Public Disclosure Authorized

Public Disclosure Authorized

Report Number : ICRR0020308

1. Project Data

Project ID P050716	Project Name UY Non Comm. Disease Prevention
Country Uruguay	Practice Area(Lead) Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IBRD-74860	31-Dec-2012	25,300,000.00
Bank Approval Date	**Closing Date (Actual)**	
28-Aug-2007	31-Dec-2015	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	25,300,000.00	0.00
Revised Commitment	25,300,000.00	0.00
Actual	19,821,502.17	0.00

Sector(s)
Health(77%):Central Government (Central Agencies)(23%)

Theme(s)
Injuries and non-communicable diseases(67%):Health system performance(33%)

Prepared by	Reviewed by	ICR Review Coordinator	Group
Judith Hahn Gaubatz	Judyth L. Twigg	Joy Behrens	IEGHC (Unit 2)

2. Project Objectives and Components

a. Objectives

According to the Loan Agreement (page 5), the project objective was to support the Borrower's efforts to further strengthen its health delivery services and the current health policy framework for NCDs [non-communicable diseases] through the expansion of access and the quality of primary health care services related to NCD early detection, and the provision of specialized medical care to avoid or reduce exposure to NCD risk factors and their health effects.

At the time of project restructuring in November 2012, at which point the Loan had disbursed US$ 11.4 million out of US$ 19.16 million, or 59.5%, several key outcome indicator targets were revised. Therefore, a split outcome rating is assessed for this project.

This review understands the project's objectives to have been "to further strengthen ... health delivery services for NCDs" and "to further strengthen ... the current health policy framework for NCDs." The elements of the objectives statement that follow, after the word "through," are understood to be outputs contributing to the achievement of these objectives.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

No

c. Components

1 Strengthening of the MSP's Capacity to Address the Country's Changing Epidemiological Profile (Appraisal: US$ 6.1 million; Actual: US$ 3.16 million): This component aimed to strengthen the capacity of the Ministry of Public Health (MSP) to improve essential public health functions related to non-communicable diseases (NCDs). The Directorate General of Health (DIGESA) was responsible for overall coordination of this component. Activities included: development of an integrated health information system, including epidemiological surveillance on NCDs and a monitoring system for performance of public and private providers; development of a national health promotion strategy to educate the public on NCD risk factors and promote healthy lifestyles; and development of regulatory frameworks to enhance effectiveness of NCD programs.
2 Improving Access to Quality Health Care Services for Prevalent NCDs in Public Primary Care Facilities (Appraisal: US$ 15.8 million; US$ 14.12 million): This component aimed to strengthen the capacity of the public health system to screen for NCDs, particularly hypertension, cardiovascular diseases, obesity, diabetes, and selected preventable cancers. ASSE, the government agency responsible for providing medical care to the uninsured, would be responsible for this component. Activities included: provision of technology and medical equipment to primary care facilities for detection and treatment of NCDs; development of modern management tools, including adoption of quality standards and improved referral systems; and training to health workers on NCD prevention, screening, and management.
3 Implementation of the Previniendo Pilot Program (Appraisal: US$ 3.8 million; US$ 1.18 million): This component aimed to implement a pilot program in three Departments to enhance NCD control and risk factor prevention through financial incentives. Health providers would provide a package of preventive interventions and activities to those in the risk population, and the health insurance providers would receive financial incentives based on screening outcomes. This component financed capitation payments from the Ministry of Public Health to participating health insurance entities in the public sector. Payments were based on the percentage of the eligible population that received initial screening for NCD risk factors.
4 Project Management (Appraisal: US$ 2.1 million; US$ 3.25 million): This component was to support the functions of the Project Support and Coordination Unit (PSCU), which would coordinate administrative processes for the project, as well as the impact evaluation and other studies.

d. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project cost

- The actual project cost was US$ 21.7 million compared to the appraised cost of US$ 28.8 million.
- Actual costs for Component 1 were US$ 3.16 million compared to the appraised amount of US$ 6.1 million. Actual costs for Component 3 were US$ 1.18 million, compared to the appraised amount of US$ 3.8 million. The apparent shortfalls were due to bureaucratic obstacles in approving counterpart financing for the project, although the government did absorb a number of the project activities into its own budget.

Financing/ Borrower contribution

- The project was financed by an IBRD Loan of US$ 25.3 million. A financing gap of US$ 3.5 million was identified at the time of project appraisal,

as the project had not been included in the government's 2005-2010 budget and therefore counterpart financing could not be officially approved for the project; however, the Borrower was expected eventually to provide financing, which amounted to US$ 2.6 million.

