## 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: 2 | ARCHIVED on 11-Aug-2015 | ISR20344 |

Implementing Agencies: Ministry of Health

## **Key Dates**

### **Key Project Dates**

Board Approval date:14-Oct-2014

Planned Mid Term Review Date:01-Dec-2016

Original Closing Date:30-Jun-2019

Effectiveness Date:08-Apr-2015
Actual Mid-Term Review Date:-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?

## Components

Name

Public Disclosure Authorized

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	<ul><li>Satisfactory</li></ul>	<ul><li>Satisfactory</li></ul>
Overall Implementation Progress (IP)	<ul><li>Satisfactory</li></ul>	<ul><li>Satisfactory</li></ul>
Overall Risk Rating		• High

### Implementation Status and Key Decisions

The IDA Credit was signed by the Government of Myanmar in February 5, 2015 and became effective on April 8, 2015. There was a delay with disbursement, as fund flow and institutional arrangement had changed as the result of the restructuring of the Ministry. The first disbursement took place in July 2015.

Despite the disbursement lag, the overall implementation progress is steady, with some advances being made in building capacity, laying the groundwork for reforms to achieve Universal Health Coverage, initiating key actions in procurement and financial management and selecting the project communications theme and logo. Operations Manual, together with the Financial Management guidelines, were revised to align with the new organizational structure of the Ministry. Some key deliverables include FM training materials, development of a training approach and plan to scale up FM training nationwide, skills building of Central level finance officers. The Ministry also has established a very high level Project Steering Committee involving the Deputy Minister as the Patron, and a Director-General as a chair. In the area of procurement, MOH staff were trained and supported on preparing two key procurement packages, including the recruitment of an independent verification firm. The Ministry has established clear focal points and teams, responsible specifically to undertake FM and procurement actions. This is particularly important as the project does not have a Management or Implementation Unit.

With expanded TA and peer-to-peer exchanges supported by the World Bank and other development partners, the Ministry has commenced the process to develop an explicit package of health services for UHC and is considering the reform agenda for the health financing system. These are the critical initial steps along the UHC pathway and the commitment of the government and non-governmental actors to UHC remains high.

One of the issues in need of greater attention and support is the M&E. It would be of utmost importance to closely monitor the project implementation-seeing what works and what does not and adjust accordingly--at all levels (central, State/Region, and township) and continuously assess the progress towards Disbursement Linked Indicators, service delivery readiness and development objectives. Hence, key actions are now needed to operationalize the M&E plan.

## **Risks**

## **Systematic Operations Risk-rating Tool**

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance			• High
Macroeconomic			<ul><li>Substantial</li></ul>
Sector Strategies and Policies			<ul><li>Moderate</li></ul>
Technical Design of Project or Program			<ul><li>High</li></ul>
Institutional Capacity for Implementation and Sustainability			<ul><li>High</li></ul>
Fiduciary			<ul><li>Substantial</li></ul>
Environment and Social			<ul><li>High</li></ul>
Stakeholders			<ul><li>Substantial</li></ul>
Other			
Overall			• 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			300.00
Date	01-Jun-2014			30-Jun-2019

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

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	24.00			40.00
Date	01-Jun-2014			30-Jun-2019

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

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

▶ Deliveries with skilled birth attendant (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	71.00			82.00
Date	01-Jun-2014			30-Jun-2019

#### **Overall Comments**

No new data is available; we are awaiting for the completion of the Demographich and Health Survey and Service Availability and Readiness

Assessment. DHS results are not expected to be released until the end of the year.

### **Intermediate Results Indicators**

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	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00			300.00
Date	01-Jun-2014			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			300.00
Date	01-Jun-2014			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			300.00
Date	01-Jun-2014			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			300.00
Date	01-Jun-2014			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			300.00
Date	01-Jun-2014			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			Υ
Date	01-Jun-2014			31-Mar-2016

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

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N			Υ
Date	01-Jun-2014			31-Mar-2017

## ▶ 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			300.00
Date	01-Jun-2014			30-Jun-2019

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N			Υ
Date	01-Jun-2014			30-Jun-2019

▶ 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			300.00
Date	01-Jun-2014			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			Υ
Date	01-Jun-2014			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			300.00
Date	01-Jun-2014			30-Jun-2019

▶ Improved supervision	(supervision standards and	checklists developed)	(Yes/No. Custom)
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	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N			Υ
Date	01-Jun-2014			31-Dec-2015

### ▶ Service readiness scorecard implemented (Yes/No, Custom)

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

### **Overall Comments**

### **Data on Financial Performance**

## **Disbursements (by loan)**

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	Disburs	ed
P149960	IDA-55420	Effective	XDR	65.40	65.40	0.00	16.58	48.82	25	5%
Key Dates (by Ioan)										
Project	Loan/Credit/TF	Status	Approval Date	e Signir	ng Date I	Effectiveness [	Date Orig.	Closing Date	Rev. Closing Date	
P149960	IDA-55420	Effective	14-Oct-2014	05-Fe	b-2015 (	08-Apr-2015	30-Ju	n-2019	30-Jun-2019	

### **Cumulative Disbursements**



# **Restructuring History**

Level 2 Approved on 12-May-2015

## Related Project(s)

There are no related projects.