



1. Project Data

Project ID
P123706

Project Name
HT Improving Maternal and Child Health

Country
Haiti

Practice Area(Lead)
Health, Nutrition & Population

L/C/TF Number(s)
IDA-D2030,IDA-H8640,TF-13431,TF-14474

Closing Date (Original)
31-Dec-2018

Total Project Cost (USD)
107,041,103.63

Bank Approval Date
21-May-2013

Closing Date (Actual)
30-Sep-2020

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	70,000,000.00	20,850,000.00
Revised Commitment	115,818,530.08	20,818,530.08
Actual	107,089,301.63	17,053,530.08

Prepared by
Katharina Ferl

Reviewed by
Salim J. Habayeb

ICR Review Coordinator
Joy Maria Behrens

Group
IEGHC (Unit 2)

2. Project Objectives and Components

a. Objectives

According to the Project Appraisal Document (PAD) (p. vi) and the Financing Agreement of June 14, 2013 (p. 5) the objective of the project was “to increase the access to and use of maternal and child health, nutrition and other social services in the Recipient's territory”.

In June 2017 the project received Additional Financing (AF) (June 29, 2017) and the objective according to the Financing Agreement (p. 5) was revised to “ a) increase the access and use of maternal and child health



services; b) strengthen cholera control; and c) improve targeting of social services in the Recipient's territory, with a particular focus on areas affected by Hurricane Matthew”.

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

29-Jun-2017

c. Will a split evaluation be undertaken?

Yes

d. Components

The original project included two components:

Component 1: Providing Maternal and Child Health, Nutrition and Social Services (appraisal estimate US\$81.0 million, actual US\$92.92 million): This component included two sub-components:

Sub-component 1.1: Performance-based Maternal and Child Health and Nutrition Service Delivery: This sub-component was to finance the activities such as a) improving the quality and supply of maternal and child health services of selected public health providers (based on the eligibility criteria set forth in the MSPP Operations Manual) through small-scale rehabilitation, equipment, medical supplies, essential health commodities and training of, and technical assistance to health personnel as well as the preparation of a communication strategy through the carrying out of works and the provision of goods, consultants' services and training; b) carrying out a program of activities to maintain and strengthen external controls in relation to, including carrying out of, third-party verification of, the Packages of Maternal and Child Health and Nutrition Services in terms of quantity and quality through the provision of consultants' services; and c) using Results-Based Payments in support of: i) the delivery of a Package of Maternal and Child Health and Nutrition Services including: (A) preventive services, such as immunization, micronutrient supplementation, cholera prevention and promotion of insecticide-treated bed-nets; (B) promotion of health services, such as increasing prevalence of exclusive breast-feeding and use of family planning; (C) basic curative services, such as treatment of acute respiratory infections, cholera and other diarrheal diseases, other childhood illnesses, and tuberculosis; and (D) reproductive health services, such as family planning, prenatal care, emergency obstetrical care, and post-partum care; and ii) the delivery of Packages of Health Service-Related Activities including a program of monitoring and supervision activities by select departmental health authorities and public health supervisory units for the delivery of the Packages of Maternal and Child Health and Nutrition Services.

When the project received AF and was restructured in June 2017 this sub-component received an additional US\$9.5 million to expand coverage to areas affected by hurricane Matthew.

Sub-component 1.2: Results-oriented Family Support for Poor and Vulnerable Families: This sub-component was to finance the delivery of social services through family support to poor and vulnerable



families through: a) the carrying out of socio-economic surveys of families for generating the family development plans; b) the mapping of available social programs and services to develop the opportunity map and identify the most needy families; c) the recruitment and supervision of Kore Fanmi agents (community agents who deliver certain basic preventive services) and of municipal teams and verification of results; d) the provision of Training to the Kore Fanmi agents and municipal teams; (e) the setting-up of municipal offices; f) the provision of necessary supplies to support basic social services at the household level as specified in the Economic and Social Fund (FAES) Operations Manual; all through the provision of goods, consultants' services, Operating Costs and Training; and g) the provision of Conditional Cash Transfer Grants to Conditional Cash Transfer Beneficiaries.

During the March 2017 restructuring results-oriented support for poor and vulnerable families was eliminated due to termination of social protection (SP) activities under the *Kore Fanmi* framework.

A new sub-component was added (prevention and treatment of cholera) to include cholera related activities previously under sub-component 1.1. When the project received AF and was restructured in June 2017 this sub-component received an additional US\$13.5 million to expand activities in areas affected by hurricane Matthew and fill financing gap related to emergency response in its immediate aftermath.

During the March 2013 restructuring a new sub-component 1.3 (contingent emergency response) was added to ensure the availability of contingency financing in case of emergency.

Component 2: Strengthening the Stewardship and Management Capacity of Government (appraisal estimate US\$9.0 million actual US\$11.46 million): This component was to finance two sub-components:

Subcomponent 2.1: Strengthening MSPP's Stewardship and Management Capacity: This sub-component was to support strengthening MSPP's stewardship and management capacity, increasing the capacity of the departmental health authorities in supervision and monitoring of health service delivery, conducting surveys and studies, and preparing a nationwide healthcare waste management strategy and plan, all through the provision of goods, consultants' services and training.

