Report Number: ICRR0024014

1. Project Data

Project ID	Project Name
P156012	Health System Support Project (KIRA)
Country	**Practice Area(Lead)**
Burundi	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-D1660,IDA-D7900,TF-B0539,TF-B5105	30-Jun-2021	111,624,469.30
Bank Approval Date	**Closing Date (Actual)**	
24-Feb-2017	30-Jun-2023	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	50,000,000.00	12,900,000.00
Revised Commitment	112,900,000.00	12,866,719.50
Actual	111,634,354.96	12,866,719.50

Prepared by	Reviewed by	ICR Review Coordinator	Group
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2. Project Objectives and Components

a. Objectives

The project development objective (PDO) was "to increase the use of quality reproductive, maternal, neonatal, child and adolescent health services, and, in the event of an eligible crisis or emergency, to provide immediate and effective response to said Eligible Crisis or Emergency" (Financing Agreement, p. 4). This is consistent with the PDO statement in the design document (Project Appraisal Document, p. 12). For this ICRR, the PDO may be decomposed to: (i) increase the use of quality reproductive, maternal, neonatal, child

and adolescent health services; and (ii) provide immediate and effective response to said eligible crisis or emergency in the event of an Eligible Crisis or Emergency.

Given changes in associated outcome targets and the scope of activities introduced at the first additional financing, the second restructuring and the second additional financing, the split rating methodology is applied against three distinct sets of targets with corresponding weights based on disbursements. The ICR applied the same three-way split as the ICRR.

b. Were the project objectives/key associated outcome targets revised during implementation?

Yes

Did the Board approve the revised objectives/key associated outcome targets?

No

c. Will a split evaluation be undertaken?

Yes

d. Components

Project activities were structured around four components:

Component 1: Performance-based payments to support the Recipient's Free Health Care (FHC) program *(approved amount: US$40.6 million; actual amount: US$94.66 million)*

Provision of performance-based subsidies (performance-based payments) to support the Recipient's free health care program through, inter alia:

- **1.1. Provision of the package of health services** through the payment of performance-based payments to selected public and private health facilities and non-profit health providers;
- **1.2. Provision of a predefined set of activities** including health promotion and prevention services, referral services to health centers and community-based distribution of health-related inputs through the payment of performance-based payments to select community health worker associations;
- **1.3. Administration and verification of results-based financed claims** related to the package of health services through the provision of performance-based payments to applicable Recipient's departments or units tasked with said claims administration and verification activities; and
- **1.4. Provision of performance-based payments** to: (i) strengthen the capacity of strategic programs within the Ministry of Health to manage the public health sector including the enhanced functioning of health facilities; and (ii) improve the quality of nursing training at nursing schools.

Component 2: Implementation support for FHC program-related activities *(approved amount: US$8.4 million; actual amount: US$15.12 million)*

Supporting the Free Health Care Program-Related Activities through, inter alia:

1. implementation of Project-related counter verifications and third-party verification activities under Part 1 of the Project and provision of relevant supplies for verification activities under sub-component 1.3 of the project;
2. Project management and coordination for the Project through support to Ministry of Health and the RBF National Technical Unit, including monitoring and evaluation, procurement, financial management, social and environmental safeguards, audits and ad hoc surveys: and
3. (i) design and implementation of a program of activities, including *inter alia*, capacity building of community-based organizations, training of health workers, and outreach and awareness-raising campaigns for the purpose of increasing demand, including access by vulnerable groups, to the health care services referred to under sub-components 1.1 and 1.2 of the project and stimulating-positive health-related behavioral change; and (ii) construction of Montfort-type incinerators on the grounds of preidentified hospitals within the Recipient's territory to improve biomedical waste management.

Component 3: Strengthening the newly integrated FHC program service providers *(approved amount: US$1 million; actual amount: US$1.60 million)*

Strengthening of newly integrated Free Health Care (FHC) Program service providers consisting of, *inter alia*:

1. provision of support to nursing training schools through the provision of technical equipment, computers, training software, library supplies, and implementation of minor works;
2. provision of relevant supplies to community health workers, including bicycles, umbrellas, boots, medicines boxes, gears, hats and white coats.
3. carrying out renovations in selected nursing schools to improve the quality of nurses training;
4. strengthening the quality, efficiency, diagnostic and surveillance capacity for endemic and epidemic diseases through the purchase of equipment, reagents, and support to accreditation, quality with a gradual process for improving laboratories towards accreditation-SLIPTA; and
5. supporting gender-based violence (GBV) activities, through inter alia: screening and managing GBV survivors at facility level, provision of PEP kits, waiving transport fees for said survivors, provision of capacity building for health staff and community health workers (CHW) in screening and managing GBV survivors, provision of basic equipment to manage GBV cases, carrying out communication and GBV awareness at community level, as well as survivors' reintegration activities.

