



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: 3 | ARCHIVED on 16-Nov-2015 | ISR21211 |

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	● Satisfactory	● Moderately Satisfactory
Overall Implementation Progress (IP)	● Satisfactory	● Moderately Satisfactory
Overall Risk Rating	● High	● High



Implementation Status and Key Decisions

As noted in July 2015, there were significant delays in credit effectiveness and first disbursement. The project was approved by the WB Board in October 14, 2014, and by the Cabinet in January 2015, the Financing Agreement signed in February 5, 2015, and the Credit declared effective on April 8, 2015. The first Withdrawal Applications were sent by MOH to WBG on July 3, 2015 and the first disbursements made into the Designated Accounts (DAs) of MOH on July 24, 2015. The lag between effectiveness and disbursement was due to several reasons: (i) although the reorganization had been known for several months, the new organizational structure of MOH was only officially recognized and communicated on April 9, 2015; (ii) the project then had to be restructured—with amendment to the disbursement letter—to reflect the new structure with new designated accounts; and (iii) internal clearances required within the GoM to open the new DAs with the new fund flow arrangements.

Implementation progress at this time is modest, with some progress and some delays seen across the Components 1 and 2. Greater oversight of the Project Steering Committee (PSC) is needed to boost implementation, and keep a close monitoring of the progress towards Disbursement Linked Indicators (DLIs).

Component 1: Implementation progress is mix; financial management capacity building and fund flow are proceeding as planned, but utilization has not occurred at the level below the township according to FM SOP due to lack of directive or communication from Central to Lower levels. FM capacity building program is proceeding well, and the average approved non-salary operational budget (codes 02 to 06) for FY 2015 - 2016 by facilities are in line and in some cases, the amount exceeding the agreed formula, except for school health teams and MCH clinics. A clear communication, such as a Circular, from Central level to States/Regions and Townships is needed to start effective utilization of the funds.

Component 2: Implementation progress is uneven. With high level leadership from MOH and strong technical support from the World Bank and other development partners such as WHO, some activities under Component 2 are advancing well, namely development of essential package of health services, and completion of FM guidelines and commencement of FM capacity building and mentoring program. Skills building of basic health staff, in particular mid-wives, on Basic Emergency Obstetric and Neonatal Care (BEmONC) has had a promising start and expected to be scaled up nationwide by next year. Some activities of Component 2 have lagged, mainly for two reasons: (i) limited familiarity with utilization of IDA funds; and (ii) changes in personnel, given the MOH reorganization. A revised consolidated implementation plan for 18 months (remaining months of this FY and next FY) is being prepared. This plan is expected to prioritize areas with direct links to DLIs, the Results Framework and application of safeguards.

Component 3 Progress is on track. Operations Manual has been developed and is awaiting decision with respect with use of IDA funds from this project.

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	300.00
Date	01-Jun-2014	--	30-Sep-2015	30-Jun-2019

Comments

This is a DLI. Target for Year One is 50 townships. Data will be compiled in March of every year.

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

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

Comments

Will be updated by December 2016 when DHS data has been analyzed.

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

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	78.00	--	78.00	85.00



Date	01-Jun-2014	--	30-Sep-2015	30-Jun-2019
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Comments

Will be updated when DHS data has been analyzed, expected December 2016.

► Deliveries with skilled birth attendant (Percentage, Custom)

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

Comments

Will be updated when DHS data has been analyzed, expected by December 2016.

Overall Comments

Demographic and Health Survey has been further delayed due to the need to remove some restrictions of access to some geographical areas. MOH and USAID do not expect the top line findings to be released until second half of 2016 (a push back from December 2015). Therefore, updating of the PDO level indicators (namely, deliveries with skilled birth attendant, deliveries followed up by adequate post natal care, and exclusive breast-feeding) will not occur until next year.

Preliminary results of the Service Availability and Readiness Assessment (SARA) were released at the end of September. It is a nationally representative facility survey. As it is not a census of facilities, the results cannot be directly applied to the PDO indicator of township in which 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. MOH has agreed to develop a comprehensive facility database to keep track of service availability and readiness for medium term monitoring.

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	300.00
Date	01-Jun-2014	--	30-Sep-2015	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	300.00
Date	01-Jun-2014	--	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	300.00
Date	01-Jun-2014	--	30-Sep-2015	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	300.00
Date	01-Jun-2014	--	30-Sep-2015	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	300.00
Date	01-Jun-2014	--	30-Sep-2015	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
Date	01-Jun-2014	--	30-Sep-2015	31-Mar-2016

Comments

Essential package development is underway in terms of definition and assessment of service availability and readiness. It has yet to be finalized.

