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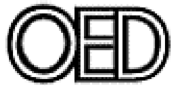

ICR Review

Operations Evaluation Department

Report Number : ICRR11398

1. Project Data:		Date Posted :	12/09/2002	
PROJ ID :	P008587		Appraisal	Actual
Project Name :	Health	Project Costs (US$M)	227	187
Country:	Poland	Loan/Credit (US$M)	130	95
Sector(s):	Board: HE - Health (100%)	Cofinancing (US$M)	14.7	
L/C Number:	L3466			
		Board Approval (FY)		92
Partners involved :		Closing Date	06/30/1999	03/31/2002

Prepared by :	Reviewed by :	Group Manager :	Group:	
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2. Project Objectives and Components

a. Objectives

The Project was restructured twice, with its components and planned and actual allocation of funds changing after each restructuring, but Project objectives remaining the same. These objectives were: (1) to improve health status by strengthening health promotion and prevention programs; (2) to support the first steps in restructuring the health sector by shifting the focus from institutional care to effective primary care through better trained primary care doctors and nurses; (3) to strengthen institutional capacity in policymaking, planning, management and evaluation by providing policymakers and managers access to improved information systems and management development; and, (4) to ensure sustainability of services and control costs in the health sector in the medium-term by improving effectiveness, efficiency and quality of service delivery in three project regions.

b. Components

Phase One of the Project (1992-1994) had four components, with 15 subcomponents. The four components and their estimated costs at appraisal/actual estimated costs were: Health Promotion (M$7.5/$0.1), Primary Health Care (M$38.3/$1.1), Health Management (M$46.3/$4.3), and Regional Health Services (M$90.5/$18.4). Phase Two (1994-2000) was downsized into two components with six subcomponents. The two components and their estimated and actual costs were: Regional Health Services ($M100/$124.7) and Health Management Development ($M77.2/$41.7). Phase Three (2000-2002) was revised to have six components: Health Promotion and Prevention (M$6/$5.5), Upgrading Long-Term and Palliative Care (M$5.3/$5.3), Training in Health Care Management (M$2.3/$2.4), Support for Health Care Reform (M$2.9/$2.9), Application Software (M$12.1/$10.9), and Procurement of Ambulances (M$5.7/$5.7).

c. Comments on Project Cost, Financing and Dates

After Phase One, $30 million was canceled. After Phase Two, $5 million was canceled. The original Government contribution was estimated at $66.2 million; actual Government contribution was $96.2 million. Costs by component are given in Section 2b. The project experienced slow start-up, early implementation difficulty, and two restructurings, which subdivide the project into three Phases. In large part because of initial start-up delays, the project closed three years later than originally planned.

3. Achievement of Relevant Objectives:

Phase One saw relatively little expenditure, ownership and achievement. The project was simplified and downsized in Phase Two, and was marked by more expenditure, and greater ownership and achievement, though this varied over time and by component. In Phase Three, project activities and components were both better aligned with, and catalytic to, overall health reform efforts, and Government ownership was higher. Because there was no monitoring and evaluation system, however, much of what can be said about project achievement of relevant objectives either relates to inputs, process or outputs, or is speculative. Several health promotion programs were judged to be highly satisfactory best practice

models, although effect on health status is not demonstrated. The primary care system was improved by establishing and equipping a large number of family practices in three project regions, and conducting a large amount of training. Institutional planning and management capacity was strengthened. A wide range of activities germane to improving effectiveness, efficiency and quality of service delivery were supported—though again, documentation of such outcomes is not provided.

4. Significant Outcomes/Impacts:

The Project in its latter stages became a significant vehicle for health sector reform, and enabled the Bank to engage in active and meaningful policy dialogue. Primary care was (presumably) improved by the project's establishing and equipping 272 family practices in three project regions and equipping over 70 hospitals and clinics; this resulted in coverage of a population of 800,000 (approximately 13% of the area population and 2% of Poland's overall population). Nationwide, 237 large hospitals were equipped to monitor admissions and discharges, and the capacity to monitor quality and use of pharmaceuticals was enhanced. A system of National Health Accounts was established. Over 9,000 managers and providers were trained in appropriate subjects relating either to primary health care, long-term palliative health care, or management of aspects of health sector reform. Long-Term and palliative care was upgraded, with almost 140 facilities equipped.

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

The project in its early stages was overly demanding and complex, as was the case in a number of initial health projects in ECA countries. While appropriate adjustments were made over time, an M&E system was never established, and, as the ICR itself notes, "key performance indicators were not established for Project activities"—a surprising fact and noteworthy shortcoming in a project that was restructured and downsized twice, most recently in 2000. In addition, the Project was not specifically aligned with reform efforts until its latter stages. Thus outputs, many of which are substantial, can be cited (as above), but larger outcomes related to impact are difficult to point to yet.

6. Ratings:	ICR	OED Review	Reason for Disagreement /Comments
Outcome:	Satisfactory	Satisfactory	
Institutional Dev .:	Substantial	Substantial	
Sustainability :	Likely	Likely	
Bank Performance :	Satisfactory	Satisfactory	
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 history and evolution of this project demonstrates a number of key lessons that other "first-generation" ECA projects have also demonstrated: (1) Government commitment is a sine qua non to successful outcome; (2) Overly-complex projects, especially in new countries and/or sectors, are recipes for failure, particularly if the Government is resistant to the idea that it lacks sufficient capacity to implement a complex and demanding project, including experience with the complexities of Bank procurement policies and procedures; (3) The Bank needs an on-the-ground presence and ample supervisory resources, especially in early phases of the project; and, (4) A well-conceived and well-implemented monitoring and evaluation system, with appropriate, measurable, and routinely measured indicators, needs to be in place at project design and then followed during implementation; otherwise it will not be possible to demonstrate project outcome and impact in any meaningful way.

8. Assessment Recommended? ○ Yes ● No

9. Comments on Quality of ICR:

This was a long, complex and continually evolving project, with different activity levels and performance at different times. It was thus difficult to succinctly capture project achievements, a difficulty exacerbated by the project's lack of an M&E system and key performance indicators. The ICR did a creditable job overall of assessing project performance and achievement. The ICR is fair in its judgments, provides what data it can to support them, and is largely consistent in the facts and interpretations it presents. The actual achievements and shortcomings of the project could have been presented in a more succinct fashion, perhaps aided by resort to tables. In a number of instances the text is difficult to understand (to point to just one example, see page 9's first paragraph under Objective 4). The ICR fails to mention as a Lesson

Learned the project’s failure to have an M&E system with useful outcome indicators tied to such aspects as improved health status and ongoing health reform.