Component 4: Contingent Emergency Response Support *(approved amount: n.a.; actual amount: US$0.25 million)*

Providing immediate response to an eligible crisis or emergency, as needed.

Table 1: Approved Amounts and Actual Amount Disbursements at Various Stages of Project Implementation (US$ million)

Component	Approved amount	1st AF	1st restructuring	2nd restructuring	2nd AF	3rd restructuring	4th restructuring	Actual amount disbursed

Component 1: Performance-based payments to support the Recipient's FHC program	40.6	46.5	NA	46	90	NA	NA	94.66
Component 2: Implementation support for FHC program-related activities	8.4	10.4	NA	11.24	19.24	NA	NA	15.12
Component 3: Strengthening the newly integrated FHC program service providers	1	1.4	NA	0.6	2.2	NA	NA	1.6
Component 4: Contingent Emergency Response Support	n.a.	0	NA	0.46	0.46	NA	NA	0.25
Total	**50**	**58.3**	**58.3**	**58.3**	**112.9**	**112.9**	**112.9**	**111.63**

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Project Cost. The project was approved for an amount of US$112.9 million. The actual amount disbursed was US$111.6 million. The difference between the approved amount and the actual amount disbursed is explained by fluctuations in the Special Drawing Rights and U.S. dollar exchange, as well as an unspent amount of approximately US$33,000.

Financing. The project was initially financed through an International Development Association (IDA) grant in the amount of US$50 million (IDA-D1660). The first additional financing consisted of the financing in the amount of US$8.3 million from the Global Alliance for Vaccines and Immunizations (GAVI) Trust Fund (TF-B0539). The second additional financing was financed through an IDA grant in the amount of US$50 million (IDA-D7900), along with the GAVI Trust Fund in the amount of US$4.6 million (TF-B5105).

Dates. The project was approved on February 24, 2017, and became effective on June 20, 2017. A mid-term review was held on February 24, 2020. The project closed on June 30, 2023, two years later than

initially envisaged as a result of the second additional financing. In addition to the two additional financings, the project underwent four restructurings as follows:

- The **first additional financing** approved on March 15, 2019, led to revisions to the results framework to include new indicators, and to revise some baselines, indicator definitions and some indicators' targets, and to the expansion in the scope of activities to implement community performance-based funding (PBF) in more provinces.
- The **first restructuring** approved on February 6, 2020, consisted of a level 2 restructuring to reallocate US$3.3 million following the activation of the CERC component for Ebola preparedness.
- The **second restructuring** approved on June 23, 2020, consisted of a level 2 restructuring to reallocate funds between disbursement categories, reduce the resources allocated to the CERC, and revise the results framework to include new indicators, and to revise some baselines, indicator definitions and some indicator targets.
- The **second additional financing** approved on April 22, 2021, led to the approval of a US$50 million IDA grant and US$4.6 million from GAVI with no changes being made to the PDO, new activities on GBV and Laboratories were added to component 3, Component 3 being renamed from "Strengthening newly integrated FHC program service providers through financing minor investments/renovation works for CHWs and nursing training schools" to "Strengthening the integrated FHC program service providers", minor adjustments made to results framework targets and some indicator definitions, the addition of new indicators to measure progress of new activities, and a two-year extension of the original project closing date, from June 30, 2021, to June 30, 2023.
- The **third restructuring** on June 18, 2021, consisted of a level 2 restructuring to extend the closing date of the TF grant (TFB0539) from June 30, 2021, to June 30, 2022.
- The **fourth restructuring** approved on May 25, 2022, consisted of a level 2 restructuring to reallocate funds across disbursement categories and source of funding, and extend the closing date of the TF (B5105) from June 30, 2022, to December 31, 2022.

3. Relevance of Objectives

Rationale

The PDO was relevant to addressing priority constraints in Burundi's health sector at the time of appraisal, which remained relevant until the project closing date. The under-five mortality rate of 81.7 per 1,000 live births in 2015 was one of the highest in the world and comparable to rates recorded in fragile and conflict-affected countries such as the Central African Republic and the Democratic Republic of Congo. The maternal mortality ratio of 712 per 100,000 births in 2015 was 1.3 times higher than the Sub-Saharan Africa average and 3.3 times higher than the world average. Further, the results of the 2010 Demographic and Health Survey (DHS) found that 10.7 percent of newborns had a weight of less than 2.5 kg, and that the neonatal mortality rate was about 31 per 1,000 births. Burundi also had one of the highest child stunting rates in the world at 58 percent in 2010 according to the 2010 DHS, which was significantly higher than the Sustainable Development Goal target of 29 percent.

