Report Number: ICRR0024160

1. Project Data

Project ID	Project Name
P155186	UG-Improving Delivery of Maternal Svcs
Country	**Practice Area(Lead)**
Uganda	Health, Nutrition & Population

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-58970,IDA-68000,TF-A2977,TF-A6713	30-Jun-2021	177,859,629.42
Bank Approval Date	**Closing Date (Actual)**	
04-Aug-2016	30-Sep-2023	

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	110,000,000.00	55,000,000.00
Revised Commitment	180,000,000.00	54,901,154.95
Actual	177,958,552.93	54,901,154.95

Prepared by	Reviewed by	ICR Review Coordinator	Group
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Project ID	Project Name
P163691	UG-Improving Delivery Maternal Svcs AF (P163691)

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
		0
Bank Approval Date	**Closing Date (Actual)**	

12-Sep-2018

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

2. Project Objectives and Components

a. Objectives

According to the Project Appraisal Document (PAD, page 11) and the Grant Agreement (page 2), the project objectives were as follows:

- **To improve utilization of essential health services with a focus on reproductive, maternal, newborn, child and adolescent health services in target districts;**
- **To scale up birth and death registration services.**

At the time of the second Additional Financing (AF2, page 14), a third objective was added as follows:

- **To provide immediate and effective response to an eligible crisis or emergency.**

Targets for several key outcome indicators were revised during the project period but a split ratings approach is not applied. This is because in all cases of revised targets, either the targets were increased due to the extended project period (with both original and revised outcome targets having been achieved) or the definition of the indicators were made more precise but did not represent a reduction in ambition.

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

Yes

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

Yes

Date of Board Approval

02-Nov-2020

c. Will a split evaluation be undertaken?

No

d. Components

Component 1: Results-Based Financing for Primary Health Care Services (Appraisal: US$ 68.0 million; Actual: US$ 69.5 million): This component aimed to scale-up and institutionalize results-based financing (RBF) with a focus on essential reproductive, maternal, neonatal, child, and adolescent (RMNCAH) health services. The package of essential services included: (i) ante-natal care; (ii) safe delivery; (iii) comprehensive emergency obstetric care; (iv) essential newborn and postnatal care services; (v) post-abortal care; (vi) family planning; and (vii) community-based RMNCAH services including nutrition, prevention and treatment of common childhood diseases and provision of adolescent health services. Performance-based payments to health centers (Levels I-IV) were to be a function of quantity and quality of services, along with an equity coefficient which takes into account district remoteness and level of development. In addition to the performance payments, activities included: assessment, selection and strengthening capacity of RBF health providers; RBF supervision and mentorship; and external verification.

Component 2: Strengthen Health Systems to Deliver RMNCAH Services (Appraisal: US$ 54.5 million; Actual: US$ 71.0 million): This component aimed to strengthen institutional capacity to deliver maternal and child health services, particularly by addressing critical health systems bottlenecks. Activities included: provision of essential medicines, equipment, and supplies; strengthening of supply chain management; management of the health workforce; training of health workers; construction of primary health care facilities, including maternity wards; and implementation of quality assurance measures.

Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services (Appraisal: US$ 10.0 million; Actual: US$ 10.5 million): This component aimed to strengthen institutional capacity of the Civil Registration and Vital Statistics (CRVS) agency to scale up birth and death registration (BDR) services. Activities included: development of a CRVS strategy; development of BDR protocols; CRVS monitoring and evaluation plan; BDR mobile outreach; scale up of electronic vital records system; and training on BDR and perinatal/maternal death audits.

Component 4: Enhance Institutional Capacity to Manage Project Supported Activities (Appraisal: US$ 7.5 million; Actual: US$ 8.4 million): This component aimed to enhance institutional capacity for project management, including in the areas of fiduciary management, environmental and social safeguards; and monitoring and evaluation.