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

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	--	N	Y
Date	01-Jun-2014	--	30-Sep-2015	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	--	30.00	300.00
Date	01-Jun-2014	--	30-Sep-2015	30-Jun-2019

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

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

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

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



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

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

Overall Comments

The DLIs will be updated annually at the end of the Government's Fiscal Year, March/April. Some of the non-DLIs are progressing well. Some have been achieved, for example, supervision checklist, service readiness scorecard and training guidelines on FM for front-line facilities. Others are not noted as achieved given more work is needed. This includes development of essential package of health services, input for health financing strategy, and communications/advocacy strategy.

Data on Financial Performance

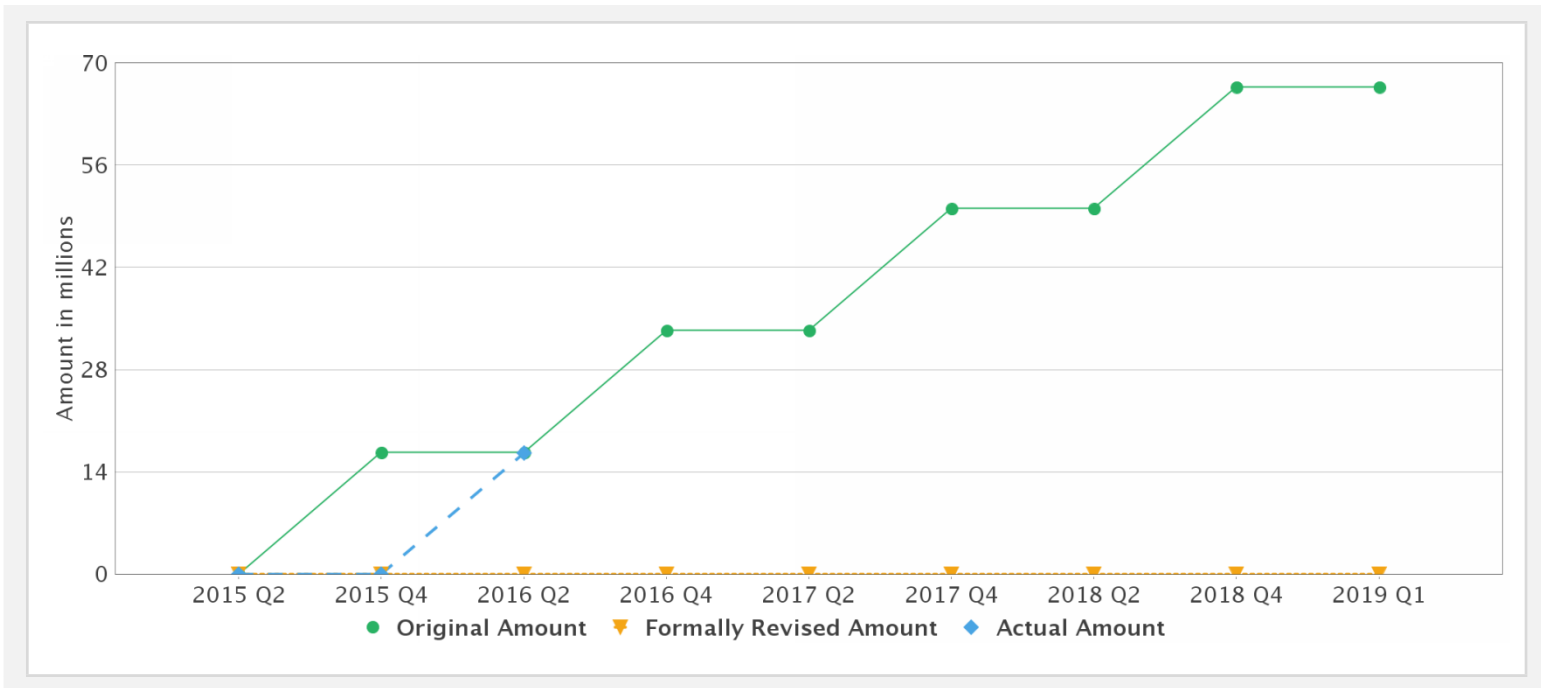
Disbursements (by loan)

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)

There are no related projects.