The PDO was aligned with the government's health strategy. The project supported the second generation of FHC program for pregnant women and under-five children through results-based funding

(RBF) introduced in 2010 through substantial financing through the Health Sector Development Support Project (P101160) approved in 2009 and complemented by an Additional Financing in 2012 (P126742). P. 65 of the ICR indicates that the second generation of PBF in Burundi focused on the quality of care, the development of community PBF, and contracting of health providers at the central level and paramedical schools. With regards to quality, the PAD (p. 8) explained that the government sought to improve service quality by reducing the RBF payment based on quantity indicators in favor of quality indicators to encourage health facilities to focus on the quality of care. With regard to the development of community PBF, the PAD (p. 8) explained that the second generation will further develop the culture of performance-based financing by extending the financing model to key areas, such as community health, paramedical training schools, and strategic functions of the Ministry of Health (information system, human resources, drugs regulation, etc.). The PDO was consistent with Burundi's National Health Strategy Development Plan for the 2019-2023 period aligned with Burundi's National Development Plan for the 2018-2027 period (*Plan National de Développement Sanitaire 2019-2023 Aligné au Plan National de Développement du Burundi 2018-2017*), which included an overarching goal of promoting health and well-being for all by (i) improving access to essential health services, particularly for vulnerable groups with KIRA mainly targeting children and pregnant women, (ii) improving the performance of the national and community health system with the extension of the PBF approach, and (iii) strengthening intersectoral collaboration for better health outcomes. The PDO was also consistent with Burundi's vision to emerging economy status by 2040 and developed nation status by 2060 (*Vision Burundi Pays Émergent en 2040 et Pays Développé en 2060*) which included an objective to improve universal access to healthcare services.

The PDO was aligned with World Bank strategies pertaining to the health sector. The PDO was aligned with the Country Assistance Strategy for the Republic of Burundi for the FY13-16 period, which featured a strategic objective on improved access to and quality of health services. At completion, the PDO remained relevant with the World Bank Country Partnership Framework (CPF) for the Republic of Burundi for the FY19-24 period, which included an objective on improving access to quality reproductive, maternal, child health, and nutrition services.

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1
Objective
Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services (under original targets).

Rationale
The theory of change held that the provision of performance-based funding (PBF) to 979 health facilities (comprised of 713 public and 266 private health facilities) would support the country's FHC Program comprised of free reproductive, maternal, neonatal, child, and adolescent health services. This was combined

with results-based subsidies to 595 groups of GASC (*Groupements d'Agents de Santé Communautaire*, Community Health Workers Cooperatives or Groups)—consisting of non-governmental organizations, with each GASC working with one health center and coached by health center staff, and trained to deliver health promotion activities, prevention and very basic health services at the community level—in 13 out of the country's 18 provinces in 2022. The GASC (i) enhanced the community health approach, (ii) bolstered prevention efforts at the grassroots level, and (iii) reinforced the referral system between communities and health centers. This, combined with awareness sessions intended to promote behavioral change, would allow patients who had stopped seeking medical care to seek health facilities' services and access essential items such as nutritional ingredients, condoms, and mosquito nets. The project specifically supported the use of contraception methods for females and males to contain the high fertility seen among females between the ages of 15 and 49, with the total fertility rate estimated at 6.4 children per women according to the 2010 Demographic Health Survey, which was disproportionately higher in rural areas (6.6 children per woman) compared to urban centers (4.2 children per women, on average).

Outputs and intermediate outcomes.

The number of visits to a health facility for children under five years of age rose from a baseline of 2.2 to 3.8, surpassing the original target of 2.5 visits.

The number of pregnant women receiving antenatal care during a visit to a health provider rose from a baseline of 165,504 to 2,566,168, surpassing the original target of 903,254 pregnant women.

The coverage of births attended by qualified personnel rose from a baseline of 77.3 percent to 89 percent, surpassing the original target of 85 percent.

The share of public health facilities that offer free health care (FHC) and use results-based financing (RBF) rose from a baseline of 97 percent to 100 percent, surpassing the original target of 99 percent.

A total of 409,752 new family planning acceptors—women who accept a family planning method for the first time—were referred by community health workers and who arrived at the health center, falling short of the original target of 499,137.

A total of 536,324 children aged 6-59 months were tested and referred by community health workers for malnutrition, falling short of the original target of 1,352,334.

Outcomes.

The number of individuals receiving essential health, nutrition, and population (HNP) services rose from a baseline of 772,087 to 31,972,364, surpassing the original target of 4,259,006 individuals (733 percent achievement). At the first additional financing, the baseline was revised to zero and the target was revised to 1,200,000, and the achievement continued to surpass the revised target (2,664 percent achievement).