Dates

- *January 2008*: The Loan Agreement was amended to eliminate the commitment charges and interest waivers and to include default interest and the front-end fee amount.
- *November 2011*: The Loan Agreement was amended to redefine the "conversion rate."
- *November 2012*: The project design was revised to scale up the results-based pilot program nationwide and to modify targets for several key outcome indicators. Implementation arrangements were also modified to allow Cooperating Agencies to contract consultants and carry out technical assistance. The project closing date was extended from December 2012 to August 2014, to allow completion of revised activities.
- *August 2014*: The project closing date was extended from August 2014 to December 2015, to allow completion of activities.

3. Relevance of Objectives & Design

a. Relevance of Objectives

Uruguay is a middle-income country with socioeconomic indicators comparable to OECD [Organization for Economic Co-operation and Development] countries, including the adult literacy rate and life expectancy; it also has some of the highest human development indicators in the Latin America and Caribbean region. However, with the shifting demographic profile of the population (more than 13% of the population is older than 65 years old), the epidemiological profile has also shifted to a higher prevalence of non-communicable diseases (including hypertension, diabetes, obesity, colon cancer, breast cancer, and newborns with disabilities). Chronic illnesses have now surpassed infectious diseases as the leading causes of death. In 2003, cardiovascular disease accounted for one-third of deaths and cancer accounted for one-quarter of deaths, and chronic illness accounted for 75 percent of all lost disability-adjusted life years (as reported in the PAD, page 7). However, the country's health sector was fragmented with regards to policies, regulations and health information systems. Financial sustainability of the health care system was also a rising concern due to rapidly rising health expenditures, of which the treatment costs for NCDs has been a large factor. The project's objectives therefore supported a necessary shift in the prevailing health care model, emphasizing prevention of NCDs over high-cost treatment of acute illnesses.

The project objectives fit squarely within the the government's health sector reform agenda, which focuses on developing a strategy to better address NCDs and implementing health insurance reform to ensure financial sustainability as well as to address the disproportionate financial burden on the poor. The government's newly developed NCD strategy emphasizes increased regulation, health promotion, and prevention, focusing on the most prevalent NCDs and their risk factors. The Bank's Country Partnership Framework for FY2010-2015 identified improving social inclusion and equity as a key pillar, particularly through support to the government's health sector reform agenda.

The relevance of the project objectives under the revised targets remained High.

Rating	Revised Rating
High	High

b. Relevance of Design

Project design was Substantially relevant under the original targets. The objectives statement laid out the results chain for achieving the objective to strengthen health services delivery for NCDs through enhancing both primary and specialized care, emphasizing prevention, screening, and treatment/management. At appraisal, the Ministry of Public Health lacked a comprehensive information system for surveillance and monitoring of NCDs, and the network of providers was generally inadequately equipped (facilities and training) for NCD prevention. Therefore, the project design aimed to improve the supply and quality of NCD screening prevention services. With general knowledge about NCDs relatively low, the project design also addressed the demand for services with health promotion activities, although significant improvements were unlikely to materialize during the project period. The interventions were technically sound, according to international best practices on NCD prevention and risk factor prevention. The project design also considered the need to increase incentives

for providers to stress preventive interventions and screening, through introduction of a pilot results-based financing program. The pilot program was initially designed for public sector providers, particularly as the uninsured poor are disproportionately impacted by the high cost of health care for chronic illness.

Although the objectives statement itself did not address activities likely to enhance the health policy framework for NCDs, several of the key interventions described in the first component were plausibly and logically tied to achievement of this objective: the development of the integrated health information system, the national health promotion strategy to educate the public on NCD risk factors and healthy lifestyle choices, and new regulatory frameworks to enhance the effectiveness of NCD programs.

The relevance of the project design under the revised targets remained Substantial.

