



1. Project Data :
OEDID: L3339
Project ID: P003302
Project Name: Second Family Health Project
Country: Zimbabwe
Sector: Basic Health
L/C Number: L3339
Partners involved : DANIDA, SIDA, NORAD
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2. Project Objectives, Financing, Costs and Components :

Objectives: The objectives of the project were to: (i) improve maternal and child health and nutrition status; (ii) reduce the rate of population growth; and (iii) ensure that households in the 16 worst-served districts (40 percent of the population) would have access to basic HNP services. The project was approved in FY91 and closed in December 1998, one year behind schedule.

Components: Project components included: (i) family planning, including continued inservice training in MCH/FP for government nurses, expansion of community-based distribution system, and IEC activities; (ii) maternal and child health, including provision of equipment and training for nurses in the 16 target districts; (iii) nutrition, including child growth monitoring, community nutrition activities, training, and IEC; (iv) construction of 16 district hospitals and additional rural health centers in the target districts; (v) health manpower development, both to improve personnel management and strengthen nurse training; (vi) health management strengthening and support to the project management unit.

Financing: The project was supported by a \$25 million Bank loan. Cofinancing was provided by NORAD (\$8.3 million), SIDA (\$4.7 million), and DANIDA (\$3.7 million -- although DANIDA subsequently withdrew from the project). Parallel financing was provided by ODA (now DIFID); and the Netherlands. The final project costs were estimated at \$69.9 million, compared to \$116.9 at appraisal. The difference was the result of several factors, including construction costs that were 40 percent lower than appraisal estimates, inadequacies in accounting for government and counterpart financing; budget shortfalls in government counterpart funds, and the absence of expenditure data from parallel financiers.

3. Achievement of Relevant Objectives :

The achievement of project objectives was mixed. Contraceptive prevalence increased (from 36 percent of women using modern methods in the late-1980s, to 48 percent in the mid-1990s) and total fertility rates fell (from 5.5 to 4.5 over the same period), both of which exceeded the original targets. Yet while the project improved the availability of maternal and child health and nutrition services, it did not result in the health status improvements originally expected. Most health indicators are now worsening as a result of AIDS. Health facilities in the 16 districts were constructed on time, within budget, and were well-designed and built, but a shortage of health staff means that some facilities still are not fully staffed. Inadequate government funding for recurrent costs may also reduce the effectiveness of these new facilities.

The project and health sector are reviewed in greater detail in the OED country sector study *The Impact of World Bank Support to the Health Sector in Zimbabwe* (Report No. 18141)

4. Significant Achievements :

The design and implementation of the infrastructure component represents a "best practice" example, including careful attention to the design and location of facilities, and strong supervision, including placing a part-time architect in the ministry of health. The project contributed to the development of an intersectoral nutrition strategy, and the inservice training financed by the project contributed to increased contraceptive prevalence rates. The project improved donor coordination in the sector, and semi-annual review meetings became an important forum for discussing sectoral issues among partners, as well as between the central MOH, district officials, and other governmental agencies.

5. Significant Shortcomings :

The project was severely affected by external conditions, particularly the HIV /AIDS epidemic, drought, and persistent economic crisis, which led to declines in the health budget and real wages for health workers . The project design was not sufficiently flexible to adapt to these changes, and coordination between the Bank's health team and macroeconomic staff was not adequate initially . Although the facilities built by the project were designed cost-effectively, the MOH undertook other major hospital construction projects that further constrained the availability of recurrent financing . Following a 1990 health financing study, GOZ agreed during project preparation to increase cost recovery from 3 to 10 percent of recurrent MOH expenditures . The program was not well designed, however, and several key recommendations of the study (including fee retention and the need to emphasize tertiary cost recovery) were not implemented . As a result, neither service quality nor revenues improved, and utilization by the poor declined . The introduction fee retention at facilities in 1997 appears to have contributed to improved revenue and service quality, however .

Some of these issues will be taken up in the next phase of support, although the external environment will likely remain difficult.

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Satisfactory	Marginally Satisfactory	As noted in the ICR, shortages of staff and recurrent funding threaten the impact and sustainability of health facility investments .
Institutional Dev .:	Partial	Modest	
Sustainability :	Uncertain	Uncertain	
Bank Performance :	Satisfactory	Satisfactory	
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR :		Satisfactory	

7. Lessons of Broad Applicability :

The ICR highlights some of the following lessons :

- Agreeing on consistent reporting formats and coordinated project review meetings can reduce the burden of donor activities on the implementing agency, and improve overall coherence in sector program;
- Coordination between Bank social sector and macroeconomic staff is critical, particularly in countries undergoing adjustment;
- The use of flexible lending instruments is particularly important in uncertain sectoral and economic contexts;
- involving users and appropriate expertise in the planning and construction of facilities increases the likelihood that buildings will be appropriate and completed on budget . Staggering construction over the life of the project would have increased flexibility, however, and also reduced bottlenecks at peak stages in construction .

Additional lessons from the OED sector study include :

- Efforts to expand physical access need to be balanced with attention to financial access for the poor and service quality;
- The Bank can and should use its role as a convenor and facilitator to promote improved cooperation among development partners and among key ministries within government .

8. Audit Recommended? Yes No

9. Comments on Quality of ICR :

The ICR presents a balanced and concise summary of the project's accomplishments and shortcomings . Incomplete data from cofinancers makes it difficult to interpret the cost table, however .