The contraceptive prevalence rate for modern methods regressed from a baseline of 38 percent to 36.1 percent, not meeting the original target of 45 percent (0 percent achievement).

The contraceptive prevalence rate among adolescents—defined as the proportion of women ages 15 to 49 years who used or whose sexual partners used any form of modern contraception during the year—rose from a baseline of 3.1 percent to 4.9 percent, falling short of the original target of 12 percent (32 percent achievement).

Rating
Modest

OBJECTIVE 1 REVISION 1
Revised Objective
Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services (under revised targets).

Revised Rationale
The rationale remained the same as the one presented above.

Outputs and intermediate outcomes.

The number of visits to a health facility for children under the age of five rose from a baseline of 2.2 to 3.8, surpassing the original target of 2.5 visits.

The number of pregnant women receiving antenatal care during a visit to a health provider rose from a revised baseline of zero to 2,566,168, surpassing the original target of 903,254 pregnant women.

The coverage of births attended by qualified personnel from a baseline of 77.3 percent to 89 percent, surpassing the original target of 85 percent.

The share of public health facilities that offer free health care (FHC) and use results-based financing (RBF) rose from a baseline of 97 percent to 100 percent, surpassing the original target of 99 percent.

A total of 409,752 new family planning acceptors—women who accept a family planning method for the first time—were referred by community health workers and who arrived at the health center, surpassing the revised target of 194,109 new family planning acceptors.

A total of 536,324 children aged 6-59 months were tested and referred by community health workers for malnutrition, surpassing the revised target of 525,908 children.

Outcomes.

A total of 31,972,364 individuals received essential HNP services, surpassing the revised target of 18,640,000 individuals (172 percent achievement).

The contraceptive prevalence rate for modern methods rose from a revised baseline of 35.3 percent to 36.1 percent, falling short of the revised target of 41 percent (14 percent achievement).

The contraceptive prevalence rate among adolescents rose from a revised baseline of 1.5 percent to 4.9 percent, substantially achieving the revised target of 5.2 percent (92 percent achievement).

Revised Rating
Substantial

OBJECTIVE 1 REVISION 2

Revised Objective
Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services (under revised targets).

Revised Rationale
The rationale remained the same as the one presented above.

Outputs and intermediate outcomes.

The number of visits to a health facility for children under five years of age rose from a baseline of 2.2 to 3.8, surpassing the revised target of 2.6 visits.

The number of pregnant women receiving antenatal care during a visit to a health provider rose from a revised baseline of zero to 2,566,168, surpassing the revised target of 1,702,288 individuals.

The coverage of births attended by qualified personnel from a baseline of 77.3 percent to 89 percent, surpassing the revised target of 95 percent.

The share of public health facilities that offer free health care (FHC) and use results-based financing (RBF) rose from a baseline of 97 percent to 100 percent, surpassing the revised target of 100 percent.

A total of 409,752 new family planning acceptors—women who accept a family planning method for the first time—were referred by community health workers and who arrived at the health center, surpassing the revised target of 337,702 new family planning acceptors.

A total of 536,324 children aged 6-59 months were tested and referred by community health workers for malnutrition, surpassing the revised target of 516,017 children.

The share of sexual violence cases that arrived at a health facility and received Post Exposition Prophylaxis within 72 hours rose from a baseline of 31 percent to 56 percent, surpassing the target of 44 percent. This consisted of a new indicator introduced at the second additional financing.

Outcomes.

A total of 31,972,364 individuals received essential HNP services, substantially achieving the revised target of 33,473,918 individuals (96 percent achievement).

The contraceptive prevalence rate for modern methods rose from a revised baseline of 35.3 percent to 36.1 percent, falling short of the revised target of 37 percent (47 percent achievement).

The contraceptive prevalence rate among adolescents rose from a revised baseline of 1.5 percent to 4.9 percent, substantially achieving the revised target of 5.2 percent (92 percent achievement).

Revised Rating
Substantial

OBJECTIVE 2
Objective
Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services (under original targets).

Rationale
The project supported the provision of minor investments/renovation works for CHWs and nursing training schools, quality competitions, the development of quality and referential standards, and the establishment of a gradual system of accreditation of health facilities, and supported verification and counter-verification processes. These inputs were expected to lead to outputs including the strengthened capacity of health professionals, CHWs and institutions, the improvement in the quality of health care facilities, and the improvement in M&E (including, data quality, supervision and evaluation, management skills, planification and accountability), and the ultimate outcome of an improvement in the quality of reproductive, maternal, neonatal, child, and the adolescent health services.

