



## Serving People, Improving Health Project (P144893)

EUROPE AND CENTRAL ASIA | Ukraine | Health, Nutrition & Population Global Practice |  
IBRD/IDA | Investment Project Financing | FY 2015 | Seq No: 2 | ARCHIVED on 30-Sep-2015 | ISR20873 |

Implementing Agencies: Ministry of Health

## Key Dates

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Board Approval date:04-Mar-2015

Effectiveness Date:15-Jun-2015

Planned Mid Term Review Date:25-Oct-2017

Actual Mid-Term Review Date:--

Original Closing Date:30-Sep-2020

Revised Closing Date:30-Sep-2020

## Project Development Objectives

Project Development Objective (from Project Appraisal Document)

The proposed "Serving People, Improving Health" Project seeks to improve the quality of health services in selected Oblasts, with special focus on primary and secondary prevention of cardiovascular diseases and cancer, and to enhance efficiency of the health caresystem.

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

No

## Components

Name

Improving Service delivery at the local level:(Cost \$189.53 M)

Strengthen Ministry of Health Governance:(Cost \$20.20 M)

Project Implementation support and monitoring and evaluation:(Cost \$4.46 M)

Commission 0.25%:(Cost \$0.54 M)

## Overall Ratings

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



## Implementation Status and Key Decisions

Theme:	Detailed explanation	What needs to be done
<b>Operationalization of SMU</b>	<p>To operationalize work of SMUs, the most important step is to set up teams and hire at least key consultants (sub-project coordinator, procurement and FM specialists). Only two regions (Lviv and Zakarpattia) have already signed contracts with key consultants, whereas other regions need to still submit and get clearance from the Bank.</p> <p>The procurement plans under Component 1 for three remaining regions should be revised as recommended and get clearance from the Bank to allow fast proceeding with planned procurements. At the time of the mission only two regions were in the process of communication with the Bank on drafted bidding documents.</p>	<p>Finalize selection of key consultants to support work of SMU and hire at least key consultants at each SMU by mid October 2015.</p> <p>The final revisions and approval should be secured for procurement plans of Dnipropetrovsk, Vinnitsia, and Poltava oblasts by the end of September 2015.</p> <p>The teams should start preparing TORs and bidding documents to initiate procurement process for key sub-projects packages. The comments received from the specialist on medical equipment should be considered when regions draft/refine their bidding documents for procurement of medical equipment.</p> <p>The draft ToR for QCBS selection of Project Support Agency is to be finalized and submitted for clearance by the Bank by mid November 2015.</p>
<b>Clarification of selection committees membership</b>	As defined by the current Resolution of the Cabinet of Ministers of Ukraine, the selection committees, established by SMUs should include representatives from the MoE and MoF, which is likely not a feasible arrangement for sub-projects implementation.	The SMU teams together with the MOH should clarify composition of selection committee members, for this the letters should be sent to the MoE and MoF.
<b>Achievement of targets presented in Action Plan for the country portfolio review (SPIH Project)</b>	The committed targets for SPIH project are described in details in the agreed Action Plans, subject to the next review by the end of 2015.	The MoH and SMUs should take the best effort to achieve the specified targets.
<b>Hiring consultants for PCSU</b>	The Bank has issued no objection for contracting 9 consultants, but the contracts were not signed for more than 45 days. The selection of other consultants is yet not finalized.	The MoH should resolve the situation and proceed with hiring consultants for PCSU on urgency basis. A strong and operational PCSU is vital for successful project implementation given the complexity of the Project and the large number of participating Oblasts
<b>Readiness to disburse</b>	After 3 months after being declared effective, the Project has not yet started to disburse.	The MOH and PCSU team need to make necessary steps to finalize and submit the withdrawal application.
<b>Implementation of regional sub-projects</b>	Reconstruction of PHC facilities and procurement of medical equipment	<p>Rivne, Volyn and Dnipropetrovsk SMU have to develop sample design documents for PHC facilities (in order to avoid approval of design documents for every PHC facility) and submit for Bank's review. SMU will follow Rivne.</p> <p>The MoH (with support from the PCSU civil engineer consultant) should analyse construction normatives</p>