Under the first Additional Financing, the following revisions were made:

- Component 1: Scale-up of RBF from 60 to 71 districts.
- Component 2: Provide additional commodities; expand healthcare workforce mentoring program; and scale up quality assurance program.
- Component 5: Contingency Emergency Response Component: (Appraisal: US$ 0; Actual: US$ 20.6 million): Provide rapid reallocation of funds following a public health emergency.

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

Project cost

- The project cost at appraisal was US$ 140.0 million. With two additional financings totaling US$ 40.0 million, the revised estimated project cost was US$ 180.0 million. The actual project cost at completion was US$ 178.0 million.

- During the project period, there were fluctuations in the SDR/US$ currency exchange rate which led to a shortage of available funds in the amount of US$ 2.0 million.

Financing

- The project was initially financed by an IDA Credit of US$ 110.0 million and a Global Financing Facility grant of US$ 30.0 million.
- Additional Financing (P163691) in the form of a US$ 25.0 million grant from a SIDA Trust was approved in September 2018 to scale up services and to add a new contingency component to ensure access to emergency funding.
- Additional Financing (P174163) in the form of a US$ 15.0 million IDA Credit was approved in December 2020, from the Crisis Response Window (Fast Track COVID 19 Facility), to replenish the amount re-allocated from Components 1 and 2 during Ebola and COVID outbreaks, as part of the contingency component. The first contingency activity was activated on December 19, 2019 to prevent an outbreak of Ebola in the country while the second contingency activity was activated on March 30, 2020 in response to the COVID-19 pandemic.

Borrower contribution

- There was no planned Borrower contribution.

Dates

- *August 4, 2016*: Project approval.
- *May 26, 2017*: Project effectiveness.
- *September 18, 2018*: Additional Financing in the amount of US$ 25.0 million was approved to scale up activities.
- *October 9, 2019*: Mid-Term Review.
- *December 2, 2020*: Additional Financing in the amount of US$ 15.0 million was approved to replenish funds used to respond to disease outbreaks. A third project objective was added, along with revisions to the results framework. The project closing date was extended from June 30, 2021 to December 31, 2022.
- *December 19, 2022*: The project closing date was extended from December 31, 2022 to September 30, 2023 to allow for completion of civil works and roll-out of the Birth, Death and Adoption Order Registration.
- *September 30, 2023*: Project closing.

3. Relevance of Objectives

Rationale

Uganda's economy has steadily grown in recent years and although headcount poverty has declined, inequality remains significant, with high poverty in rural areas, and much of the population remains highly vulnerable and at risk of poverty. The high total fertility rate (5.8 children per woman, 2014 census) is fueling significant population growth, which places a high demand on social services. In the health sector, while Infant mortality and child mortality rates have improved, malaria prevalence, maternal mortality, neonatal mortality, pneumonia occurrence, and malnutrition remain significant challenges. Low coverage of priority maternal and child health interventions (such as emergency obstetric care, family planning, and treatment of childhood infections) has been identified as a major constraint. In addition, capacity for civil registration and vital statistics is limited across the country, with only 60% of children under five years of age registered, and the majority of these children without birth certificates.

The country's National Development Plan II (2015/16 - 2019/20) aimed to achieve middle-income country status, with enhanced human capital development and strengthened service delivery as two of the four primary development objectives. The government revised the 2016-2020 RMNCAH Sharpened Plan, with the aim to
improve alignment in priorities among donors and stakeholders. The plan identified five strategic shifts for RMNCAH: (i) emphasizing evidence-based high-impact solutions; (ii) increasing access for high-burden populations; (iii) geographical focusing/sequencing; (iv) addressing the broader context- education, empowerment, economy and environment within a multisectoral approach, with a particular focus on adolescents; and (v) strengthening mutual accountability for ending preventable deaths.

The project objectives are strongly aligned with the Bank's Country Partnership Framework for 2016-2021, which identified improving service delivery including in the health sector, as a key objective and skilled birth attendance rate as a key objective indicator.