The intended outcomes were to be measured by the share of pregnant women receiving four antenatal care visits and by the national quality average score of district hospital rising from 80 percent to 85 percent. The latter was defined as the RBF quality average score of district hospitals, but no details were provided by the PAD or the ICR.

Outputs and intermediate outcomes.

The number of years-protection couples for modern methods rose from a baseline of 553,679 to 8,525,776, surpassing the original target of 3,066,611 years-protection couples for modern methods.

The number of pregnant women on antiretroviral (ARV) protocol for the prevention of mother-child transmission rose from a baseline of 3,885 to 24,013, surpassing the original target of 22,430 pregnant women.

The satisfaction rate of beneficiaries on health care delivered by health centers rose from a baseline of 58 percent (revised baseline at the first additional financing of 57.43 percent) to 92.3 percent, surpassing the original target of 75 percent.

A total of 481,796 pregnant women were referred for early antenatal care ANC1 (TRIM1), surpassing the original target of 210,745 pregnant women.

The share of children under the age of two who were fully immunized rose from a baseline of 79.8 percent to 83.8 percent, falling short of the target of 95 percent.

Some 94.2 percent of grievances which were registered related to delivery of project benefits were addressed, surpassing the original target of 50 percent.

Outcomes.

The share of pregnant women who received four antenatal care visits rose from a baseline of 32.35 percent to 45.2 percent, substantially achieving the original target of 51 percent (69 percent achievement).

The national quality average score of district hospital rose from a baseline of 80 percent to 82.9 percent, falling short of the original target of 85 percent (58 percent achievement). The ICR (p. 32) explained that the indicator's definition underwent several revisions during project implementation and that while the indicator consistently maintained a value well above 80 percent, it was difficult to assess the full extent of the progress made toward the achievement of the objective.

Rating
Modest

OBJECTIVE 2 REVISION 1
Revised Objective
Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services (under revised targets).

Revised Rationale
The rationale remains the same as the one stated above.

Outputs and intermediate outcomes.

The number of years-protection couples for modern methods rose from a baseline of zero to 8,525,776, surpassing the original target of 3,066,611 years-protection couples for modern methods.

The number of pregnant women on antiretroviral (ARV) protocol for the prevention of mother-child transmission rose from a baseline of 3,885 to 24,013, surpassing the original target of 22,430 pregnant women.

The satisfaction rate of beneficiaries on health care delivered by health centers rose from a baseline of 57.34 percent to 92.3 percent, surpassing the original target of 75 percent.

A total of 481,796 pregnant women were referred for early antenatal care ANC1 (TRIM1), surpassing the revised target of 81,956 pregnant women.

The share of children under the age of two which were fully immunized rose from a baseline of zero to 83.8 percent, surpassing the revised target of 82 percent.

Some 94.2 percent of grievances which were registered related to delivery of project benefits were addressed, surpassing the original target of 50 percent.

Outcomes.

The share of pregnant women who received four antenatal care visits rose from a baseline of 32.35 percent to 45.2 percent, substantially achieving the revised target of 46 percent (94 percent achievement).

The national quality average score of district hospital rose from a baseline of 80 percent to 82.9 percent, falling short of the original target of 85 percent (58 percent achievement).

Revised Rating
Substantial

OBJECTIVE 2 REVISION 2
Revised Objective
Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services (under revised targets).

Revised Rationale
The rationale remains the same as the one stated above.

Outputs and intermediate outcomes.

The number of years-protection couples for modern methods rose from a baseline of zero to 8,525,776, substantially achieving the revised target of 8,533,041 years-protection couples for modern methods (99.9 percent achievement).

The number of pregnant women on antiretroviral (ARV) protocol for the prevention of mother-child transmission rose from a baseline of 3,885 to 24,013, surpassing the revised target of 20,825 pregnant women.

The satisfaction rate of beneficiaries on health care delivered by health centers rose from a baseline of 57.34 percent to 92.3 percent, surpassing the revised target of 99 percent.

A total of 481,796 pregnant women were referred for early antenatal care ANC1 (TRIM1), surpassing the revised target of 446,374 pregnant women.

The share of children under the age of two which were fully immunized rose from a baseline of zero to 83.8 percent, surpassing the revised target of 79 percent.

Some 94.2 percent of grievances which were registered related to delivery of project benefits were addressed, surpassing the revised target of 25 percent.

Some 72 percent of laboratories referred samples to excellence laboratories, surpassing the target of 50 percent.

The number of satellite laboratories awarded four-star status under regional accreditation program based on WHO/AFRO five-step accreditation approach remained unchanged at seven, failing to meet the target of eight satellite laboratories.

Outcomes.

The share of pregnant women who received four antenatal care visits rose from a baseline of 32.35 percent to 45.2 percent, surpassing the revised target of 44.5 percent (106 percent achievement).