Rating	Revised Rating
Substantial	Substantial

4. Achievement of Objectives (Efficacy)

Objective 1

Objective
To further strengthen health delivery services for NCDs

Rationale
Outputs

- Development of a National Training Network on NCDs for primary health care workers, including content for training courses and training rooms. 2,579 primary health care workers received training in NCD prevention and care (target: 4,000). 122 primary health care establishments were certified and quality accredited on NCDs medical care ambulatory procedures. This fell short of the target of 200.
- Provision of medical equipment to primary health care facilities, including radiology and urology equipment and digital visualizers.
- Establishment of nine newborn disability early detection and treatment units (target: 5).
- Establishment of a digital mammography network to support breast cancer screening.
- Introduction of an electronic medical records system. 94.6% of ASSE beneficiaries were registered in the electronic medical records system.
- Implementation of Previniendo pilot program to incentivize preventive interventions and screening in three Departments (Treinta y Tres, Tacuarembó, and Rio Negro) from 2010-2012. According to the ICR, implementation of this pilot activity contributed to increasing a results-focus in the health sector and developing a verification mechanism to assess results in the field.
- Establishment of Annual Performance Agreements between the state health insurance provider and 100% of primary care providers (target: 85%).

Outcomes

- The percentage of diagnosed hypertension cases that were under follow-up care from primary care teams increased from 54.7% in 2006 to 62.6% in 2014. This achieved the target of 60.0%.
- The percentage of diagnosed diabetes cases that were under follow-up care from primary care teams increased from 63.9% in 2006 to 77.6% in 2014. This fell short of the target of 83.0%.
- The percentage of diagnosed obesity cases that were under follow-up care from primary care teams increased from 13.0% in 2006 to 34.3% in 2014. This fell short of the target of 50.0%.
- The percentage of newborns with disabilities being monitored by Early Detection and Treatment Units was 75.6%. This surpassed the target of

60.0%. The ICR reports that this activity was phased out of project support at the time of project restructuring, as the targets were achieved and the activity was fully institutionalized by the Ministry of Public Health.

- The percentage of women aged 50-69 years old and covered by the state health insurance that had a mammogram (in any given year) increased from 9.9% in 2006 to 11.6% in 2014. The original target was 45.0%, which represented the percentage of all women aged 50-69 years old, rather than only those covered by the state health provider.
- The crude mortality rate from "diseases of the circulatory system" for those in the population under 70 years old decreased from 75.2% in 2006 to 60.3% in 2014. This surpassed the target of 67.5%.
- As noted in the ICR (page 16), the rates of death related to diabetes and cancer remained constant. The impact of project intervention on these mortality outcomes may take longer than the project period to materialize.
- 1.32% of the population aged 45-64 years old and covered by public sector-provided care were screened for NCD risk factors. This fell far short of the target of 22.0%. The ICR (page 34) suggests that implementation shortcomings were attributable to the delayed start of activities, difficulties in establishing the project staff, overly optimistic targets, and protracted delays in incentive payments to insurers.
- The percentage of the participating population that screened for NCD risk factors and received follow up under the Previniendo guidelines was 0.8%. This fell far short of the target of 10.0%.

Achievement is rated Modest due to shortcomings in achieving targets for accreditation, screening, and follow-up care.

Rating
Modest

Revised Objective
To further strengthen health delivery services for NCDs (the objectives were not changed, but key outcome targets were revised downward)

Revised Rationale
Outputs

- 122 primary health care establishments were certified and quality accredited on NCDs medical care ambulatory procedures. This achieved the revised target of 100.
- In 2013, the Previniendo pilot program was expanded from the three initial Departments to nationwide.

Outcomes

- The percentage of diagnosed diabetes cases that were under follow-up care from primary care teams increased from 63.9% in 2006 to 77.6% in 2014. This achieved the revised target of 73.0%.
- The percentage of diagnosed obesity cases that were under follow-up care from primary care teams increased from 13.0% in 2006 to 34.3% in 2014. This surpassed the revised target of 20.0%.
- The percentage of women aged 50-69 years old and covered by the state health insurance that had a mammogram (in any given year) increased from 9.9% in 2006 to 11.6% in 2014. This fell short of the revised target of 20.0%.
- 36.7% of the population aged 45-64 years old and covered by the National Integrated Health System (public and private sector care) were screened for NCD risk factors. This achieved the target of 30.0%. According to the ICR (page 34), the requirement to use electronic medical records, while a key element of the sector reform efforts, led to some bottlenecks as health staff needed to be trained and authorized on the use of electronic medical records.

Achievement is rated Substantial due to the meeting of most revised targets for screening and follow-up care.

