



Essential Health Services Access Project (P149960)

EAST ASIA AND PACIFIC | Myanmar | Health, Nutrition & Population Global Practice |
IBRD/IDA | Investment Project Financing | FY 2015 | Seq No: 4 | ARCHIVED on 03-Jun-2016 | ISR23407 |

Implementing Agencies: Ministry of Health

Key Dates

Key Project Dates

Bank Approval Date:14-Oct-2014

Effectiveness Date:08-Apr-2015

Planned Mid Term Review Date:01-Dec-2016

Actual Mid-Term Review Date:--

Original Closing Date:30-Jun-2019

Revised Closing Date:30-Jun-2019

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

The Project Development Objective (PDO) is to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health (MNCH).

Has the Project Development Objective been changed since Board Approval of the Project Objective?

No

Components

Name

Component 1: Strengthening Service Delivery at the Primary Health Care Level:(Cost \$84.00 M)

Component 2: Systems Strengthening, Capacity Building, and Project Management Support:(Cost \$16.00 M)

Component 3: Contingent Emergency Response

Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	● Moderately Satisfactory	● Moderately Satisfactory
Overall Implementation Progress (IP)	● Moderately Satisfactory	● Moderately Satisfactory
Overall Risk Rating	● High	● High



Implementation Status and Key Decisions

Overall Implementation progress is advancing in the right direction, albeit with some delays.

Component 1: Implementation progress is well, but more could be done to facilitate to ensure efficient and effective use of the health facility grants, by improving communications at all levels and with community, strengthening planning at the facility level and township level, and addressing public financial management constraints.

Public financial management capacity building and mentoring and fund flow of facility grants are proceeding as planned, and utilization at the level below the township are taking place according to Financial Management SOP with the help of a directive/circular from Central to Lower levels. Funds have been channeled from Central level to States/Region and township health departments and then to the public sector's health facilities at township and below. Basic health staff and managers of facilities at township and lower level appreciate the additional funds to cover their operation costs, in particular travel associated with outreach, household visits, supervision, and community engagement. All townships have received training in financial management and fund flow arrangements in Naypyitaw and have organized subsequent trainings at township level with basic health staff (BHS). The training on participatory township health planning and budgeting, and DLI monitoring and reporting was also carried out for the first batch of 65 townships for their 2016/17 micro-plans.

Department of Public Health (DPH) has channeled the funds to townships according to the formula in November 2015, accompanied by a clear spending instruction letter; Township Health Departments have then given the facility grants, as planned, to Rural Health Centers, Urban Health Centers, Maternal and Child Health Clinics, and School Health programs. Some Township Medical Officers (TMO) or Medical Superintendents (MS), and Financial Clerks, are being very proactive about how they disburse those grants, resulting in timely and flexible disbursement to service providers. Department of Medical Services (DMS) has channeled the funds to township and station hospitals as part of the routine disbursement process for the national budget. However, there was not an instruction letter to inform the townships about the additional IDA funds and the disbursed amount of operational budget to these hospitals fell short of the agreed allocation formula. TMO/MS of the township hospitals and Station Medical Officers (SMOs) of station hospital mentioned no noticeable difference in the fund flow and operational budget.

Component 2: Implementation progress is uneven. Notable progress has been made in capacity building of basic health staff and township and state/region health departments in financial management, community engagement, and planning. Communications about UHC is also proceeding well, and the skills-building of midwives on basic emergency obstetric care is well on target. In addition, many teams across the Ministry has contributed to the definition and costing of the essential package of health services. The Bank is supporting this process with technical assistance financed by the 3MDG Fund. Furthermore, the mission is pleased to have received the implementation plans for 2016-2017.

Implementation lags are noted, however, in health care waste management activities and training of basic health staff in integrated management of childhood illnesses. In addition, there are some activities which were postponed to Year 2, which included awarding scholarships on health economics and health financing. MOH would need to soon make decision about the courses and establish a selection committee and clear criteria.



Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	--	● High	● High
Macroeconomic	--	● Substantial	● Substantial
Sector Strategies and Policies	--	● Moderate	● Moderate
Technical Design of Project or Program	--	● High	● High
Institutional Capacity for Implementation and Sustainability	--	● High	● High
Fiduciary	--	● Substantial	● Substantial
Environment and Social	--	● High	● High
Stakeholders	--	● Substantial	● Substantial
Other	--	--	--
Overall	--	● High	● High

Results

Project Development Objective Indicators

► Townships in which the township hospital and at least 60% of other Health Facilities have met a minimum readiness level of 14 out of 20 to provide essential MNCH services (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	300.00



Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019
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Comments

The DLI report expected on May 31 will provide the actual data for 2016.

► Children under 6 months who are being exclusively breast-fed (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	24.00	24.00	24.00	40.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

► Deliveries which are followed by adequate postnatal care (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	78.00	78.00	78.00	85.00
Date	01-Jun-2014	30-Sep-2015	30-Sep-2015	30-Jun-2019

Comments

HMIS data shows that in 2014, the percentage of deliveries receiving adequate postnatal care is 85.2 and in 2015 it increased to 87.6. DHS is still ongoing.

► Deliveries with skilled birth attendant (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	71.00	71.00	76.00	82.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

Overall Comments

Intermediate Results Indicators



► Townships where data quality assessments are carried out (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	34.00	34.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

► Townships in which the township hospital and atleast 80% of other health facilities have received Health Facility Grants in accordance with Project Operations Manual (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	300.00
Date	01-Jun-2014	30-Sep-2015	30-Sep-2015	30-Jun-2019

► Townships where atleast 60% of the health facilities had no stock-out of supplies in the past year. (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

► Townships in which atleast 80% of required number antenatal and postnatal visits and deliveries have been carried out by basic health staff (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019



► Townships in which the Township Health Departments have prepared an integrated and inclusive Township Health Plans (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	34.00	50.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

► Essential Package of Health Services including quality standards defined, costed, approved, and publicly communicated (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	N	Y	Y
Date	01-Jun-2014	30-Sep-2015	30-Mar-2016	31-Mar-2016

Comments

Draft has been completed. It is under review by the new leadership of the Ministry.

► Health Financing Strategy for UHC developed, approved, and communicated (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	N	Y	Y
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	31-Mar-2017

Comments

Draft UHC financing roadmap was developed by the National League for Democracy Health Transition team. The draft is being considered by the senior officials of the Ministry.

► Townships in which at least 60% of midwives have been trained to deliver BeMOC and IMCI (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	30.00	50.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019



► Communications strategy developed and implemented (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	N	Y	Y
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

Comments

Draft has been completed.

► Townships in which all rural health centers and atleast 50% of subcenters have been supervised atleast twice in a fiscal year by Township Health Department using checklist (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

► Health Care Waste Management guidelines and policy developed and implemented (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	N	N	Y
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019

► Township in which township health department have been supervised at least twice in a fiscal year by State/Region Health Department officials using checklist (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	300.00
Date	01-Jun-2014	30-Sep-2015	31-Mar-2016	30-Jun-2019



► Improved supervision (supervision standards and checklists developed) (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	Y	Y	Y
Date	01-Jun-2014	30-Sep-2015	30-Sep-2015	31-Dec-2015

► Service readiness scorecard implemented (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	Y	Y	Y
Date	01-Jun-2014	30-Sep-2015	30-Sep-2015	30-Dec-2015

► Improved fund flows (recurrent) to front line health facilities--Training on guidelines developed (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	Y	Y	Y
Date	01-Jun-2014	01-Sep-2015	01-Sep-2015	01-Apr-2015

Overall Comments

Data on Financial Performance

Disbursements (by loan)