The national quality average score of district hospital rose from a baseline of 80 percent to 82.9 percent, falling short of the original target of 89 percent (32 percent achievement).

Revised Rating
Substantial

OVERALL EFFICACY
Rationale
Overall efficacy is rated Modest *under the original targets*, with efficacy on Objective 1 (Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services) and Objective 2 (Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services) each rated Modest.

Overall Efficacy Rating
Modest

Primary Reason
Low achievement

OVERALL EFFICACY REVISION 1
Overall Efficacy Revision 1 Rationale
Overall efficacy is rated Substantial *under the first set of revised targets*, with efficacy on Objective 1 (Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services) and Objective 2 (Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services) each rated Substantial.

Overall Efficacy Revision 1 Rating

Substantial

OVERALL EFFICACY REVISION 2

Overall Efficacy Revision 2 Rationale

Overall efficacy is rated Substantial *under the second set of revised targets*, with efficacy on Objective 1 (Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services) and Objective 2 (Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services) each rated Substantial.

Overall Efficacy Revision 2 Rating

Substantial

5. Efficiency

Economic efficiency. The PAD estimated that the lives of 6,357 children under the age of five and 374 mothers would be saved through the project's interventions over a four-year period. The PAD estimated the value of improved maternal and child health to be $63.16 million and the net value (benefits minus project costs) to be $15.27 million based on the average number of productive labor years and assuming a GDP per capita of $276. The benefit cost ratio was estimated at 1.32. The ICR estimated that 1,813 deaths were averted per year, on average, through the project's interventions. The ICR estimated the benefit-cost ratio to be between 1.82 and 21.03, with the lower bound representing the results of the sensitivity analysis.

Implementation efficiency. At the closure of the project, 98.9 percent of the funds allocated to the project had been disbursed. There was a relatively high staff turnover, with the head of the Project Implementation Unit (PIU) being changed three times, and the head of fiduciary aspects was changed once. The transition across the four World Bank task team leaders was fairly smooth. Project implementation followed the provisions included in the Project Implementation manual, which included a comprehensive execution plan, and a Community PBF Manual. Project implementation was guided by an annual work plan and an annual budget. There were some delays pertaining to procurement processes.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 ☐ Not Applicable
ICR Estimate		0	0 ☐ Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

The relevance of the objectives is rated High, given that the PDO was aligned with the government's and the World Bank's current priorities for the country. Overall efficacy is rated Modest against the original set of targets and Substantial against the revised set of targets. The efficiency of the project is rated Substantial. The project outcome is consequently rated Moderately Satisfactory.

Table 2 below presents the overall outcome ratings across the three phases. The first phase considers targets at the first additional financing, with the project having disbursed 43.6 percent of the total amount disbursed by the project closing date (US$48.7 million disbursed out of a total of U$111.63 million). The second phase considers targets at the second restructuring, with the project disbursing 30.0 percent of the total amount disbursed by the project closing date (US$33.45 million disbursed out of a total of U$111.63 million). The third phase considers targets at the second restructuring at the second additional financing, with the project disbursing 26.4 percent of the total amount disbursed by the project closing date (US$29.5 million disbursed out of a total of US$111.63 million).

Table 2: Overall Outcome Ratings Across the Three Phases

Rating dimension	**Phase 1**	**Phase 2**	**Phase 3**
Relevance of objectives	High		
Efficacy	Modest	Substantial	Substantial
PDO 1: Increase the use of reproductive, maternal, neonatal, child, and the adolescent health services	Modest	Substantial	Substantial
PDO 2: Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services	Modest	Substantial	Substantial
Efficiency			

	Substantial		
Outcome ratings	Moderately Unsatisfactory	Satisfactory	Satisfactory
Outcome rating value	3	5	5
Amount Disbursed (US$ million)	48.7	33.45	29.48
Disbursement (%)	43.6	29.97	26.41
Weight value	1.31	1.5	1.32
Total weight	4.13 (rounds to 4)		
Final outcome rating	Moderately Satisfactory		

a. Outcome Rating

Moderately Satisfactory

7. Risk to Development Outcome

The risk to sustaining development outcomes related to the long-term financing of PBF was partly mitigated by the development of a health financing strategy, which is yet to be adopted by the government, along with the formulation and the implementation of a cost containment strategy. The risk was also mitigated by the restructuring of the Burundi COVID19 Preparedness and Response Project (P173845), which reallocated costs to sustain the national FHC policy for children under the age of five and pregnant women by financing the operating costs related to the PBF scheme which has been in place since 2010. The project covers costs related to quantity verification, quality assessment of health services, monitoring and evaluation, production of health facilities invoices and contribution to their payment, as well as performance incentives for key selected services at central, provincial and district level involved in these activities. Finally, the BDI Human Capital Development Project (P180925) also supports the sustainability of development outcomes by enhancing the delivery of reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N) services and FHC-PBF, enhancing the quality of services and human resources management, and enhancing the country's health information system and the interoperability of the various electronic health information systems. The latter support the streamlining of data collection and verification processes, particularly as it pertains to the PBF.