Revised Rating
Substantial

Objective 2

Objective
To further strengthen the current health policy framework for NCDs

Rationale
Outputs

- Conducting of Second National Risk Factors Survey for NCDs in 2014, a Burden of Disease study, a National Health and Expenditure Survey, and a survey on injuries from external causes.
- Development of a National Surveillance System on NCDs, which now ensures inclusion of NCDs in the general health surveillance system. This included the establishment of epidemiology units in 18 Departments.
- Partial integration of the databases of the four main health sector agencies (Social Security Bank, State Health Services Administration, National Resource Fund, Health Insurance Identification Database) and the internal Ministry of Public Health (MSP) databases into one National Health Information System. These included databases tracking life events, reportable diseases and health events, hospital infections and discharges, and national risk factors. The project also contributed to defining data sources, codifying and improving data quality, and developing guides on reportable diseases and life events.
- Training of 110 MSP personnel in the areas of health surveillance system usage, outbreak investigation, and data-based decision-making.
- Review and update of the regulatory framework affecting essential NCDs and risk factors.
- Establishment of a National Promotion Advocacy Group, with an additional 60 working groups.
- Support for legislation on healthy foods in schools.
- Support to the government's national anti-smoking campaigns.

Outcomes

- Development of a Strategic Plan for Health Promotion, Prevention, and Control of NCDs, which served as the precursor to the government’s Plan for the Prevention and Control of NCDs (2015-2025).
- Conducting of "healthy municipality strategies," including 36 health promotion subprojects related to NCDs and development of healthy spaces, by 16 Health Departments (target: 15).
- Conducting of "healthy school strategies" by 16.2% of public schools.
- Development of NCD quality standards for accreditation of primary health care facilities.
- 99.7% of communicable disease outbreaks reported by the surveillance system were managed at the local level according to norms. This achieved the target of 90.0%.
- 72% of Epidemiological Surveillance Units (ESUs) were in compliance with information reporting requirements of the health surveillance system. This fell short of the target of 85%.

Achievement of this objective is rated Substantial due to development of strategic planning, policy, regulatory, and surveillance processes at the national and municipal levels.

Rating

Substantial

Revised Objective
Neither this objective nor its associated key outcome targets were revised.

Revised Rationale
Neither this objective nor its associated key outcome targets were revised.

Revised Rating
Substantial

5. Efficiency

The discussion of efficiency in the Project Appraisal Document focused on the cost-effectiveness of NCD prevention vs. NCD treatment, and therefore the overall impact on resource allocation in the health sector. However, the discussion is of limited relevance for assessing project-level efficiency, as the benefits from NCD prevention activities in this project are longer-term: as noted in the ICR (page 18), the changes promoted by the project involved behavioral changes "that take time to show results" and thus "it is not possible to observe them during the project life." The ICR (Annex 3) does provide a cost-effectiveness analysis for the project's circulatory disease prevention activities (which can be considered to have short-term effects), as measured by the reduced mortality between 2008-2015. The number of deaths averted over the project period is estimated at 1344, of which 30%, or 403 deaths, is attributed to the project. The cost of the deaths averted was estimated at between US$ 334 to $2,371, which compares favorably at 5%-33% of average GDP per capita. (Note: total project cost was used in the analysis as it was not possible to separate out costs for only circulatory diseases.)

Efficiency in the use of project resources is also assessed by implementation issues. In the case of this project, there were significant implementation delays, which led to shortcomings in completing some activities and achieving targets. These delays were the result of internal bureaucratic and administrative processes, frequent turnover in project leadership, insufficient counterpart budget allocations, and inadequate implementing agency capacity. There was also a three-year extension of the project closing date.

Efficiency Rating
Modest

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 ☐Not Applicable
ICR Estimate		0	0 ☐Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Project under original targets – **Moderately Satisfactory**
Relevance of the project objectives is rated High, and relevance of the project design is rated Substantial. Achievement of the objective to strengthen health delivery services for NCDs is rated Modest due to shortcomings in achieving targets for accreditation, screening, and follow-up care. Achievement of the objective to strengthen the health policy framework for NCDs is rated Substantial due to development of strategic planning, policy, regulatory, and surveillance processes at the national and municipal levels. Efficiency is rated Modest.

Project under revised targets – **Moderately Satisfactory**
Same as above, except that achievement of the objective to strengthen health delivery services for NCDs is rated Substantial due to achievement of most revised targets for accreditation, screening, and follow-up care.

