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RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING
OF
HEALTH SYSTEM PERFORMANCE PROJECT
GRANT

APPROVED ON MAY 6th, 2010

TO THE

GOVERNEMENT OF BENIN

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ABBREVIATIONS AND ACRONYMS

IDA	International Development Association
IE	Impact Evaluation
M&E	Monitoring & Evaluation
MoH	Ministry of Health
PDO	Project Development Indicator
RBF	Result Based Financing
SWAp	Sector Wide Approach
TORs	Terms of Reference

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BENIN
HEALTH SYSTEM PERFORMANCE

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BENIN

HEALTH SYSTEM PERFORMANCE PROJECT

RESTRUCTURING PAPER

A. SUMMARY

1. The proposed change is to update the results framework for the project to take into account the recent completion of the baseline survey. Specific proposed changes include (i) revision of baseline values to make them more accurate, on the basis of data recently collected in the project's geographic areas of focus (i.e. 8 districts), (ii) revision of end of project target values, which have been revised to take into account the revised baseline values and (iii) drop of some indicators that are deemed as not essential and whose results are captured by other indicators of the result framework. The proposed total number of indicators is now reduced from 33 to 26. The high number of indicators for the operation was due to the need to monitor the Results based Financing (RBF) mechanism closely. The PDO will remain unchanged.

B. PROJECT STATUS

2. The Project PDOs are to increase the coverage of quality maternal and neonatal services in 8 health districts (roughly a quarter of the population) and to strengthen the institutional capacity of the Ministry of Health. PDO intermediate outcomes are: improving the quality of maternal and neonatal health services for the whole population; enhancing the utilization of these services by the poorest; improving the allocation of Government health funding across districts and facilities; and strengthening the MoH capacity and readiness for SWAp implementation. To achieve the PDOs, the Project has three components: (1) improvement of health facilities performance through RBF (\$18 million, including \$7 million IDA and \$11 million HRITF); (2) support to improved financial accessibility (\$13.8 million IDA) ; and (3) technical assistance for institutional strengthening (\$2 million IDA).

3. The Project was approved on May 6, 2010, and became effective on September 30, 2011. This effectiveness delay was related to procurement issues which have been resolved. As of January 2013, the first – and major – component is now fully operational, with RBF contracts signed with 189 health facilities. Results achieved by these facilities are now measured and controlled monthly. The first RBF bonuses have been disbursed to facilities. As a result, significant improvements in health services quality and utilization have been observed during the latest supervision mission. More precisely, after 6 months of implementation (for Component 1), the RBF mechanism has already benefited 36,500 persons (44 percent being women or girls), mostly through children immunization and better management of complicated deliveries. More detailed results are forthcoming with the follow-up impact evaluation, which will be undertaken in mid 2013. Data from this follow-up survey will be compared with the data produced by the baseline survey, completed in early 2012.

4. For the second component, all procurement processes are underway and corresponding activities will start being implemented in the following months. Component three is more advanced, with about half of its activities being currently implemented.

5. The DO rating is satisfactory since effectiveness and the IP rating moderately satisfactory due to disbursement delays. Only 11 percent of the total amount has been disbursed so far. This is lower than planned, but the delay is entirely attributable to the fact that the last 12 months have been dedicated to make the RBF mechanism (i.e. component 1) fully operational. Disbursements are expected to increase quickly following the operationalization of the RBF mechanism. The task team is closely working with the Government to speed up project implementation.

6. The three monitoring & evaluation (M&E) mechanisms for the Project are now operational. In addition to the health information system (to be strengthened by Component 3), the RBF mechanism has its own M&E mechanism, supported by an external firm. The third M&E mechanism is the one provided by an Impact Evaluation (IE), which is funded directly by the Bank. The IE baseline survey has been completed and the follow-up survey is planned for mid-2013.

C. PROPOSED CHANGES

7. The Project Appraisal Document (PAD) submitted to the Board indicated that the baseline and target values in the results framework were provisional estimates based on country-level data (while the project is focusing on only 8 districts out of the 34 in the country). The PAD also mentioned that these baseline and target values would be updated once the results of the baseline survey (in the 8 districts) are available. As these results are now available, this restructuring proposes to update the baseline and target values of the Project indicators and to simplify the results framework (given the rather high number of indicators).

