Implementation Status & Results Romania Health Sector Reform 2 Project (APL #2) (P078971)

Operation Name: Hea	alth Sector Reform	2 Project (APL #2) (P078	8971) I	Project Stage:	Implementation	Seq.No: 16	Status: ARCHIVED	Archive Dat	e: 29-May-201
		Country: Roma	ania		Approval FY	: 2005			
Product Line: IBRD/ID	A	Region: EUR	OPE AND CENTR	CENTRAL ASIA Lending Instrument: Adaptable Program Loan					
Implementing Agency((ies):								
Key Dates									
Board Approval Date	16-Dec-2004	Original Closing Date	31-Dec-2009	Planne	d Mid Term Review Dat	te 26-Sep-200	07 Last Archiv	ed ISR Date 2	29-Dec-2012
Effectiveness Date	27-Jun-2005	Revised Closing Date	31-Dec-2013	Actual I	Mid Term Review Date	26-Sep-200	07		

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

The objective of the overall APL Program are as follows: (a) improve efficiency and equity in the planning and regulation of the health service delivery system; (b) reduce preventable deaths among emergency medical cases; (c) improve access and quality health care in poor and remote areas; and (d) help the Romanian health sector to better focus on priority public health problems, thereby reducing preventable illness and deaths. The specific objectives of Phase 2 are as follows: (i) Provide more accessible services, of increased quality and with improved health outcomes for those requiring maternity and newborn care and emergency medical care; and (ii) Provide support for the preparation of the primary health care strategy.

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

○ Yes ● No

Component(s)

Component Name	Component Cost	
MATERNITY AND NEONATAL CARE	104.87	
EMERGENCY CARE SERVICES	47.23	
NATIONAL HEALTH ACCOUNTS AND PLANNING	0.52	
PROJECT MANAGEMENT	3.85	
PRIMARY HEALTH CARE	3.00	

	Previous Rating	Current Rating
Progress towards achievement of PDO	Satisfactory	Satisfactory
Overall Implementation Progress (IP)	Satisfactory	Satisfactory
Overall Risk Rating	Moderate	Moderate

Implementation Status Overview

Public Disclosure Authorized

[>]ublic Disclosure Copy



A fifth extension of the closing date from March 15, 2013 to December 31, 2013, was granted to allow the completion of a financial impact assessment and enable the undertaking of some technical assistance activities in support of the preparation of a proposed newoperation in the health sector. The total level of payments under the project has reached EUR 61.5 million (approx 94.5 % of the total loan funds). The Project is expected to be fully disbursed by its new closing date.

Overall progress towards achieving the Project Development Objectives remains satisfactory. Though the targets for PDOs and Intermediate Indicators have been exceeded in several areas, sole attribution to the Project should be read with caution since the civil works for the rehabilitation of maternities under the Project has been delayed. The great majority of these works (almost 90%) is being co-financed by the European Investment Bank (EIB). Besides the delays in the rehabilitation works caused by the revision of the architectural designs, their implementation is also hampered by the lack of adequate counterpart funds affecting the disbursements of the EIB financed loan.

With the support of the activities developed under Component 1 of the Project (Maternity and Neonatal Care), the Ministry of Health has developed maternal and neonatal referral system which ensures that women and newborns have access to appropriate levels of care complexity. Thus, with the support of the medical equipment purchased under the Project, the system now can provide an effective integrated modern prenatal, delivery and postpartum care, to both low and high risk pregnant women as well as high quality neonatal care. The implementation of the Integrated Emergency Health Care System supported by the Project became a best practice in the region, and several other countries are currently learning from this experience.

The second major PDO, namely the preparation of the strategy for the development and provision of primary health care services in under-served areas, has also been completed. The strategy is expected to be approved by the Government shortly.

