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| 1. Project Data: | | Date Posted : 06/23/2004 | |
| PROJ ID: P004841 | | Appraisal | Actual |
| Project Name: Vn-population & Family Health | Project Costs (US\$M) | 129.70 | 107.55 |
| Country: Vietnam | Loan/Credit (US\$M) | 50.00 | 44.59 |
| Sector(s): Board: HE - Health (88%), Central government administration (12%) | Cofinancing (US\$M) | 61.00 | 53.43 |
| L/C Number: C2807 | | | |
| | Board Approval (FY) | | 97 |
| Partners involved : KfW, ADB | Closing Date | 06/30/2003 | 09/30/2003 |
| Prepared by : | Reviewed by : | Group Manager : | Group: |
| Howard Nial White | George T. K. Pitman | Alain A. Barbu | OEDST |
| 2. Project Objectives and Components | | | |
| a. Objectives | | | |
| <p>The objectives of the project were to (1) increase utilization of family planning (FP) and related family health services; (2) improve the quality and range of family planning and related family health services ; (3) enhance the National Committee for Population and Family Planning's (NCPFP) management, planning and policy formulation capabilities; and (4) expand the knowledge base on which policy and technical guidelines would be founded . All the above objectives were to be addressed at national level, while objectives 1 and 2 were to be addressed more specifically also in the selected provinces .</p> | | | |
| b. Components | | | |
| (1) Provincial Service Delivery (appraisal USD 55.20 million, actual 61.60: 112%) | | | |
| <p>Strengthening of PHC services in 15 provinces, with a focus on family health and family planning services . To bring each facility up to a certain specified standard, it supported : civil works to renovate and expand buildings to certain construction specifications (USD 20.5 million, actual 15.6: 76%); supplies of furniture, equipment, and vehicles (USD 17.6 million, actual 40.0: 303%); additional supplies of essential drugs and medical supplies (USD 13.7 million, actual 2.27: 17%); and development of standard training curricula and refresher training for all commune and district -level staff as well as training of national and provincial trainers (USD 3.5 million, actual 3.8: 109%).</p> | | | |
| (b) Information, Education and Communication (appraisal USD 24.20 million, actual 20.35: 84%) | | | |
| <p>Strengthening of family planning and family health IEC programs and activities, by expanding the IEC channels, programs and activities for FP-RH programs. These messages were to cover the use of modern contraceptives to delay, space or limit childbearing; the prevention and treatment of RTIs; aspects of pre -natal and emergency obstetric care, and issues such as gender bias . As an additional strategy, a social marketing initiative for the contraceptive pill was to be launched, largely in urban areas .</p> | | | |
| (c) Contraceptive Supplies (appraisal USD 24.20 million, actual 20.30: 84%) | | | |
| <p>Support increased use of modern methods of contraception, and also to effect a shift from the use of IUDs to oral pills, injectables and condoms. This is in line with increasing the use of effective methods of contraception, and expanding contraceptive choice .</p> | | | |
| (d) FP Management and Institutional Development (appraisal USD 5.50 million, actual 3.84: 70%) | | | |
| <p>Strengthening of the management and planning capabilities of NCPFP and its subsidiary committee network . This</p> | | | |

Included identifying organizational needs and developing appropriate curricula for training of trainers, as well as training of staff. A management information system (MIS) was envisaged, to support strategic planning at national and provincial levels, as well as operational activities at commune level, and a coordinating function at district level . The project would support cost of computers and software, other equipment, planning workshops, development of training curricula and actual training for management and MIS trainers, and MIS training courses for CPFP staff at all levels down to the commune . The project would also cover the costs of the project management structure and of monitoring and evaluation activities .

(e) Service Delivery Model Initiatives (appraisal USD 6.0 million, actual 11.99: 200%)

Provision of a fund for studies, development of models, and pilots of improved service delivery approaches and interventions in key areas of family planning and related family health issues .

c. Comments on Project Cost, Financing and Dates

The project was restructured at MTR, to take account of the fact that some objectives had already been met, and to bring the project into line with government's rethinking of its population policy . The original project components (and objectives) were retained but with a change in emphasis . Actual expenditure on FP service delivery, and equipment provision with provisional service delivery, was double that planned at appraisal . The cuts fell on management and ID, strengthening FP IEC, and essential drug supply at provisional level (since CHCs were found to have sustainable drug funds).