		<p>(DBN) for PHC facilities and initiate changes (especially in the field of energy efficiency) as necessary.</p> <p>The MoH (with support from the PCSU medical equipment consultant) should analyse utilization of medical equipment for the PHC, which has been purchased in 2010-2012 for pilot regions.</p>
<b>Implementation of the new payment mechanism (based on DRG)</b>	<p>This is one of the key cluster activities for the Project. Institutional arrangements and practical implementation are yet in the preparatory stage. Risk of reversal of previous agreements is high.</p>	<p>The action plan for DRG implementation is to be approved by the order of the MoH and shared with MoF to provide cross-ministerial support of the plan. Monthly monitoring of the plan implementation should be launched.</p> <p>To start implementation and collection of relevant data in at least 100 selected hospitals across Ukraine the following steps are necessary to undertake before the end of 2015:</p> <ol style="list-style-type: none"> <li>1. Make sure that AR-DRG classification guidelines and manuals are in possession of the MOH, and initiate translation of the manuals as soon as possible;</li> <li>2. Develop conversion tables for translation ICD-10-AM and ICD-10, and the current NOESCO-based classifier of medical procedures and surgical operations (MOH order No.67) into ACHI list;</li> <li>3. Approve updated forms for patient discharge information (form 066/o) with MOH order and Ministry of Justice clearance as necessary;</li> <li>4. Develop and approve unified classification of hospital medical departments with MOH order.</li> </ol> <p>The draft ToR for QCBS selection to implement phase 1 DRG is to be finalized and submitted for clearance by the Bank by mid October 2015. DRG unit at the Health Statistics Center shall be fully operational by November 15, 2015 with necessary premises provided by MoH.</p>
<b>Implementation of eHealth cluster activities</b>	<p>The progress in implementation of cluster activities is positively assessed. The TORs for priority services are drafted, and the remaining TORs are well in progress.</p>	<p>The 4 finalized ToRs that are urgent to be contracted and therefore should be sent for Bank's clearance as soon as possible, are:</p> <ul style="list-style-type: none"> <li>• Local consultant for draft of national standards for classification of drugs and coding of diseases;</li> <li>• Local consultant for draft of national standards for coding of health professionals and health facilities;</li> <li>• QCBS ToR for international consultant for standardization.</li> </ul> <p>The remaining packages include ToRs for (1) International consultant for architecture and quality control, (2) Local coordinator for medical</p>



		standardization, and (3) the ToR for technical design of central reference registries. These packages are expected to be finalized and submitted to Bank in October 2015.
<b>Public Health System strengthening</b>	Finalization of plans under cluster are still ongoing.	The MoH and WHO will finalize the technical proposals for the activities to be implemented by WHO and submit it to the Bank's review in early October 2015. The other priority within cluster is to prepare ToR for Public Health Consultant and undertake selection of the consultant to ensure smooth implementation of the cluster activities.
<b>Capacity building and Information and Communication clusters</b>	Implementation of the cluster activities are pending.	The key priority for both clusters is to hire dedicated consultants to PCSU team, and to start implementation of key activities
<b>Monitoring and evaluation</b>	The cluster plans were discussed and needed adjustments identified.	The M&E consultant to coordinate cluster activities is to be hired to speed up implementation of cluster activities.
<b>The certification requirements for medical equipment need to be clarified in writing to the Bank by Ministry of Health</b>	The certification procedure was simplified last May; however, apparently, the implementation regulation is not elaborated yet, and the foreseen uncertainty of the procedure may restrict competition among potential bidders.	The MoH needs to communicate in writing to the Bank the certification procedures for medical equipment, which will apply for the Project. The MoH and MoE need to agree on the clear deadlines for the certification procedure (duration to be set in days), which will be specified in the draft bidding documents used for ICB procurements of medical equipment.
<b>The revisions of disbursement projections</b>	The current agreed with the MoF planning of disbursement may be lower than the actual need as planned by regions.	In case if the procurement is conducted as planned, the disbursement projections are to be updated and communicated to the MoF as early as spring 2016. The necessary adjustments of budget allocations will be reconsidered.