Rating
High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1
Objective
To improve utilization of essential health services with a focus on reproductive, maternal, newborn, child and adolescent health services in target districts

Rationale
The theory of change (as illustrated in the ICR, page 11) focused on supporting central level agencies to address key systems bottlenecks to RMNCAH services delivery and incentivizing service providers through RBF to enhance delivery and utilization of RMNCAH services. However, the theory of change as presented is somewhat generic, for example the output of "Patients receiving quality and cost-effective

RMNCAH services from RBF providers" leading to the immediate outcome of "Improved quantity and quality of RMNCAH services:.

Outputs (quality and quantity) were to be verified at health facilities on a monthly basis by the Expanded District Health Management Team, with funds paid directly to health facilities to support autonomy over the use of funds. Direct support by way of provision of essential medicines, equipment, and supplies; training of health workers; construction of primary health care facilities, including maternity wards; and implementation of quality assurance measures were also likely to contribute to the intended outcome of increased utilization of services.

The project targeted districts with high RMNCAH disease burden and low RMNCAH service coverage and utilization. The selection of health facilities in the designated districts was then based on an RBF readiness assessment. The RBF scheme was implemented in 131 of the 135 district health offices (covering 1,426 health facilities), covering 92% of the total population.

Outputs

- Implementation of results-based financing, such that performance-based payments were made directly to health facilities for delivery of priority interventions. As noted in the ICR (page 19), the RBF program enhanced managerial and financial autonomy in the health sector, especially at the lower levels of the health system. On the supply side, the RBF performance grants were used to address gaps in service delivery including the procurement of medicines, basic medical equipment (weighing scales, thermometers, blood pressure machines, etc.), delivery beds, motor bikes and bicycles, solar systems, water pumps and tanks, and for rehabilitation and/or extension of buildings.
- Construction and/or renovation of 76 health facilities (target: 81).
- Equipping of 545 health facilities (target: 646), including provision of essential drugs and medical supplies.
- Training of 1,606 health workers (in the areas of emergency medicine, critical care nursing, imaging, anesthesiology, cold chain management, and biomedical engineering) (original target: 400; revised target: 1,159) and in-service training and mentoring of 4,600 health workers.
- Development of guidelines and protocols for emergency and referral services
- Capacity development in quantifying drug needs, reporting on drug availability, and upgrading the warehousing system in National Medical Stores.
- Capacity development in supervising district health teams, including roll-out of the health facility quality of care assessment program.

Outcomes

RMNCAH outcomes

- The total number of people who received essential health services increased from 5,176,639 in 2015 to 10,335,595 in 2023, surpassing the original target of 9,329,451 and the revised target of 8.652.902.
- The percentage of births (deliveries) attended by skilled health personnel increased from 50.0% in 2015 to 91.0% in 2023, surpassing the original target of 65.0% and the revised target of 71.0%.
- The percentage of pregnant women who receive intermittent preventive therapy, second dose (IPT2), increased from 53.0% in 2015 to 78.2% in 2023, falling slightly short of the target of 80.0%.

- The total number of couple years of protection provided by the project increased from 2,196,713 in 2015 to 5,188, 908 in 2023, achieving the original target of 4,500,00 and the revised target of 5,100,000.
- Children under one year immunized with pneumococcal conjugate vaccine, third dose (PCV3), increased from 79.0% in 2015 to 92.6% in 2022, achieving the original target of 90.0% and the revised target of 92.0%.
- The percentage of pregnant women receiving antenatal care during the first trimester increased from 19.1% in 2017 to 35.0% in 2023, achieving the original target of 32.0% but falling slightly short of the revised target of 37.0%.
- The percentage of HC IVs offering caesarian section increased from 50.0% in 2015 to 86.0% in 2023, surpassing the original target of 75.0% and the revised target of 84.0%.
- There were no results reported in the ICR on malnutrition. According to the project team, the number of women and children who have received basic nutrition services (nutrition education, Vitamin A supplements for under 5 children, and iron and folic acid supplements for pregnant mothers) increased from 1.67 million to 7.5 million by project closing. This surpassed the target of 5.7 million.