Overall outcome rating – **Moderately Satisfactory**
The project's overall outcome rating is Moderately Satisfactory, indicating moderate shortcomings in the project's preparation and implementation.

a. Outcome Rating
Moderately Satisfactory

7. Rationale for Risk to Development Outcome Rating

A number of the project activities were institutionalized over the course of the project period, including screening of newborn disabilities and the use of information systems. This institutionalization was facilitated by the project's implementation arrangements, which made use of existing implementing agencies, systems, and government budget. The government stated its continued commitment to the health sector reform efforts to increase focus on NCDs prevention. However, the sustainability of financing for health promotion and prevention, given the lack of follow up donor funding, remains unclear.

a. Risk to Development Outcome Rating
Modest

8. Assessment of Bank Performance

a. Quality-at-Entry
The project design drew upon prior analytic work on the country's health sector (*Health Sector Review*, 2005) and was highly consistent with the government's sector priorities. The implementation arrangements utilized existing structures in large part to ensure institutional development; however, this entailed learning and navigating "lengthy and overlapping" bureaucratic processes, which in some cases led to extensive delays (i.e. release of incentive payments to health insurers). The risk assessment did identify inadequate implementing agency capacity as a significant risk, but the mitigation measures proposed were ineffective. The risk assessment also failed to identify the critical issue of adequate budget allocation, which also had a significant negative impact on project achievements. The M&E design, while appropriately emphasizing the development of surveillance systems, had some shortcomings including weak formulation of indicators and inaccurate baseline figures.

Quality-at-Entry Rating
Moderately Unsatisfactory

b. Quality of supervision
There were significant implementation delays, largely linked to the project implementation arrangements. As noted previously, the utilization of existing administrative structures meant that the Bank team had to work through lengthy internal bureaucratic processes. Also, the

compensation mechanism established for project staff required Bank legal and fiduciary approval as well as the development of a country regulatory framework. However, the Bank team took constant proactive measures to improve project implementation, including shifting more procurement, contracting and other administrative responsibilities to the PSCU, establishing Cooperation Agency Agreements to carry out technical assistance activities, and providing additional training in fiduciary issues. Revisions to the M&E framework were also undertaken at project restructuring.

There appears to have been a lack of candor in project ratings, as ratings for development objective and implementation progress were almost entirely in the satisfactory range for the entire project period, despite obvious problems in project execution.

Quality of Supervision Rating
Moderately Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. Assessment of Borrower Performance

a. Government Performance

The government was strongly committed to prioritizing NCD prevention and providing a supportive policy and regulatory environment. However, there were multiple changes in government administration during the project period (three different government administrations and five Ministers of Health), resulting in high turnover in project leadership. According to the ICR (page 8), "project ownership initially decreased to then recover with each change in government… the turnover forced the PSCU and the WB team to repeatedly present and obtain support for the project from new incoming authorities."

In addition, lack of sufficient counterpart budget was a recurring issue and, according to the ICR (page 8), was the main cause behind incomplete loan disbursement. The project budget had not been included in the government's 2005-2009 budget, and therefore, due to the country's regulations, procurement and consultant processes could not be launched in a timely manner. Additional factors, such as bureaucratic procedures for procurement and hiring, and subsequent decisions by the Ministry of Economy and Finance to allocate less budget to the project than required due to fiscal constraints, also contributed to significant implementation delays. In 2015, the decision to not increase project budget forced the PSCU to cancel several procurement processes that were ready to launch and that would have likely led to greater extent of project achievements. Lastly, although the need to restructure the project was clearly identified after the mid-term review at the end of 2010, the ICR (page 8) indicates that new authorities took office in the second half of 2011 and undertook a review of the Previniendo program. This review led to more revisions to the restructuring proposal which was then finally submitted to the Bank in September 2012.

Government Performance Rating
Moderately Unsatisfactory

b. Implementing Agency Performance

The project was directly implemented by the Ministry of Public Health (MSP), with some administrative support from a Project Support and Coordination Unit (PSCU). Within the MSP, implementation responsibility was divided into varying directorates, all of which had limited experience with Bank requirements, particularly in procurement. During the initial project period, there were delays in contracting technical staff and procurement of goods, as well as high turnover in project staff (including 14 different general directors from the three project agencies). However, increased staffing and staff time dedicated to the project, alongside intensive Bank support, helped to improve fiduciary performance. The MSP responded to the ongoing budget allocation issues from the government by providing "local" financing for several key project activities, including health promotion campaigns and support to newborn disability screening. The ICR (page 8) notes that this contributed to the institutionalization of such activities. There were no major problems reported in the ICR on safeguards or financial management performance.

