

Implementation Status & Results
India
India: Rajasthan Health Systems Development Project (P050655)

Operation Name: India: Rajasthan Health Systems Development Project (P050655) Project Stage: Implementation Seq.No: 16 Status: ARCHIVED Archive Date: 21-Sep-2011

Country: India Approval FY: 2004
 Product Line: IBRD/IDA Region: SOUTH ASIA Lending Instrument: Specific Investment Loan
 Implementing Agency(ies): Department of Medical, Health and Family Welfare

Key Dates

Board Approval Date	11-Mar-2004	Original Closing Date	30-Sep-2009	Planned Mid Term Review Date	21-Jul-2007	Last Archived ISR Date	21-Sep-2011
Effectiveness Date	21-Jul-2004	Revised Closing Date	30-Sep-2011	Actual Mid Term Review Date	30-Jul-2007		

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

PDO1: Increase access to health care of poor (BPL) and underserved population by upgrading health care facilities in the remote areas, promoting public private partnership and improving health care seeking behavior through demand side interventions. PDO2: Improve the effectiveness of health care through strengthened institutional framework for policy development, program implementation and management capacity, and increase in the quality of health care.

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

Yes No

Component(s)

Component Name	Component Cost
1. PROJECT MANAGEMENT, POLICY DEVELOPMENT AND CAPACITY BUILDING	19.97
2. DEVELOPMENT OF PRIMARY AND SECONDARY HEALTH CARE SERVICES IN THE PUBLIC SECTOR	52.70
3. HEALTH CARE INNOVATIONS FOR THE DISADVANTAGED	33.31

Overall Ratings

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

Implementation Status Overview

The Rajasthan Health Systems Development Project (RHSDP) was approved in March 2004 (SDR 61 million, US\$ 89 million) and was extended in 2009 by two years, with a closing date of September 30, 2011. Due to savings stemming from exchange rate changes as well as partial completion of some project activities during the extension phase, SDR 6.875

million was canceled from the credit, so that the final credit amount is SDR 54.125 (US\$ 84.5 million). RHSDP has made a significant contribution to revitalizing and strengthening the health system in the state. In the past decade, in tandem with increased government health spending to which the project contributed, health indicators have improved significantly. For example, the infant mortality rate fell from 67 per 1,000 live births in 2004 to 43 in 2010-11, and the proportion of deliveries taking place in health facilities rose from 30% in 2002-04 to 71% in 2009. Through capital investments and technical assistance, the project has largely achieved its development objectives, supporting health service delivery to disadvantaged populations, particularly secondary-level care. The project rolled out several activities in nine focus districts located in desert areas and/or with significant tribal populations to support achievement of its first objective, which is to increase access of the poor (BPL) and the under-served population to health care. These activities included outreach camps in difficult to reach areas; provision of counseling services to facilitate information and physical access of disadvantaged populations; behavior change training for service providers; and several print, electronic and interpersonal communication campaigns for encouraging preventive, promotive and curative behaviors. Data available from Hospital Management Information Systems of 238 project-supported health facilities indicates that, as a proportion of total outpatients and inpatients, attendance of below-poverty-line (BPL) patients doubled during the project lifetime. Moreover, inpatient attendance of patients from scheduled tribes has trebled during the period. Achievement of the second project objective, which is to improve effectiveness of health care through institutional development and increase in quality of health care, is indicated by the sharp increase in the number of public facilities conducting more than 10 deliveries --the infrastructural and skill up-gradation supported by the project and improved staffing and availability of appropriate skill mix at government health facilities since baseline, contributed to this. The capacity developed by the project within government has been harnessed by the state to establish the Rajasthan Medical Services Corporation and roll out of a scheme for free medicines to all patients at public health facilities. The project has also catalyzed the development of a drug logistics and supply chain management system in the state and introduced a concept for institutionalization of zonal medical equipment maintenance and management workshops in the state. The state government has taken steps to continue project-supported activities, such as outreach camps, and effectively maintain capital investments.