Quality of facility outcomes

- The percentage of health facilities that have 95% of the basket of essential commodities in the previous three months *decreased* from 52.0% in 2016 to 15.0% in 2023. The project activities were intended to *increase* the percentage of facilities adequately stocked with essential commodities, with targets of 55.0% (original) and 78.0% (revised).
- The percentage of health facilities with placed orders that are fulfilled by National Medical Stores increased from 72.0% in 2015 to 92.0% in 2023, surpassing the original target of 85.0% and the revised target of 86.0%.
- The percentage of approved posts in public facilities filled by qualified health workers increased from 65.0% in 2015 to 75.0% in 2023, achieving the target of 75.0%.
- The percentage of RBF health facilities with functional management committees with citizen representation increased from 45.0% in 2015 to 84.3% in 2023, falling short of the target of 100.0%.
- The percentage of clients expressing satisfaction with health services increased from 25.0% in 2019 to 31.0% in 2023, falling short of the original target of 35.0% and the revised target of 33.0%.

In addition,

- The ICR (page 19) cited a study conducted by Thinkwell, a global think tank supporting the Ministry of Health, that showed that RBF had a statistically significant impact on utilization of the following essential services; first ANC visit during the first trimester, fourth ANC visit, uptake of modern long-term contraceptive method, uptake of modern short-term contraceptive method, second dose of intermittent preventive therapy, outpatients visit for children aged 0-59 months, and postnatal care. In addition, RBF increased the level of non-wage recurrent financing to health facilities with some facilities receiving more than two times what they used to get per year reversing years of decline in funding. No specific data are provided in the ICR.
- The preliminary results of the 7th Uganda Demographic and Health Survey (2022) showed improvements in the coverage of key RMNCAH outcomes. Since the previous DHS in 2016, deliveries in health facilities had increased from 73.0% to 91.0%; visits to antenatal clinics (4 or more visits) increased from 60.0% to 72.0%; childhood mortality declined from 64 to 52 (per 1000 live births);

infant mortality decreased from 43 to 36 (per 1000 live births); and neonatal mortality decreased 27 to 22 (per 1000 live births). The project team subsequently provided the final results (validated after completion of the ICR) which showed that deliveries in health facilities had increased from 73.0% to 86.0% (not 91.0%) and visits to antenatal clinics increased from 60.0% to 68.0% (not 72.0%).

Achievement is rated Substantial due to evidence of improved RMNCAH outcomes, including achieving of targets for key project indicators, but with achievement weaknesses in some of the outcomes noted above, as well as some shortcomings in the quality of facility indicators.

Rating
Substantial

OBJECTIVE 2
Objective
To scale up birth and death registration services.

Rationale
The theory of change was clear. Activities to improve the capacity of National Identification and Registration Authority (NIRA) and other key institutions to carry out BDR services were likely to lead to the intended outcome to scale up services and improve production of critical data for decision-making. While the NIRA has the mandate to register births and deaths, other sectors such as health and education, were to be involved in facilitating the registrations.

Outputs

- Development of national CRVS policy, strategy, and communication strategy (with technical support from UNICEF).
- Development of BDR protocols and manuals, including developing a death registration module.
- Training of health facility and community-based registration personnel on BDR and training of clinical staff and Maternal/Perinatal Death Audit Committees on cause-of-death reporting according to International Classification of Diseases guidelines.
- Conducting of BDR mobile outreach services and scaling up of the electronic vital records system for birth registration to cover 117 districts. Birth registration services were made available in 218 HC IVs and 1,300 HC IIIs.
- Improvement of CRVS M&E system to enable use of data for planning and accountability

Outcomes

- The proportion of HC IVs using the Mobile Vital Records System for birth and death notification reached 86.0% by project closing, surpassing the target of 75.0%.