8. The proposed changes are presented in the table in annexes 1 and 2, with annex 1 summarizing the changes, and annex 2 providing the revised results framework. The changes consist of:

- Dropping the indicators deemed as not essential (so as to shorten and simplify the result framework);
- Updating the baseline and target values; and/or
- Updating the sources for collecting data.

9. Overall, out of the 33 indicators (PDO and intermediate outcome levels), 13 indicators have been dropped, 8 indicators have had their baseline values revised, 10 indicators have had their target values revised (because of the revision of baseline values), 6 indicators have had their data sources revised (frequency, data collection technique or/and responsibility for data collection) and 5 indicators have had their definition revised. The reasons for the revisions are as follows:

- The changes made in the results framework are mainly related to the indicators of the first component (RBF), for which baseline and target values have been updated in accordance with the results from the RBF Impact Evaluation baseline survey (available mid 2012), in order for the data to be specific to the 8 RBF health districts. In the PAD (as mentioned in it), these indicators were estimates. The restructuring now allows to provide accurate indicator values.
- Due to some changes during the design of RBF pilot, some indicators are no longer available on a quarterly basis (i.e. because they were not reported by health centers to benefit from RBF credits), but only on an annual basis.
- To simplify the results framework, some indicators have been dropped. Results measured by these dropped indicators are most of the time captured by other indicators of the framework.
- Definitions of two indicators have been slightly modified to be more consistent with what is effectively measured.

D. DECISION REQUIRED

10. This RP is therefore requesting the CD to approve this proposed restructuring for Project P113202.

ANNEX 1

CHANGES MADE BY INDICATOR

Revisions to the Result Framework		Comments/Rationale for change
PDO		
<i>Current (PAD)</i>	<i>Proposed</i>	
The first PDO would consist in increasing the coverage of quality maternal, neonatal and child health care services in target districts. The PDO would be broken down into two intermediate outcomes: (i) improving health facilities performance through Results-Based Financing (RBF); and (ii) enhancing financial accessibility to these health services. The second PDO is to strengthen the institutional capacity of the Ministry of Health.	Continued.	
PDO Indicators		
<i>Current (PAD)</i>	<i>Proposed Change*</i>	
1. Rate of pregnant women that had at least 4 antenatal care visits before delivery.	Dropped.	This result is captured by indicator #5.
2. Rate of poorest pregnant women that had at least 4 antenatal care visits before delivery.	Revised. End of project target value changed.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Baseline and target values, frequency, data source and responsibility.
3. Rate of assisted deliveries among all pregnant women.	Dropped.	Progress on utilization of maternal care services is already captured with indicator #5..
4. Rate of assisted deliveries among the poorest pregnant women.	Dropped.	Progress on equitable utilization of maternal care services is already captured with the indicator 2.
5. Number of pregnant women receiving antenatal care during a visit to a health provider (IDA 15 Core Indicator).	Revised. End of project target value changed.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Baseline and target values, frequency, data source and responsibility.
6. Rate of high quality of antenatal care visits (among all pregnant women).	Revised.	Update with the results from the RBF IE baseline survey. Definition of indicator (previously “Rate of antenatal care visits complying with quality”) <u>Changes:</u> Baseline and targets data Frequency, and responsibility.
7. Rate of deliveries adequately referred by primary care level facilities.	Dropped.	Quality of care is already measured through PDO indicator 6, and the framework has others indicators to measure improvements in ANC services.
8. Number of children immunized (IDA 15 Core Indicator)..	Revised. End of project target value changed.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Baseline and target values.