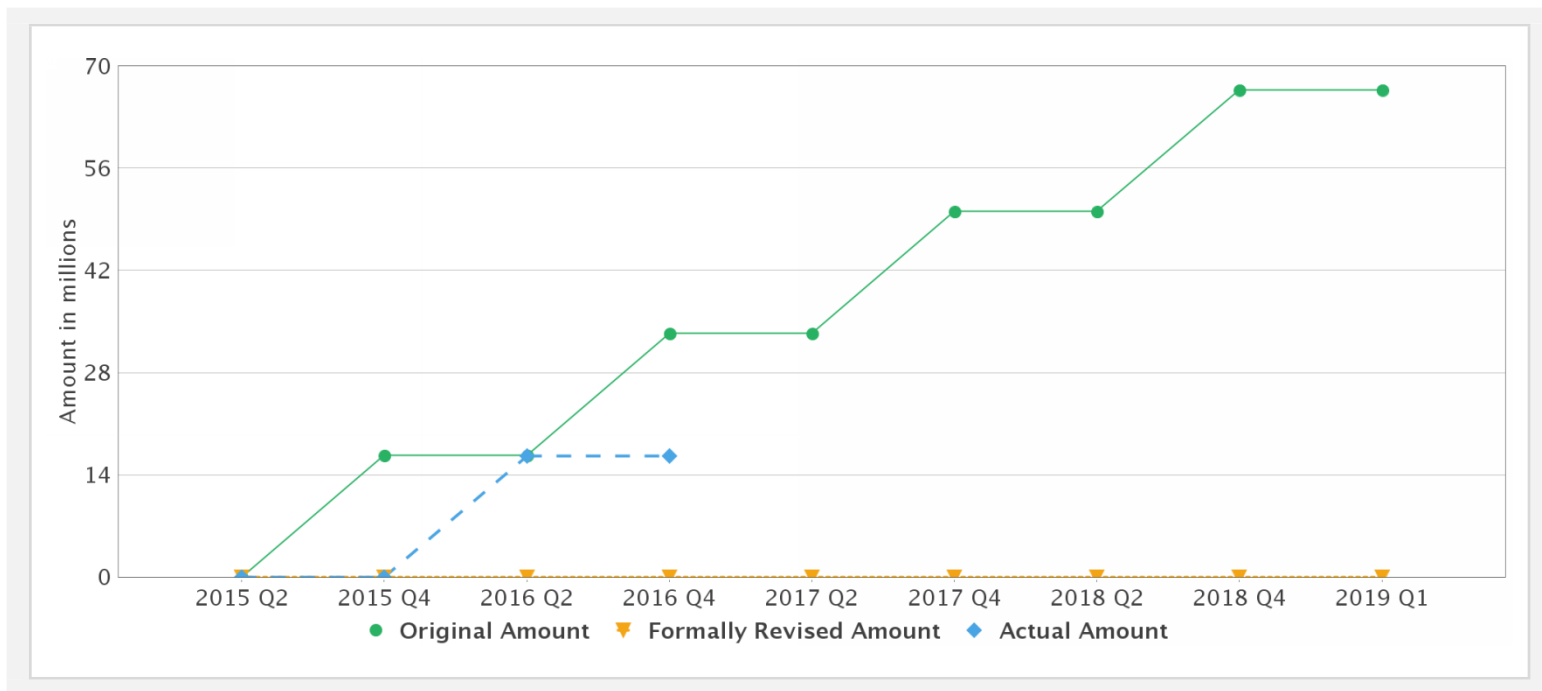
Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	Disbursed
P149960	IDA-55420	Effective	XDR	65.40	65.40	0.00	16.58	48.82	25%

Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P149960	IDA-55420	Effective	14-Oct-2014	05-Feb-2015	08-Apr-2015	30-Jun-2019	30-Jun-2019



Cumulative Disbursements



Restructuring History

Level 2 Approved on 12-May-2015

Related Project(s)

P160208-Essential Health Services Access Project