8. Assessment of Bank Performance

a. Quality-at-Entry

The PDO was aligned with Burundi's development priorities and the Bank's strategy at appraisal. The project design featured the high-impact interventions of the preceding project, i.e., Health Sector Development Support Project (P101160), which closed in 2017, and introduced a second round of PBF for health workers, nursing schools, administration, and national programs. Project appraisal took into consideration the comments raised at the Concept Note Review Meeting, which included the need to

enhance the rationale, improve the description of components, and provide further clarity on the PBF design. Also, while the option of relying on a Program-for-Results financing instrument was considered at the Concept Note Review Meeting, this was dismissed due to the unstable political context and tight economic environment.

There were shortcomings in the definition of some indicators, baselines and targets, resulting in multiple project restructurings. A theory of change was not presented in the Project Appraisal Document despite the Concept Note Review Meeting recommending that it be included (ICR, p. 30). IEG considers these shortcomings to be relatively minor and consequently views Bank performance on quality-at-entry Satisfactory.

Quality-at-Entry Rating
Satisfactory

b. Quality of supervision
The Bank conducted regular field visits with the client and development partners to monitor project activities and support improved coordination across the different stakeholders. The Bank addressed the risk to sustaining development outcomes by providing technical support. The Bank support the expansion of project activities through project restructuring and additional financing and PBF indicators were revised accordingly. The task team leaders changed on four occasions during the project lifecycle, with appropriate measures being undertaken to ensure the continuity in project management. The Bank undertook virtual meetings during the COVID-19 pandemic to remain engaged and informed.

Quality of Supervision Rating
Satisfactory

Overall Bank Performance Rating
Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design
The results framework adequately measured progress toward the achievement of objectives, although there were issues with the measurement of the national quality average score of district hospitals given that its definition changed over the course of project implementation and progress toward the achievement of Objective 2 (Increase the quality of reproductive, maternal, neonatal, child, and the adolescent health services) could not be adequately assessed as a result. Results framework indicators were adjusted in line with the expansion in project scope. At the first additional financing, additional intermediate indicators were included to capture GAVI's support to immunization and the reinforcement in the project's GRM. At the

second additional financing, three additional intermediate indicators were introduced to account for expanded activities on laboratories and gender-based violence.

There were shortcomings in the definition of indicators, baselines and targets, resulting in multiple project restructurings. The M&E framework relied on data collected through the electronic PBF database platform (PBF portal), the National Health Information System, and the District Health Information System 2 (DHIS2).

b. M&E Implementation

The 13 Implementation Status and Results Reports (ISRs) and the aide-memoires tracked the results of the results framework indicators. The quality of the data collected was enhanced by a verification and counter-verification mechanism led by the CPVV (*Comité provincial de vérification et de validation*, provincial verification committees). The counter-verification mechanism was conducted by an external entity on a sample of health facilities every semester.

There was a lack of alignment between the data collected by the DHIS2 and the PBF portal, leading the PIU and the MoH to cross-check the data across the two databases and rely on triangulation methods and resulting in a reduction in the extent of misalignment.

c. M&E Utilization

The monitoring of progress on results framework indicators led the Bank to incorporate changes to baselines, targets and definitions, and while the majority of indicators met their targets, indicators related to family planning and behavioral changes were not met. This prompted the Bank to strengthen community-led interventions, notably through the Nkuriza project (P165253) which addressed the key factors related to the low reliance on contraceptive methods, leading the indicator on the contraceptive prevalence rate among adolescents to reach of 90 percent of the targeted change by project closing. The indicator on the contraceptive prevalence rate for modern methods only reached 32 percent of its target by project closing, however.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project was classified as Category B on environmental safeguards, triggering the Environmental Assessment (OP/BP 4.01) and the Indigenous Peoples (OP/BP 4.10) flags. OP/BP 4.01 pertained to addressing the increased generation of infectious and hazardous health care waste and the inclusion of all categories of beneficiaries, especially the poor and vulnerable, in project activities. P. 29 of the ICR states that health care waste incineration was addressed by the installation of twelve Montfort incinerator and their related equipment—i.e., ash pits, compost pits, placenta pits and glass pits— in 12 district health centres in