Total project expenditures were 83% of those planned because of a saving of US\$ 11 million on the cost of civil works, and reductions in the budget in all areas other than the two noted above .

The project closed after just one extension of three months .

3. Achievement of Relevant Objectives:

(1) The objective to increase utilization of family planning (FP) and related family health services was substantially achieved with few shortcomings: the proportion of births in a health facility rose from 62 to nearly 79%; an increase in 16% of women receiving antenatal services (from 71 to 87%); proportion of children fully immunized during first year of life rose from 50.4 to 58.1%; both fertility and infant mortality rates have fallen (DHS data are said to under-report both of these, but the downward trend is clear).

(2) The objective to improve the quality and range of family planning and related family health services was substantially achieved with few shortcomings: increased coverage of antenatal and natal services (see above), however there was little rise in contraceptive prevalence which is already high . Upgrading of 15 MCH-FP centers and 138 operating theatres constructed/upgraded.

(3) The objective to enhance the National Committee for Population and Family Planning's (NCPFP) management, planning and policy formulation capabilities was substantially achieved with few shortcomings : training was given based on new training materials developed by the project . However the MIS component was dropped from the project.

(4) The objective to expand the knowledge base on which policy and technical guidelines would be founded was substantially achieved with few shortcomings: to this end a series of service delivery models were developed and applied, including providing health posts where clinics were not available; safe motherhood efforts to improve antenatal, delivery and postnatal care; using mobile groups to deliver RCH services; and mobilizing communities to deal with HIV. The RCH module was the most successful, generating demand for services in under -served regions of the country.

4. Significant Outcomes/Impacts:

Substantial reductions in mortality and fertility and improvements in RCH service delivery . Whilst these are not solely attributable to the project (given the very favorable economic climate in the country at the time), it is a case of putting in place facilities and services to meet the demand increases consequent upon socio -economic changes.

Government proved its commitment to sector reform and modernization illustrated by its implementation of similar activities in the non-project provinces during the lifetime of the project.

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

None.

| 6. Ratings: | ICR | OED Review | Reason for Disagreement /Comments |
|-------------|-----|------------|-----------------------------------|
|-------------|-----|------------|-----------------------------------|

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|-----------------------------|---------------------|---------------------|--|
| Outcome : | Satisfactory | Satisfactory | |
| Institutional Dev .: | Substantial | Substantial | |
| Sustainability : | Likely | Likely | |
| Bank Performance : | Satisfactory | Satisfactory | |
| Borrower Perf .: | Highly Satisfactory | Highly 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:

- Successful health programs require a well coordinated package of hardware and software including civil works, equipment, drugs, training, BCC, special campaigns, etc .
- Implementation of the complex project design consequent upon a coordinated package is possible if there is political will and ownership, which is fostered by stakeholder participation in project preparation, or as in this case, when the project supports government-led policy changes
- The success of RCH programs was founded on mobile teams spending a few days in each place but preceded by extensive efforts to inform communities about when and where the team would come, and what services they would provide.

8. Assessment Recommended? ☒ Yes ☐ No

Why? Successful implementation of quite a complex project design may yield useful lessons . Also, impact of training activities could be examined in more depth (see below)

9. Comments on Quality of ICR:

ICR quality is satisfactory . Since the government simultaneously carried out similar activities in non -project provinces it is, as noted in the ICR, more problematic than usual to identify the project effect (though it is not impossible to conduct impact evaluation). However, it is worthy of note that the annex tables show higher staff knowledge of health matters in non-project provinces (Table 2, though these differences may not be statistically significant - sample size and standard errors are not reported - most of the differences are very small, which is also worthy of note). This result is despite the fact that many more health workers have received training in project provinces (Table 1). The reasons for this difference could have been usefully discussed in the ICR (the region subsequently commented that the project provinces were selected partly on the basis of being poorer and less well-served so it is possible that the training actually helped reduce initial differences in staff knowledge)