## Risks

### Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	--	● Substantial	● Substantial



Macroeconomic	--	● High	● High
Sector Strategies and Policies	--	● Substantial	● Substantial
Technical Design of Project or Program	--	● Substantial	● Substantial
Institutional Capacity for Implementation and Sustainability	--	● Substantial	● Substantial
Fiduciary	--	● Substantial	● Substantial
Environment and Social	--	● Moderate	● Moderate
Stakeholders	--	● Moderate	● Moderate
Other	--	--	--
Overall	--	● Substantial	● Substantial

## Results

### Project Development Objective Indicators

► PDO Indicator 1: Early detection of cervical and breast cancer as measured: a) Ratio of new in situ to new invasive cervical cancer (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.79	--	--	0.88
Date	01-Jan-2014	--	--	31-Dec-2017

▲ b) Share of new breast cancer detected at stage I (Percentage, Custom Supplement)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	21.80	--	--	30.00

► PDO Indicator 2: High blood pressure under control as measured by the share of patients aged 40-60 achieving target level of blood pressure (measure is 140/90mmHg) (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	15.40	--	--	19.00
Date	01-Jan-2014	--	--	31-May-2020



► PDO Indicator 3: Improved quality management (prevention, early diagnosis and treatment) of CVDs at primary and secondary care measured as: a) reduction of hypertension-related hospitalization (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	5.80	--	--	4.80
Date	01-Jan-2014	--	--	31-May-2020

▲ b) number of patients who received stenting for acute myocardial infarction with ST segment elevation (Number, Custom Supplement)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	93.60	--	--	193.70

► PDO Indicator 4: Average in-patient length of stay in hospitals (Days, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	11.70	--	--	9.50
Date	01-Jan-2014	--	--	31-May-2020

Overall Comments

**Intermediate Results Indicators**

► Health personnel receiving training (number) (Number, Core)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	24937.00
Date	01-Jan-2015	--	--	31-May-2020





▶ Health facilities constructed, renovated, and/or equipped (number) (Number, Core)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	260.00
Date	01-Jan-2015	--	--	31-May-2020

▶ 7. % of primary health care facilities meeting the equipment norms for improved management of CVD (according to an explicit list) (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	31.00	--	--	55.00
Date	01-Jan-2014	--	--	31-May-2020

▶ 8. Number of cancer screening procedures performed: a) cervical cancer tests (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	709184.00	--	--	830000.00
Date	01-Jan-2014	--	--	31-May-2018

▲ b) mammograms (Number, Custom Supplement)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	20893.00	--	--	150000.00



► 9. Share of acute myocardial infarction with ST segment elevation diagnoses confirmed according to appropriate protocols in the previous 12 months (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	65.00	--	--	78.00
Date	01-Jan-2014	--	--	31-May-2020

► 10. Share of primary care centers which have structured schools of health or similar initiatives working on educational group activities related to main NCDs' risk factors (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	50.00
Date	01-Jan-2014	--	--	31-May-2020

► 11. Critical e-Health standards approved by MoH (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	--	--	Y
Date	01-Jan-2014	--	--	31-May-2017

► 12. Communication campaign designed and implemented at central level (Yes/No, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	N	--	--	Y
Date	01-Jan-2014	--	--	31-May-2020



▶ 13. Availability of hospital beds (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	880.00	--	--	650.00
Date	01-Jan-2014	--	--	31-May-2020

▶ 14. Number of Oblasts that in any given year have implemented at least one productivity enhancing reform (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	8.00
Date	01-Jan-2014	--	--	31-May-2020