- The percentage of births registered among children under one year old increased from 13.0% in 2015 to 57.5% in 2023, surpassing the target of 30.0%. (Note: The original indicator on children under five with birth registration was dropped at the time of project restructuring).
- The percentage of deaths occurring in a specific year that are registered in the same year increased from 1.0% in 2015 to 15.5% in 2023, surpassing the revised target of 10.0%. The original indicators of total number/percentage of deaths registered was dropped at the time of the project restructuring.
- The percentage of maternal deaths that are audited increased from 33.0% in 2015 to 89.1% in 2023, surpassing the original target of 65.0% and the revised target of 75.0%.
- The percentage of perinatal deaths that are reviewed increased from 3.8% in 2019 to 41.3% in 2023, surpassing the target of 32.0%.

Achievement is rated High due to evidence of improved utilization of BDR services, including surpassing of all targets.

Rating
High

OBJECTIVE 3
Objective
To provide immediate and effective response to an eligible crisis or emergency.

Rationale
Due to the outbreak of several major diseases in recent years, and ongoing threats of further public health emergencies, a contingency emergency response component (CERC) was approved for the project. The theory of change was clear, as timely access to emergency funding would likely contribute to the intended outcome to increase country preparedness for such events, including aspects of initial response, early recovery, and bridging the gap to longer term recovery and reconstruction efforts.

The CERC component was first activated in December 2019 to respond to an Ebola Virus Disease (EVD) outbreak in the neighboring Democratic Republic of Congo, and for a second time in March 2020 to support the national response to the COVID-19 pandemic. The project also received an essential health services grant from the Global Financing Facility in 2020 that contributed US$ 300,000 to support continuity of essential services during COVID.

Outputs

- Support for leadership and coordination efforts for Ebola and COVID-19 response, including meetings, monitoring of implementation, and data management.
- Training of village health teams on community-based disease surveillance, and conducting of surveillance and active case-finding.
- Development of laboratory and case management capacity.
- Communication campaigns on risk and disease transmission.

- Infection prevention and control measures and mitigation measures, including supply of medical products and personal protective equipment and payment of risk allowances for frontline health workers.

Outcomes

- The proportion of suspected COVID-19 cases that underwent laboratory diagnosis with results provided within 72 hours of reporting increased from 25.0% in 2020 to 95.0% in 2022, surpassing the original target of 65.0% and achieving the revised target of 95.0%.
- The proportion of suspected Ebola virus disease cases that underwent laboratory diagnosis with results provided within 48 hours of reporting increased from 55.0% in 2019 to 100.0% in 2022, surpassing the original target of 75.0% and achieving the revised target of 100.0%.
- The percentage of designated Points-of-Entry that were actively screening travels for COVID-19 and viral hemorrhagic fevers reached 95.0% by project closing, achieving the original target of 90.0% and the revised target of 95.0%.
- 3.4 million COVID tests were conducted, surpassing the original target of 750,000 and the revised target of 3.3 million.

Achievement is rated Substantial due to evidence of increased capacity to respond to health emergencies, including achieving of targets for key project indicators. It is also understood that the full assessment of the PDO achievement extends beyond the project selected indicators.

Rating
Substantial

OVERALL EFFICACY
Rationale
Overall Efficacy is rated Substantial due to Substantial achievement of the first and third objectives (utilization; effective response to a crisis) and High achievement of the second objective (registration of births and deaths).

Overall Efficacy Rating
Substantial

5. Efficiency
At project preparation (PAD, Annex 5), the economic analysis discussed the economic benefits that were expected to be realized from project implementation, mainly arising from reduced maternal and child mortality

and morbidity, lower incidence of disease, saved health care costs, and increased economic growth. A cost-benefit analysis was also conducted for the combined set of project interventions (not for specific interventions nor the specific targeted regions) with the expected benefit of reduced morbidity and mortality in the overall population group of interest. The present value of the project's benefits was calculated as US$2,515.0 million, while the
present value of the cost was US$128.2 million. Therefore the net present benefit was estimated at US$2,386.8 million, with the benefit-cost ratio of 19.6.