9. Utilization rate of modern contraception means.	Dropped.	This indicator reflects a less direct focus of the project; however this service is subsidized through RBF and will be monitored by the Project..
10. Number of beneficiaries of the Free Malaria Care.	Continued .	
11. Share of MoH budget allocated to health districts.	Revised.	<u>Changes:</u> Baseline value (2011 data).
12. Concentration index of budget allocation to health district across population densities.	Dropped.	Intermediate indicator 18 provides also information about improvement of budget allocation..
<i>Beneficiaries</i>		
Project beneficiaries.	Revised. End of project target value changed.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Target values.
Of which female (beneficiaries).	Revised. End of project target value changed.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Target values.
Intermediate results indicators		
<i>Current (PAD)</i>	<i>Proposed change*</i>	
1. Competency score of health workers in maternal and neonatal health .	Dropped.	The results here will be captured by the intermediate indicator #2..
2. Health personnel receiving training (IDA 15 CORE Indicator).	Continued .	
3. Average availability of essential drugs in health facilities.	Revised.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Baseline and target values, frequency, data source and responsibility.
4. Average availability of essential equipment in health facilities.	Revised.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Baseline and target values, frequency, data source and responsibility.
5. Average availability of health workers (i.e. "one minus absenteeism rate").	Revised.	Update with the results from the RBF IE baseline survey. <u>Changes:</u> Baseline and target values, frequency and responsibility.
6. Motivation of health workers.	Dropped.	Progress on that dimension will be captured with the indicator #6..
7. % of facilities that received RBF credits each year.	Dropped.	Revised indicator 8 will measure results of this indicator..
8. % of facilities that received RBF credits whose RBF results have been fully verified each year.	Revised.	<u>Changes:</u> definition of indicator changed to integrate at the same time RBF payments and verification of RBF results in a unique indicator.
9. Average total cost of key maternal health services for patients (formal and informal payments).	Dropped.	This result will be captured by the intermediate indicator #13..
10. Index of benefit of maternal health services as perceived by women.	Dropped.	Baseline level of this indicator already high. Expected improvement of this index would be quite low..
11. Number of poor households identified.	Revised. End of project target value changed.	<u>Changes:</u> Target values.

12. % of identified poor households enrolled in the e-health card program.	Dropped.	This indicator is dropped as it measures an intermediate step between what indicators 11 and 13 already measure..
13. % of identified poor households being exempted from fees thanks to their e-health card .	Revised. End of project target value changed.	<u>Changes:</u> Target values.
14. Percentage of under five children receiving Free Malaria Care Services.	Continued .	
15. Percentage of pregnant women receiving Free Malaria Care Services.	Continued.	
16. Number of SWAp “building blocks” in place.	Continued	
17. Strategic 3-year plans developed according to defined principled (yes/no).	Continued .	
18. New formulas for allocation of the budget to districts are utilized (yes/no).	Continued.	
19M&E system with no overlapping processes (yes/no).	Dropped.	PDO indicator 13 will provide information about improvement in M&E system.

*** Indicate if the indicator is Dropped, Continued, New, Revised, or if there is a change in the end of project target value**

ANNEX 2:
Results Framework and Monitoring
BENIN: HEALTH SYSTEM STRENGTHENING PROJECT

Project Development Objective (PDO):

The first PDO would consist in increasing the coverage of quality maternal, neonatal and child health care services in target districts. The PDO would be broken down into two intermediate outcomes: (i) improving health facilities performance through Results-Based Financing (RBF); and (ii) enhancing financial accessibility to these health services. The second PDO is to strengthen the institutional capacity of the Ministry of Health.

Revised Project Development Objective:

Unchanged

PDO Level Results Indicators*	Core	D=Dropped C=Continue N= New R=Revised	Unit of Measure	Baseline 2011	Cumulative Target Values**				Frequency	Data Source/ Methodology	Responsibility for Data Collection
					YR 1 2012	YR 2 2013	YR 3 2014	YR4 2015			
1. Rate of pregnant women that had at least 4 antenatal care visits before delivery.	<input type="checkbox"/>	D	%	47.6%	52%	57%	62%	68%	- Annually	-Household survey	- IE third party ¹
2. Rate of poorest pregnant women that had at least 4 antenatal care visits before delivery.	<input type="checkbox"/>	R	%	34.4%	34.4%	34.4%	40%	46%	- Annually	-Household survey	- IE third party
3. Rate of assisted deliveries among all pregnant women ²	<input type="checkbox"/>	D	%	81%	83%	86%	88%	91%	- Annually	- Household survey	- IE third party
4. Rate of assisted deliveries among the poorest pregnant women.	<input type="checkbox"/>	D	%	57%	57%	57%	62%	68%	- Annually	- Household survey	- IE third party

¹ As explained earlier, there are two third parties involved in data collection and verification. One is the M&E third party, which is an international firm with permanent presence in every RBF district. The other one is the IE (for Impact Evaluation) third party, which is an independent entity carrying out data collection annually.