▶ 15. Share of beneficiaries in participating oblasts reporting improvement in the access and quality of the targeted healthcare services (Percentage, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	--	--	20.00
Date	01-Jan-2014	--	--	31-May-2020

Overall Comments

**Data on Financial Performance**

**Disbursements (by loan)**

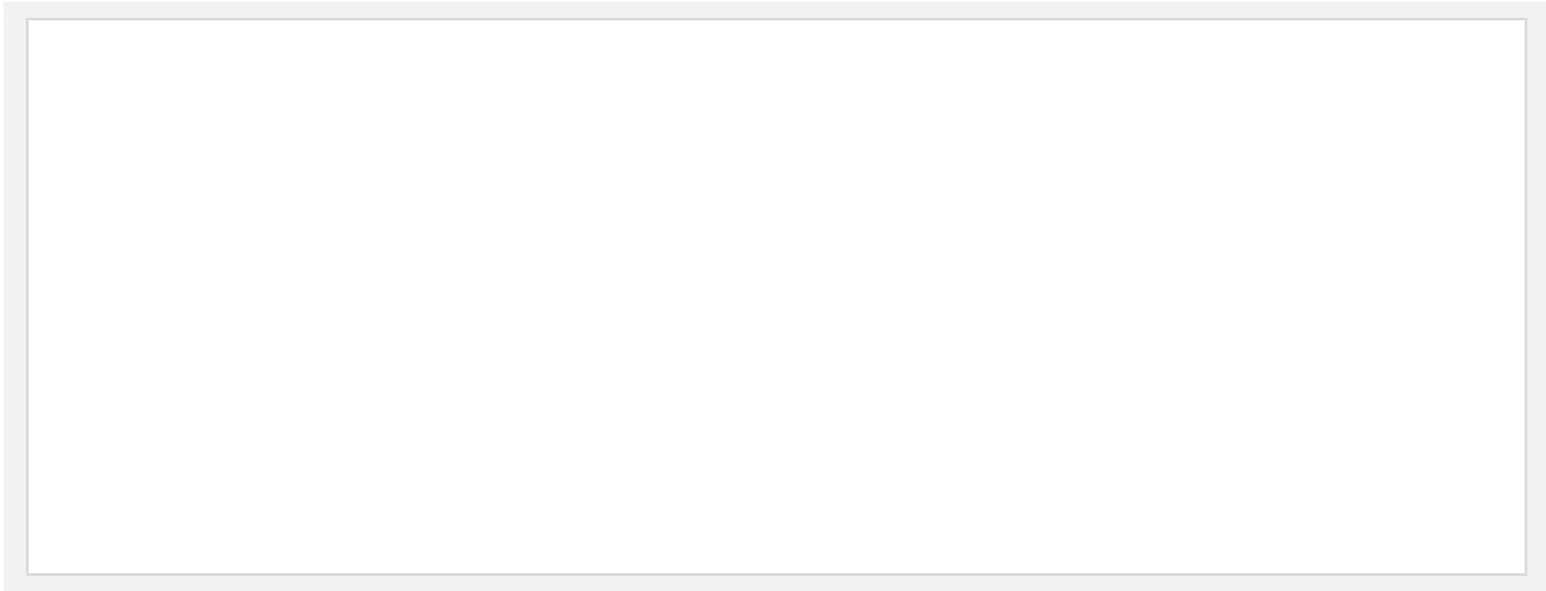
Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	Disbursed
P144893	IBRD-84750	Effective	USD	214.73	214.73	0.00	0.54	214.19	0%

**Key Dates (by loan)**

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P144893	IBRD-84750	Effective	04-Mar-2015	19-Mar-2015	15-Jun-2015	30-Sep-2020	30-Sep-2020



## Cumulative Disbursements



## Restructuring History

There has been no restructuring to date.

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## Related Project(s)

There are no related projects.

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