At completion (ICR, Annex 4), the economic analysis was updated using actual data. At a 3.0% discount rate, the net present value of costs and benefits were calculated at US$158.6 million and US$3.0 billion, respectively. Therefore the benefit to cost ratio remained as appraised at 19.1. Additional analysis showed that a total of 3,685,580 Disability-Adjusted Life Years (DALYs) among women and children were averted during the six-year project implementation period, with the cost per DALY averted at US$50 (which is only 5.0% of the GDP per capita (US$964.40 in 2022). Results from the sensitivity analysis also showed that the investment would remain viable even at higher discount rates of 5.0% and 10.0%.

Regarding implementation efficiency, the project utilized a supply-side RBF model, which helped to reduce administrative costs. The RBF administrative costs (including training, roll-out, supervision, salaries for RBF officers, and internal and external verification) were only 11.0% of the total RBF funds under the project, which is significantly lower than other health RBF programs supported by the World Bank in other African countries where verifications costs alone consume a significant share of the RBF resources (Nigeria (24%), Cameroon (30%), Benin (50%). The overall cost of implementing RBF through the project was only US$0.4 per capita per year, compared to the cost of implementing a decentralized (direct) facility financing program in Nigeria (US$1.74 per capita per year).

The project was fully disbursed and achieved most project targets, however, implementation was longer than planned. This was due to several factors particularly the two-year COVID-19 pandemic, delays in reaching effectiveness, delays in key project activities of recruitment of project staff, implementation of civil works at five out of the targeted 81 health centers, and procurement of a system for civil registration and vital statistics. In addition, there was a significant change in the SDR/USD currency exchange rates which negatively affected the resources available for the project to implement its activities, a loss of about US$2 million. This led to delayed RBF payments to the districts, some of which had to close earlier than the rest of the project leaving many invoices unpaid. However, as clarified by the project team, the reduced available funding and high absorption of RBF funds, in the context of evident success of the RBF approach, led the government to mainstream RBF in the local government system through the Uganda Intergovernmental Fiscal Transfers program.

Despite the minor shortcomings noted above, overall efficiency is considered Substantial.

Other indications of project implementation efficiency: The adoption of the Blue Square IT tool reduced delays in processing of RBF reimbursement by 40-60 percent

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

Relevance of objectives is rated High due to strong alignment with country conditions, country health sector strategy, and Bank country strategy. Efficacy is rated Substantial due to Substantial achievement of the first and third objectives and High achievement of the second objective. Efficiency is rated Substantial due to favorable benefit-cost ratios despite moderate implementation shortcomings.

a. Outcome Rating

Satisfactory

7. Risk to Development Outcome

Supportive policy and institutional arrangements are in place to continue the RBF approach, such as a national RBF framework to harmonize all RBF interventions in the country, a dedicated RBF unit in the planning department to oversee and coordinate RBF activities, and over 100 local trainers of trainees on RBF. The project also institutionalized maternal and perinatal death surveillance and in-service mentorship.

8. Assessment of Bank Performance

a. Quality-at-Entry

The project drew upon many years of partnership with the Ministry of Health in implementing health sector projects. This operation introduced some complexities which indicated a risk rating of Substantial, such as utilizing a brand-new implementing agency - the National Identification and Registration Authority (NIRA) - and decentralized approaches. However, the Bank drew on technical support from CRVS experts and UNICEF, accessed trust fund support for capacity building interventions specifically in the areas of RBF, CRVS, human resources for health, and civil works, aligned the financing model with existing fiduciary systems, and applied lessons from experience from prior pilot programs. The task team also ensured the participation of key counterpart officials, which helped to resolve subsequent implementation challenges such as procurement, contract management, and staffing. The results chain

and the M&E arrangements were clear, enabling effective data collection and monitoring of project achievements.