Locations

Country	First Administrative Division	Location	Planned	Actual
India	Rajasthan	Rajasthan		✓
India	Rajasthan	State of Rajasthan		

Results

Project Development Objective Indicators

Indicator Name	Core	Unit of Measure		Baseline	Current	End Target
Percentage of BPL populations among out patients seen at all project facilities ie district hospital (DH) and sub district hospitals (SDH and CHC).	<input type="checkbox"/>	Text	Value	8.7%	16.6%	17%
			Date	01-Jan-2006	30-Jun-2011	30-Sep-2011
			Comments		data available from 234 facilities for June 2011	Revision of legal agreement of December 2009 indicates target of 17%; Aide Memoire of September 2010 indicates revised target of 27%

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Percentage of ST populations among inpatients seen at all project facilities in six tribal districts i.e. DH, SDH, & CHC in six tribal districts	<input type="checkbox"/>	Text	Value	8.3%	24.9%	15%
			Date	01-Jan-2006	30-Jun-2011	30-Sep-2011
			Comments	data from 49 facilities in six tribal districts	data from 47 facilities in six tribal districts	Revision of legal agreement of Dec. 2009 indicates target of 15%; Aide Memiore of September 2010 indicates target of 23% (aide-memoire Sep. 2010)
Percentage of CHCs conducting > 10 deliveries a month	<input type="checkbox"/>	Text	Value	60%	96.6%	90%
			Date	01-Jan-2006	30-Jun-2011	30-Sep-2011
			Comments	185 CHCs reporting	178 CHCs reporting	
Percentage of clients (patients and non patients) satisfied with the services received at project facilities.	<input type="checkbox"/>	Text	Value	92% respondents from project facilities satisfied with behavior of doctors; 85% satisfied with behavior of nurses	94% respondents from project facilities were satisfied with doctors# behavior and 72% were satisfied with nurses	Increasing
			Date	30-Jul-2008	31-Aug-2011	30-Sep-2011
			Comments			

Intermediate Results Indicators

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Indicator Name	Core	Unit of Measure		Baseline	Current	End Target
Percentage of project facilities reporting (paper based) monthly HMIS reports	<input type="checkbox"/>	Text	Value	20%	90.34%	100%
			Date	15-Apr-2006	30-Jun-2011	30-Sep-2011
			Comments		215 of 238 facilities reported	
Percentage of clinical trainings completed according to plan	<input type="checkbox"/>	Text	Value	0%	64%	100%
			Date	15-Apr-2006	30-Jun-2011	30-Sep-2011
			Comments		Of the total training load of 4503 trainees for 23 trainings, 2866 was successfully completed.	Complete all planned trainings
Percentage of facilities renovated/ upgraded out of the planned 238 facilities	<input type="checkbox"/>	Text	Value	0	100%	100%
			Date	01-Oct-2009	27-Sep-2011	30-Sep-2011

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Indicator Name	Core	Unit of Measure		Baseline	Current	End Target
			Comments	Original phase: 238 health facilities renovated + 1 PMU building constructed; Extension phase: 14 Trauma centers, 6 ICUs, 19 rehabilitation centers and 24 burns ward proposed	All 302 (238 health facilities+ PMU building + 63 works from extension phase) completed and handed over.	All 302 works completed
Percentage of project facilities that have a social worker/counselor	<input type="checkbox"/>	Text	Value	0%	100%	90%
			Date	15-Apr-2006	30-Jun-2011	30-Sep-2011
			Comments		131 patient counselors placed in 113 fifty bedded and above project facilities	
Percentage of project facilities (MRSs) receiving payment form equity fund	<input type="checkbox"/>	Text	Value	0%	86.5%	90%
			Date	15-Apr-2006	31-Mar-2011	31-Mar-2011
			Comments		At extension phase of project decisions were taken to # not provide equity funds to district hospitals which were self sufficient; # provide equity funds to only those RMRS#s which submitted audited statement of accounts for the previous financial year. # equity funds would be suspended after March 2011.	
Percentage of CHCs/BPHCs staffed according to agreed norms in tribal areas	<input type="checkbox"/>	Text	Value	Doctors: 49.6% (49 facilities reporting) Nurses/ANMs: 90% (49 facilities reporting) Lab tech: 91% (49 facilities reporting) (year 4target 50%)	Doctors: 47.31%; Nurses/ ANMs: 108% and Laboratory Technicians: 66.7%	90%
			Date	31-May-2006	30-Jun-2011	30-Sep-2011