² The baseline data for this indicator and the next one (4) are estimations from Demographic and Health Survey 2006 and the draft DHS 201,1 and they are not specific to the 8 targeted districts.

5. Number of pregnant women receiving antenatal care during a visit to a health provider (IDA 15 Core Indicator).	<input checked="" type="checkbox"/>	R	Number	0	97,000	198,000	300,000	410,000	- Annually	- Household survey	- IE third party
6. Rate of high quality of antenatal care visits (among all pregnant women).	<input type="checkbox"/>	R	%	4.65%	10%	20%	30%	40%	- Annually	- Exiting patients surveys	- IE third party
7. Rate of deliveries adequately referred by primary care level facilities.	<input type="checkbox"/>	D	%	9.5%	12%	15%	20%	25%	- Annually	- Analysis of medical records in referral facilities	- M&E third party
8. Number of children immunized (IDA 15 Core Indicator).	<input checked="" type="checkbox"/>	R	Number	0	90,000	185,000	280,000	380,000	- Every 3 months	- Facilities records	- M&E third party
									- Annually	- Household survey	- IE third party
9. Utilization rate of modern contraception means.	<input type="checkbox"/>	D	%	9.78%	10.5%	11.5%	13%	15%	- Annually	- Household survey	- IE third party
10. Number of beneficiaries of the Free Malaria Care.	<input type="checkbox"/>	C	Number	0	0	150,000	320,000	415,000	- Every 3 months	- Facilities records and bills sent to PNLP	- Health district teams with district controllers
									- Annually	- Household survey	- IE third party
11. Share of MoH budget allocated to health districts.	<input type="checkbox"/>	R	%	41%	45%	50%	55%	65%	- Annually	- Annual budget	- Ministry of Health
12. Concentration index of budget allocation to health district across population densities.	<input type="checkbox"/>	D	Number (between 0-1)	0.19	0.19	0.15	0.12	0.10	- Annually	- Annual budget	- Ministry of Health
Beneficiaries³											
Project beneficiaries.	<input checked="" type="checkbox"/>	R	Number	0	177,000	466,000	896,000	1,396,000	- Every 3 months	- Project records	- Ministry of Health
Of which female (beneficiaries).	<input checked="" type="checkbox"/>	R	Number	(0%)	(49%)	(38%)	(31%)	(27%)	- Every 3 months	- Project records	- Ministry of Health

³ All projects are encouraged to identify and measure the number of project beneficiaries. The adoption and reporting on this indicator is required for investment projects which have an approval date of July 1, 2009 or later (for additional guidance – please see <http://coreindicators>).

INTERMEDIATE RESULTS											
Intermediate Result 1 (Component One): Improved skills and knowledge of qualified staff											
Revised Intermediate Result (Component One): Unchanged											
<i>1. Competency score of health workers in maternal and neonatal health.</i>	<input type="checkbox"/>	D	%	44.4%	50%	57%	64%	72%	- Annually	- Knowledge test	- IE third party
<i>2. Health personnel receiving training (IDA 15 CORE Indicator).</i>	<input checked="" type="checkbox"/>	C	Number	0	650	700	800	1,000	- Every 3 months	- Project records	- Ministry of Health
Intermediate Result 2 (Component One): Increased availability of essential drugs and equipment											
Revised Intermediate Result 2 (Component One): Unchanged											
<i>3. Average availability of essential drugs in health facilities</i>	<input type="checkbox"/>	R	%	61%	70%	75%	80%	85%	-Annually	-Health facility survey	-IE third party
<i>4. Average availability of essential equipment in health facilities</i>	<input type="checkbox"/>	R	%	67%	70%	73%	76%	80%	-Annually	-Health facility survey	-IE third party
Intermediate Result 3 (Component One): Increased motivation and availability of qualified staff											
Revised Intermediate Result 3 (Component One): Unchanged											
<i>5. Average availability of health workers (i.e. "one minus absenteeism rate").</i>	<input type="checkbox"/>	R	%	79.75%	82%	85%	88%	90%	-Annually	-Unannounced visits	- IE third party
<i>6. Motivation of health workers .</i>	<input type="checkbox"/>	D	Number between 1-5	3.65	4	4.2	4.4	4.5	- Annually	- Health workers survey	- IE third party

