Social marketing focussed on improving provider behavior toward clients, but not on improving health practices. Planned mass media campaigns were not implemented, and incorporation of community-based health promotion was less than anticipated in project design. Several factors undermined progress on health promotion, including lack MOH experience, expertise, and interest in health promotion, absence of a central health promotion unit (a central IEC unit has since been established), and nonperformance by the original contractor, resulting in cancellation of the initial contract in 1999.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Moderately Satisfactory	The project achieved most of its relevant objectives, but the second objective -- to improve nutrition and health behavior -- was only partially achieved.
Institutional Dev .:	Substantial	Substantial	
Sustainability :	Likely	Likely	
Bank Performance :	Satisfactory	Satisfactory	
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR :		Exemplary	

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 includes a number of lessons, at both the technical and implementation levels. A few key lessons include:

- Effective health promotion interventions should: (i) clearly specify behavioral goals indicators of health or nutrition impact; (ii) be based on behavioral research, and contracted to appropriately-skilled third parties; and (iii) incorporate mass media campaigns as well as community-based approaches.
- Community health work requires an organized system for support, including links among CHWs, health workers, community leadership structures, and local government. Local NGOs can play a key role in strengthening community health, but there contracting, planning and supervision should be closely coordinated with the health sector.
- Sustainability can be strengthened through ensuring government budget commitments to infrastructure and equipment maintenance; enhanced regional decision-making and capacity strengthening; increased involvement of central and regional MOH staff in project preparation and supervision -- and avoiding overreliance on PMUs.
- An investment project can help catalyze system reforms through the development of protocols, training manuals, budget and costing sytems, and through rigorous monitoring and evaluation of pilot activities. Waivers of prevailing norms may be necessary, however, to facilitate testing and application of the new management models.

8. Assessment Recommended? ○ Yes ● No

9. Comments on Quality of ICR:

The ICR is concisely written, and makes excellent use of qualitative and quantitative data to assess the project's strengths and shortcomings. It is among the few ICRs in the HNP sector that presents comparisons between

intervention and control areas -- together with baseline data -- to assess project performance. Judgements of project performance is therefore based on outcomes in relation to project objectives, rather than simply project outputs. Despite delays in establishing the baseline, the project team clearly displayed a commitment to monitoring and evaluation.