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			Comments		47 of 49 facilities reporting.	It is now understood that the target for 90% staffing in tribal areas is too ambitious to be achieved within the project lifetime. Meeting this target calls for substantive reforms in the health and medical education sector which were/ are beyond the scope of the project. It is evident that this target will likely not be met in the coming future as well.
Percentage of facilities: (i) implementing their health care waste management (HCWM) plan; (ii) completing the implementation of their HCWM plan	<input type="checkbox"/>	Text	Value	(i) Training in 10 facilities and civil works in another 10 with completion of deep burial pits and segregation of human waste in color coded plastic bags in these facilities; (ii) 0%	(i) 100% (ii) 100%	100%
			Date	15-Apr-2006	30-Jun-2011	30-Sep-2011
			Comments		(i) Training of project facilities completed. Additional training of PHCs: completed in 9 of 17 planned districts; all IEC materials developed and disseminated to encourage positive behaviours; 281 of 343 secondary health facilities connected to Common Treatment Facilities; all 343 secondary health facilities authorized by State Pollution Control Board. Moreover, study on impact evaluation of HCWM implementation and a CTF audit successfully completed. A national level workshop conducted on May 5-6, 2011 for experience sharing on HCWM (ii) 100% of project facilities implementing HCWM plan. 82% of all secondary health facilities implementing HCWM plans.	Completion of all planned activities

Data on Financial Performance (as of 12-Dec-2011)

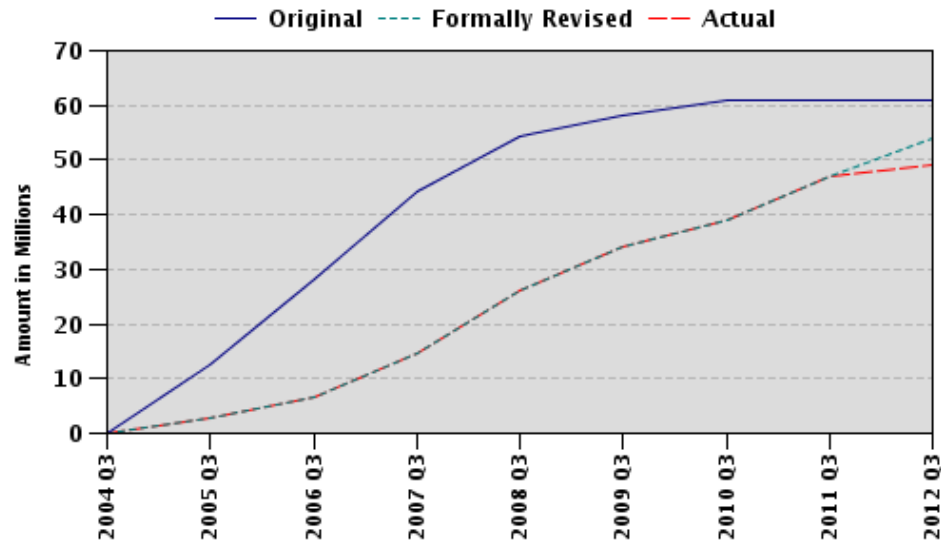
Financial Agreement(s) Key Dates

Project	Loan No.	Status	Approval Date	Signing Date	Effectiveness Date	Closing Date
P050655	IDA-38670	Closed	11-Mar-2004	03-Jun-2004	21-Jul-2004	30-Sep-2011

Disbursements (in Millions)

Project	Loan No.	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P050655	IDA-38670	Closed	XDR	61.00	54.13	6.88	48.96	5.17	90.00

Disbursement Graph



Key Decisions Regarding Implementation

The project closed on September 30, 2011, and an Implementation Results and Completion Report (ICR) will be finalized by March 31, 2012.

Restructuring History

Level two Approved on 14-Sep-2011

Related Projects

There are no related projects.