There were some shortcomings in preparation, which subsequently led to implementation delays. A detailed feasibility study of the sites where the health facilities were to be constructed/rehabilitated by the project was not done during project preparation, due to the fact that the exact location of the sites for construction/rehabilitation had not been agreed upon yet. Also, in-country capacity for civil works had already been identified as a challenge in prior operations but was not adequately addressed in the project design.

Quality-at-Entry Rating
Moderately Satisfactory

b. Quality of supervision
The Bank team provided strong supervision support throughout the project period, particularly in addressing implementation challenges as they arose. For example, the Bank team increased technical missions, to complement routine implementation support missions, and engaged senior Bank management and counterpart officials to help address implementation bottlenecks. The Bank team also effectively utilized multiple project restructurings including two additional financings and revisions to the project objectives and indicators, to ensure project impact. This was especially the case in responding to two disease outbreaks during the project period.

The ICR did not report any significant problems in fiduciary performance. The overall safeguards performance rating is recorded as Moderately Unsatisfactory at project closing, due to the shortcomings in the environmental and safeguards compliance by one of the contractors (BMK Ltd.) which persisted despite Bank and client supervision support.

Quality of Supervision Rating
Satisfactory

Overall Bank Performance Rating
Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The results framework had clearly defined project objectives, key outcome indicators, and baseline and target figures. Data collection arrangements were also clear, relying on readily available information from the existing data collection system for the health sector.

There was one significant shortcoming in measurement metrics due to the change in legal definition of birth and death registration, following the adoption of the Registration of Persons Act. IEG notes that this Act was passed in 2015, which was prior to completion of project appraisal. In the earlier years, notification was deemed adequate for the issuance a registration certificate. In addition, birth registration was originally for under-fives which would have required surveys. It was changed to infants which is more amendable to the routine information system. During project restructurings, the two related CRVS indicator targets were subsequently revised.

b. M&E Implementation

The Ministry of Health and the NIRA systematically collected and analyzed M&E data from various information sources, including routine data from the Health Management Information System, NIRA, and project data including the RBF data. Project-generated data for the purpose of RBF payments were also routinely collected by the M&E system and verified every six months by an Independent Verification Agency. The ICR (page 31) noted one initial challenge of M&E implementation, which was the slow verification of RBF invoices due to the use of a paper-based information system. However, this was subsequently addressed through the Blue Square IT system which almost halved the invoice verification delays. The results framework continued to be refined to improve measurability, consistency of data sources, and to align with adjustments to the project scope.

c. M&E Utilization

M&E data were critical to the process of approving RBF payments to health facilities. Also, as reported in the ICR (page 31), the top management in the Ministry of Health utilized the M&E data in their discussions on areas for improvement in the health system, targeting support supervision, and mainstreaming of RBF into the government's own PHC grant system.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project was classified as an Environmental Category "B" project, due to anticipated civil works and handling of medical waste. The safeguard policies on Environmental Assessment (OP/BP 4.01), Physical Cultural Resources (OP/BP 4.11), Indigenous Peoples (OP/BP 4.10) and Involuntary Resettlement (OP/BP 4.12) were triggered. An environmental and social management framework (ESMF) was prepared, which included screening procedures and checklists for activities, environmental and social management plans, health care waste management guidelines, a chance finds procedure, environmental and social

reporting formats, a stakeholder and community engagement plan, HIV/AIDS management plans, a child protection and a gender responsive plan, and grievance redress mechanism.