Locations

No Location data has been entered

Results

Project Development Objective Indicators

Indicator Name	Core	Unit of Measure		Baseline	Current	End Target
Maternal Mortality (MM) and Rate (MMR) (NEW)		Text	Value	MM: 52 MMR: 0.24/1000	MMR: 0.053/10000.19/100025-Feb-201315-Mar-2013Target exceeded in 2012. Data for 2012 available for all 12 months but not yet validated by the NSI.Target exceeded or 	20% decrease MMR: 0.19/1000
			Date	31-Dec-2004	25-Feb-2013	15-Mar-2013
			Comments	MMR: 0.24/1000MMR: 0.053/10000.19/100031-Dec-200425-Feb-201315-Mar-2013IntsTarget exceeded in 2012. Data for 2012 available for all 12 months but not yet validated by the NSI.Target exceeded during the 		
Neonatal deaths and rate		Text	Value		Data for 2012 available for all 12 months but not yet validated by the NSI.project life. The MM a wide decreased by 882068 (1000Deaths: 673 Rate: 4.5/100025% decrease from b Deaths: 1551 Rate: 7.2/100000425-Feb-201315-Mar-2013	
			Date	31-Dec-2004	25-Feb-2013	15-Mar-2013
			Comments		Target exceeded in 2012. Data for 2012 available for all 12 months but not yet validated by the NSI.	The neonatal deaths decreased from 2004 to 2012 by 67,5%. Target exceeded during the project life.

Post-neonatal deaths and rate		Text	Value	Deaths: 1573 Rate: 7.3/1000	Deaths: 634 Rate: 4.2/1000	25% decrease from baseline Deaths: 1180 Rate: 5.5/1000
			Date	31-Dec-2004	25-Feb-2013	15-Mar-2013
			Comments		Target exceeded in 2012. Data for 2012 available for all 12 months but not yet validated by the NSI.	The post-neonatal deaths decreased from 2004 to 2012 by 60%. Target exceeded during the project life.
24-hour death rate among patients treated in the ER, then admitted to ICU in that hospital (NEW)		Text	Value	5.78% (for 6 ICUs)	4.16% (for 6 ICUs)	15% decrease 4.91% (for 6 ICUs).
			Date	30-Dec-2007	25-Feb-2013	15-Mar-2013
			Comments	ICU equipment was received by 6 of 63 hospitals which report on this indicator. Others will receive a small amount in late 2010. The series only report for 6 ICUs	Data for 2012 available for the all 12 months.	The 24-hour deaths rate reduced from 2007 to 2012 by 28%. Sample size too small for result to be significant. Target value is revised to comply with the Amendment dated December 15, 2011
Primary health care strategy approved		Yes/No	Value	No	No	Yes
			Date	15-Oct-2008	25-Feb-2013	15-Mar-2013
			Comments	In 2008, at the MidTermReview, there was no strategy for the PHC in place.	The strategy was elaborated and internally approved by the MoH.	The strategy need to be formally approved by the MoH.

Intermediate Results Indicators									
Indicator Name	Core	Unit of Measure		Baseline	Current	End Target			
1. Neonatal Mortality by level of MCH facilitie: NEW)		Text	Value	Level 1: 1.14/1000 Level 2: 8.40/1000 Level 3: 10.60/1000	Level 1: 2.76/1000 Level 2: 5.01/1000 Level 3: 6.58/1000	Level 1: 10% decrease 3.7 Level 2: 10% decrease: 7.6 Level 3: 5% decrease: 9.6			
			Date	31-Dec-2006	25-Feb-2013	15-Mar-2013			
			Comments	Level 1 value revised to reflect MoH request for the Amendment no 5/December 15, 2011.	Target exceeded in 2012. Data for 2012 available for all 12 months.	The neonatal mortality rate decreased of 32%, 40% and 36% by level of MCH facilities from 2006 to 2012. Target exceeded at the end of the project.			