Musema (Kayanza), Mutaho (Gitega), Mukenke (Kirundo), Matana (Bururi), Rutovu (Bururi), Fota (Mwaro), Kibumbu (Mwaro), Rwibaga (Bujumbura Rurale), Gihofi (Rutana), Kinyinya (Ruyigi), Murore (Cankuzo) and Kirundo. Further, three supervision visits per year were conducted in 29 health facilities on environmental safeguard aspects pertaining to hygiene, health, and safety at work, drinking water supply, excreta and wastewater management, disease vector control and wearing of personal protective equipment. OP/BP 4.10 pertained to the inclusion of the indigenous peoples, the Batwas, in project activities. The latter was supported by the preparation of an Indigenous Peoples Planning Framework (IPPF) by the MoH for this project. The IPPF supported the acquisition of 16,000 medical assistance cards for Batwas who did not benefit from HSDSP activities, and support the provision of public health services related to personal hygiene, sexual and reproductive health, early pregnancy, and sexual violence toward Batwa women under this project. the monitoring of implementation actions targeted to the Batwas by developing specific monitoring indicators. The IPPF also supported the establishment of a Batwa-specific grievance redress mechanism (GRM) within the overall project GRM. The implementation of the IPPF was initiated through the project, resulting in: (i) Batwa Community Health Workers (CHWs) from the 13 health provinces involved in community PBF activities after training under the KIRA Project, (ii) 477 members of the Batwa Health Committees (COSA) and 10 members of the Batwa Management Committees (COGE) participate in the activities of the CDS, (iii) 166 Batwa CHWs from the five health provinces have benefited from the CSA kits and (iv) 483 Batwa CHWs are involved in the distribution of micronutrient powders and community awareness among the Batwa in the community.

The Environmental and Social Safeguards rating was rated on average Moderately Satisfactory during project implement and this was reported in the ICR (para. 92).

b. Fiduciary Compliance

Financial management. Financial management was adversely affected by the existence of different Project Implementation Manuals (PIMs), which resulted in roles and responsibilities for civil servants and consultant at the Project Implementation Unit (PIU) being unclear. Further, financial management was adversely affected by the limited capacity of the PIU, which had to oversee five different IDA projects at the same time. Recommendations were received on the need to improve the inventory of records, records of missions and accounting documents, office furniture purchase, performance and staff management, PIM application, etc.

Procurement. The ICR (p. 29) reports occasional delays in documenting procurement activities in the Systematic Tracking of Exchanges in Procurement.

Financial management performance was rated Satisfactory in the first two years of project implementation and Moderately Satisfactory thereafter, and this was reported in the ICR (para. 89). Procurement performance was rated Moderately Satisfactory throughout project implementation and this was reported in the ICR (para. 91).

c. Unintended impacts (Positive or Negative)

None noted.

d. Other

None noted.

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Moderately Satisfactory	Moderately Satisfactory	
Bank Performance	Highly Satisfactory	Satisfactory	There were minor issues in quality-at-entry due to the absence of a theory of change and Results Framework.
Quality of M&E	Substantial	Substantial	
Quality of ICR	---	Substantial	

12. Lessons

The ICR highlights a number of lessons derived from the project, notably:

1. The development of a health financing strategy can support the long-term financing of FHC-PBF in Burundi, reducing dependence on donor funding and supporting the sustainability of development outcomes.
2. The introduction of a health insurance agency (*Caisse d'Assurance Maladies Obligatoire*, CAMO) which would pool resources of all the different health insurance programs and serve as the single financial management system to advance universal health care in Burundi can also support the sustainability of development outcomes. In Burundi, approximately 75 percent of the financing of public health centers is derived from the PBF program and interruptions in the funding of the PBF would adversely affect the provision of primary healthcare services.
3. Reliance on community health workers to provide referral to health facilities, conduct sensitization sessions for behavior change, ensure healthcare provision at community level including retrieval of patients who have abandoned care, and strengthen the collaboration between health facilities and the community can effectively support development outcomes by ensuring that vulnerable segments of the population receive the healthcare services they require.
4. For a PIU charged with overseeing more than two projects: (i) an assessment of its capacity to take on additional projects can guide project implementation and facilitate the Bank to meet the financial management and procurement guidelines; (ii) consultations with PIU staff can support the findings in this assessment; (iii) the review and update of all PIMs for all

active projects when a new project is adopted can help clarify the roles and responsibilities of staff and consultants at the PIU; and (iv) the introduction of internal controls; (v) the operations of the PIU can be strengthened by clearly laying out the responsibilities of civil servants and consultants.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR's quality of evidence, analysis and results orientation were adequate, but with weaknesses related to Objective 2 (quality) and its assessment. The lessons identified by the ICR were based on the specific experiences and findings of the project, and there was internal consistency across the various parts of the ICR. The ICR's main text was lengthy.

a. Quality of ICR Rating
Substantial