Sub-projects required site-specific environmental and social impact assessments. The ICR (page 32) reported the project team routinely monitored and reported on contractors' compliance with environmental and social management plans and conditions of permits and certificates. The project also undertook environmental and social audits for the infrastructure works. The main challenges faced during implementation included delays in obtaining the National Environment Authority (NEMA) approval certificates which led to delay in the commencement of the civil works, continued non-compliances on the infrastructure sub-projects in the Northern and West Nile regions, and delayed reporting of incidents. The project registered two workplace injuries (one severe), and in response, Root Cause Analyses were conducted, and safeguards corrective action plans (SCAP) prepared and implemented to prevent recurrence of similar incidents.

The project's geographical coverage included districts traditionally occupied by indigenous people (IPs), specifically the Ik in Kaabong District and the Batwa in western Uganda. An Indigenous People's Plan (IPP) and an Indigenous People's Policy Framework (IPPF) were prepared for the Ik and Batwa, respectively. According to the ICR (page 32), free, prior, and informed consultations with these communities were carried out, districts employed staff in the health facilities who spoke the local dialects, and subprojects were compliant with local sociocultural interaction norms and belief systems of the IPs.

The ICR did not report on any incidents related to the safeguard policies on Physical Cultural Resources or Involuntary Resettlement. The project team subsequently clarified that the following incident occurred: Graves at several civil works sites were found, with one grave relocated (the relocation process was satisfactorily undertaken guided by the chance finds procedure guideline included in the ESMF).

The overall safeguards rating was Moderately Unsatisfactory at project closing, and in 2023, as recorded in the Operations Portal.

b. Fiduciary Compliance

Financial management: Financial management (FM) assessments were conducted at appraisal for the main implementing agencies as well as for a sample of districts and health facilities. According to the ICR (page 33), the project's FM arrangements were adequate, with timely planning, budgeting, financial reporting, and auditing. No qualified audit reports were recorded for the project. The funds flow arrangements worked well overall, except for delays in processing RBF documentation by the health facilities due to low FM capacity and the verification process by the Ministry of Health.

Procurement: According to the ICR (page 33), the capacity assessment of the Ministry of Health identified the procurement risk as High, which would be reduced to Substantial upon application of acceptable mitigation measures. During project implementation, there were no mis-procurements for the project, although two contracts were determined as 'challenge-contracts' (slow to complete) namely, the NIRA BDAR Solution and civil works lot under the aforementioned weak contractor.

c. Unintended impacts (Positive or Negative)

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d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	
Bank Performance	Satisfactory	Moderately Satisfactory	There were shortcomings in project preparation and Quality-at-Entry.
Quality of M&E	High	Substantial	There were shortcomings in the measurement metrics for birth and death registration.
Quality of ICR	---	Substantial	

12. Lessons

Lessons drawn from the ICR (pages 35-37): adapted by IEG:

- Multi-sectoral involvement of other relevant agencies can facilitate vital statistics registration. In the case of this project, while NIRA had the mandate to register births and deaths, other sectoral agencies were tapped to facilitate the collection of registrations. The health sector, where most births and many deaths take place, played a role in developing tools for death certification and training of vital statistics staff; the education sector was a focal point for mobile vital statistics registration.
- Nationwide scale-up of the RBF program can be effectively carried out with strong supportive actions. In the case of this project, development of a harmonized national RBF framework helped to communicate clear standards and expectations (as well as facilitated monitoring and evaluation) and training of trainers in RBF helped to ensure readiness to launch.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR was internally consistent, albeit somewhat lengthy (main text is 37 pages). The quality of the evidence for utilization and registration services was high, drawing on solid monitoring and evaluation arrangements and data collected throughout the project period. The ICR was strongly results-oriented, given the use of results-based financing for nearly half of the project activities. Lessons were informative for future RBF operations. The ICR was overall consistent with guidelines, although it did not report on the Moderately Unsatisfactory ratings for the overall safeguards rating documented in 2023 and at project closing. Also, there is a discrepancy in the Outcome and Bank Performance ratings reported in the ICR.main text (pages 24 and 34) vs. the Data Sheet (ICR, page 3).

a. Quality of ICR Rating
Substantial