Intermediate Result 4 (Component One): Effective implementation and monitoring of the RBF											
Revised Intermediate Result 4 (Component One): Unchanged											
<i>7. % of facilities that received RBF credits each year.</i>	<input type="checkbox"/>	D	%	0%	100%	100%	100%	100%	- Annually	- Project records	- Ministry of Health
<i>8. % of facilities that received RBF credits and whose RBF results have been fully verified each year.</i>	<input type="checkbox"/>	C	%	0%	80%	100%	100%	100%	- Annually	- Project records	- Ministry of Health
Intermediate Result 5 (Component Two): Support to Improved Financial Accessibility											
Revised Intermediate Result 5 (Component Two): Improved Financial Accessibility											
<i>9. Average total cost of key maternal health services for patients (formal and informal payments).</i>	<input type="checkbox"/>	D	Amount in \$	\$52	\$49	\$46	\$43	\$40	- Annually	- Exit surveys	- IE third party
<i>10. Index of benefit of maternal health services as perceived by women.</i>	<input type="checkbox"/>	D	Number between 1-5	3.95	4.1	4.3	4.4	4.5	- Annually	- Household survey	- IE third party
<i>11. Number of poor households identified (see table 2 for details).</i>	<input type="checkbox"/>	R	Number	0	0	0	50,000	100,000	- Every 6 months	- MoH records	- Ministry of Health
									- Annually	- Control through a targeted household survey	
<i>12. % of identified poor households enrolled in the e-health card program .</i>	<input type="checkbox"/>	D	%	0%	0%	0%	20%	60%	- Every 6 months	- MoH records	- Ministry of Health
<i>13. % of identified poor households being exempted from fees thanks to their e-health card.</i>	<input type="checkbox"/>	R	%	0%	0%	0%	10%	50%	- Every 6 months	- MoH records and facilities records	- Ministry of Health
<i>14. Percentage of under five children receiving Free Malaria Care Services.</i>	<input type="checkbox"/>	C	%	0%	0%	40%	80%	100%	- Every 3 months	- Facilities records and bills sent to PNLP	- Health district teams with district controllers
									- Annually	- Household survey	- IE third party
<i>15. Percentage of pregnant women receiving Free Malaria</i>	<input type="checkbox"/>	C	%	0%	0%	10%	30%	40%	- Every 3 months	- Facilities records and bills	- Health district teams with

<i>Care Services.</i>										sent to PNLP	district controllers
									- Annually	- Household survey	- IE third party
Intermediate Result 6 (Component Three): Preparing the implementation of a SWAp											
Revised Intermediate Result 6 (Component Three): Unchanged											
<i>16. Number of SWAp “building blocks” in place⁴</i>	<input type="checkbox"/>	C	Number between 1-8	1	3	5	7	8	- Annually	- Documents review	- Ministry of Health
Intermediate Result 7 (Component Three): Improved planning, budgeting and monitoring											
Revised Intermediate Result 7 (Component Three): Unchanged											
<i>17. Strategic 3-year plans developed according to defined principled (yes/no).</i>	<input type="checkbox"/>	C	Yes/No	No	No	No	Yes	Yes	- Annually	- Documents review	- Ministry of Health
<i>18. New formulas for allocation of the budget to districts are utilized (yes/no).</i>	<input type="checkbox"/>	C	Yes/No	No	No	Yes	Yes	Yes	- Annually	- Documents review	- Ministry of Health
<i>19M&E system with no overlapping processes (yes/no).</i>	<input type="checkbox"/>	D	Yes/No	No	No	Yes	Yes	Yes	- Annually	- Documents review	- Ministry of Health

***Please indicate whether the indicator is a Core Sector Indicator (see further <http://coreindicators>)**

****Target values should be entered for the years data will be available, not necessarily annually.**

⁴ About eight (8) SWAp “building blocks” are usually identified. They are the following: (i) a comprehensive plan, (ii) an evidence-based plan, (iii) a decentralized planning process, (iv) a strong link between planning and budgeting, (v) a comprehensive budget, (vi) an MTEF, (vii) a common M&E system among donors and MoH, and (viii) an MoU between donors and MoH.