Implementing Agency Performance Rating
Moderately Satisfactory

Overall Borrower Performance Rating
Moderately Satisfactory

10. M&E Design, Implementation, & Utilization

a. M&E Design

The results framework had several shortcomings. There were a high number of indicators – combined key outcome and intermediate outcome indicators - which created a challenge for tracking. Some indicators (percentage of diagnosed hypertension, diabetes, obesity cases that were under follow-up care) were based on inaccurate preliminary data that subsequently had to be revised along with their target figures. These key outcome indicators also did not fully capture the intended outcome of whether the quality of patient care and actual patient health improved. Other indicators on quality were inadequate. As noted in the ICR (page 10), several quality-related intermediate indicators were dropped due to difficulties in obtaining the data and the low number of cases, which resulted in large variability in performance.
The project design focused on the development of a NCD surveillance and monitoring system, which was a critical element but implied that some data could not be collected until the system was functional. An impact evaluation of the Previniendo pilot was planned.

b. M&E Implementation

The 2012 project restructuring included a significant streamlining of the results framework. In particular, a large number of intermediate indicators were dropped and inaccurate figures were updated. The development of various monitoring systems, as well as the integration of several existing databases into a unified system, was partially completed, and contributed to further institutionalization of monitoring systems in the MSP. The planned impact evaluation of the pilot activity did not take place, although the government made the decision to scale up the program nationwide.

c. M&E Utilization

According to the ICR (page 11), while monitoring data were used to measure project progress and identify problems, the data could have been used more extensively to inform and accelerate decision making by the MSP.

M&E Quality Rating
Modest

11. Other Issues

a. Safeguards

The project was classified as an Environmental Category “B” project due to medical waste and provision of medical equipment. The safeguard policy on Environmental Assessment (OP/BP 4.01) was triggered. The project’s environmental appraisal noted that the government already had adequate legislation and practices in place to manage medical waste. Nevertheless, the MSP prepared a specific package of mitigation measures for the project, which met Borrower requirements in response to the safeguard policy. The ICR (page 12) reports that no significant negative environmental impacts were identified during the project period.
During the project period, new environmental legislation was passed that required the development of mandatory health care waste management plans by health providers. The project provided support in developing guidelines for these waste management plans and assessing the current state of waste management in the country; however, contracting of consultants to carry out these activities was delayed until the last year of the project period, and therefore, a health care waste management plan for this project was not implemented.

b. Fiduciary Compliance

Financial management: The project utilized the existing public financial management systems, and also had all public expenditure payments subjected to ex-ante controls by the Accountant General Office and the Court of Auditors. The ICR (page 12) reports that these overlapping controls along with cumbersome administrative procedures led to some delays in financial management reporting and provision of documentation. There were no major problems reported in financial management, although the ICR does not report on any audit results.

Procurement: The initial project period was marked by extensive procurement delays, due to limited experience of the implementing agencies with Bank procedures, along with additional Borrower requirements for reviews. As reported above, revision of implementation arrangements included shifting more responsibility for procurement to the PSCU, along with procurement training by the Bank, which improved the procurement performance. The ICR (page 12) reports that there were no major issues found in post review procurement missions.

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

---

12. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Satisfactory	Moderately Satisfactory	---
Risk to Development Outcome	Modest	Modest	---
Bank Performance	Moderately Satisfactory	Moderately Satisfactory	---
Borrower Performance	Moderately Satisfactory	Moderately Satisfactory	---
Quality of ICR		Substantial	---

Note
When insufficient information is provided by the Bank for IEG to arrive at a clear rating, IEG will downgrade the relevant ratings as warranted beginning July 1, 2006.
The "Reason for Disagreement/Comments" column could cross-reference other sections of the ICR Review, as appropriate.

13. Lessons

Lessons drawn from the ICR, adapted by IEG:

- Successful project monitoring requires a results framework to be clear and concise, with a manageable number of key relevant, well-defined and measurable indicators. In the case of this project, the results framework had some shortcomings including inaccurate baseline data, and inadequate definitions or capture of intended outcomes, which led to significant revisions more than halfway through the project period.
- Government budget processes and decisions, external to the project arrangements, can have negative impact if not properly taken into account. In the case of this project, the five-year budget cycle caused great difficulty in ensuring timely and formal budget allocations to the project, which led to significant implementation shortcomings.

14. Assessment Recommended?

Yes

Please explain

To verify the sustainability of activities and any outcomes in NCD prevalence, as well as to learn lessons from one of the first exclusively NCD-focused projects in the Bank.

15. Comments on Quality of ICR

The ICR is well focused on results, despite the project's expansive results framework. The quality of the evidence and analysis are overall satisfactory, although the discussion of the Previniendo pilot program would have benefitted from more clarity about the results chain.

a. Quality of ICR Rating
Substantial