Public Disclosure Copy

A2. Maternal Mortality by level of MCH facilities (NEW)	Text	Value	Level 1: 0.09/1000 Level 2: 0.07/1000 Level 3: 0.17/1000	Level 1: 0.06/1000 Level 2: 0.05/1000 Level 3: 0.05/1000	Level 1: 10% decrease Level 2: 10% decrease Level 3: 3.5% decrease
		Date	31-Dec-2006	25-Feb-2013	15-Mar-2013
		Comments		Data for 2012 available for the first 6 months.Target exceeded.	Target value is revised to comply with the Amendment dated December 15, 2011. The maternal mortality rate decreased by 33%, 28,5% and 70% by level of MCH facilities from 2006 to 2012. Target exceeded at the end of the project.
A3. Patient satisfaction with maternity/neonatal services	Text	Value	Level 1: 109/140 Level 2: 110/140 Level 3: 109/140	Level 1: 127/140 Level 2: 121/140 Level 3: 119/140	Level 1: 10% improvement Level 2: 10% improvement Level 3: 3.5% improvement
		Date	31-Dec-2008	25-Feb-2013	15-Mar-2013
		Comments	Survey completed and index computed	The final survey to be conducted by Dec 2013.	Target value is revised to comply with the Amendment dated December 15, 2011 At the end of the project the patient satisfaction values have improved by 16,5%, 10% and 9,2% by each level of maternities.
B1. Response times fpr emergency services by urgency category and urban/rural areas (NEW)	Text	Value	Urban: R&Y-18min 25sec, Green-52min 33sec. Rural - R&Y: 24min 43sec Green - 36min 2sec	Urban: R&Y-17min23sec, Green-51min30sec. Rural - R&Y: 25min47sec Green - 50min14sec	Urban: R&Y - 15 min Green - 8% less than baseline Rural: R&Y -20 min; Green: 8% less than baseline
		Date	31-Dec-2007	25-Feb-2013	15-Mar-2013
		Comments		Data for 2012 available for all 12 months.	Target not achieved. However, at the national level the average time response for all emergency services (including ambulances and integrated services SMURD) has been improved.
B2. Death Rate in Emergency Departments (dead patients/total alive presentations)	Text	Value	0.079%	0.066%	20% less than baseline: 0.064%
(NEW)		Date	31-Dec-2007	25-Feb-2013	15-Mar-2013
		Comments		Data for 2012 available for all 12 months.	Target very closed to achieved.

B5. Fatality rate for patients treated in small		Text	Value	0.040%	0.042%	5% less than baseline
ERs (NEW)			Date	31-Dec-2008	25-Feb-2013	31-Dec-2011
			Comments		Data for 2012 available for all 12 months.	Revised target at restructuring.
B6. Fatality rate after 24 hours from admission		Text	Value	2.84%	2.76%	5% less than baseline
of patients treated in hospital ICUs (NEW)			Date	31-Dec-2007	25-Feb-2013	15-Mar-2013
			Comments	Revised as the Restructuring Amendment on December 2011.	Data for 2011 available for all 12 months. Only reported for the 6 ICUs, which received equipment	Target closed to achieved.
D!. (Health Accounts) Appropriate regulations ssued with respect to three main areas:(i) nternationally comparable Romanian matrixes: (ii) institutional responsibilities: and (iii)		Text	Value	No	The report covering all the three agreed areas was completed, and accepeted by the MOH.	3 of the 3 approved
timeframe for			Date	31-Dec-2005	25-Feb-2013	15-Mar-2013
			Comments		The enabling legal framework for the internalization of the detailed new NHA still not in place	
D3. Average lag time implementing project		Text	Value	NA	On time.	Lag less that 3 months
activities beyong critical dates agreed in the			Date	31-Dec-2005	25-Feb-2013	15-Mar-2013
MTR (NEW)			Comments		Target achieved.	
D4. Timely submission of project progress		Text	Value	On time	On time.	On time (twice a year)
reports			Date	31-Dec-2005	25-Feb-2013	15-Mar-2013
			Comments		Target achieved.	

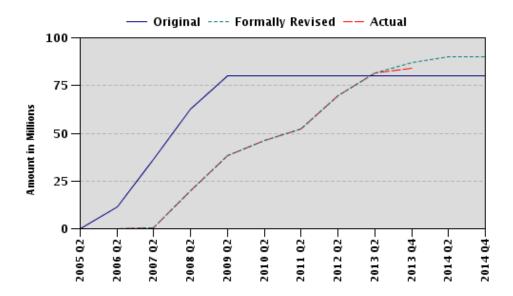
Data on Financial Performance (as of 18-Mar-2013)

Financial Agreement(s) Key Dates

Project	Ln/Cr/Tf	Status	Approval Date	Signing [Date Ef	ffectiveness Date	Original Closing	Date Revised	Closing Date	
P078971	IBRD-47600	Effective	16-Dec-2004	28-Jan-	2005 27	7-Jun-2005	31-Dec-2009	31-Dec	31-Dec-2013	
Disbursements	(in Millions)									
Project	Ln/Cr/Tf	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed	
P078971	IBRD-47600	Effective	USD	80.00	80.00	0.00	84.05	6.01	105.00	

Public Disclosure Copy

Disbursement Graph



Key Decisions Regarding Implementation

N/A

Restructuring History

There has been no restructuring to date., Level two Approved on 17-Dec-2010, Level two Approved on 16-Feb-2011, Level two Approved on 14-Dec-2011, Level two Approved on 21-Nov-2012, Level two Approved on 14-Mar-2013

Related Projects

There are no related projects.