When the project received AF and was restructured in June 2017 this sub-component received an additional US\$2.0 million for M&E project activities in areas affected by hurricane Matthew.

Subcomponent 2.2: Strengthening Social Protection Coordination and Management Capacity: This sub-component was to support strengthening the institutional capacity at the central, municipal, and community levels, to enhance coordination, organization, management, and social service delivery to families, by a) supporting the operation of Kore Fanmi and social protection steering and technical committee; b) carrying out capacity building activities for central and departmental authorities, municipalities and major stakeholders at the municipal, departmental and national level in the delivery of services or programs; c) expanding the management information system of the Kore Fanmi; d) carrying out minor rehabilitation of municipal offices based on eligibility criteria set forth in the FAES Operations Manual; e) setting up a unified national beneficiary registry for the identification and tracking of beneficiaries and social assistance programs; and f) supporting the Economic and Social Assistance Fund (FAES) for the management, supervision, monitoring and evaluation, procurement, and financial management of sub-component 1.2 of the project.

During the March 2017 restructuring, this sub-component was modified to focus solely on the development of a Single Social Registry (SSR).



During the March 2017 restructuring the following component was added:

Component 3: Piloting Vulnerability Indicators for More Targeted Social Service Delivery (appraisal estimate US\$5.0 million, actual US\$5.0 million): This component was to pilot the calculation of vulnerability indicators to target the vulnerable in the delivery of social services. This component was to finance a) the completion of maps, training manuals and materials, and the census questionnaire; b) a national communications campaign promoting the census and its merits; c) the setting up of a management structure for the census and the building of capacity for Haitian Institute of Statistics and Informatics (IHSI) staff and trainers; d) the carrying out of a census pilot in four departments selected for their challenges (physical accessibility, internet access, and limited infrastructure and staff); and e) the production of vulnerability clusters in these four selected departments.

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

Project cost: The project was estimated to cost US\$90.0 million. Actual cost was US\$107.1 million. The project received AF in the amount of US\$25.0 million.

Financing: The project was financed through; i) a Trust Fund (TF-13431) in the amount of US\$850,000 of which US\$818,530 was disbursed; ii) an IDA grant (H8640) in the amount of US\$70.0 million of which US\$65.1 million was disbursed; iii) a Trust Fund (TF-14474) in the amount of US\$20.0 million of which US\$16.23 million was disbursed; and an IDA grant (D2030) in the amount of US\$25.0 million of which US\$24.9 million was disbursed.

Borrower Contribution: The Borrower was not to make any financial contributions.

Dates: The project became effective on June 17, 2013 and closed on June 20, 2020 (the original closing date was December 22, 2017). The project was restructured four times:

- **On March 29, 2017** the project was restructured to: i) eliminate the SP activities provided through the KF network under the original sub-component 1.2; ii) modify SP activities under sub-component 2.2 to focus only on the development of a SSR; iii) prioritize activities to combat cholera (previously included under sub-component 1.1) under a new-subcomponent 1.2; iv) add a new sub-component 1.3 (contingent emergency response) to ensure immediate availability of funds in the event of an emergency; and v) add component 3 (piloting vulnerability indicators to more targeted social service delivery).
- **On June 14, 2017** the project received AF in the amount of US\$25.0 million for the recovery and rebuilding after Hurricane Matthew. Also, the project was restructured to: i) revise the PDO and the Results Framework to reflect the expanded geographical coverage and emergency response objectives; and ii) activate new safeguard policies.
- **On December 19, 2019** the project was restructured to: i) extend the closing date from December 31, 2019 to March 31, 2020 due to delays caused by growing social and political unrest and ensure the full utilization of grant proceeds and smooth transition to a follow-on project; ii) transfer key health activities with continuous support to the Strengthening Primary Health Care and Surveillance in Haiti (PROSYS) project; and iii) reallocate funds between disbursement categories.



- **On March 24, 2020** the project was restructured to: i) extend the closing date from March 31, 2020 to September 2020 to address the Covid-19 pandemic; and ii) reallocate funds between disbursement categories.

3. Relevance of Objectives

Rationale

The earthquake in Haiti in 2010 had devastating consequences. According to the PAD (p. 1) it resulted in damages and losses of US\$7.9 billion (120 percent of the country's Gross Domestic Product (GDP)) and US\$11.3 billion in estimated reconstruction needs. Even though massive efforts had been made to improve the living conditions and support sustainable change. In 2011, GDP per capita was US\$726, one of the lowest in the world. Furthermore, Haiti, one of the most unequal countries in the world had a Gini coefficient of 0.59. The country performed poorly on the non-income dimensions of poverty and ranked 158th out of 187 in the 2011 Human Development Index. Following the earthquake, a severe cholera outbreak in October 2010 put pressure on the already fragile health system, further compromising the welfare and health status of the population.

Moreover, due to separate funds for cholera prevention and treatment, parallel emergency response systems were put into place in an unstructured manner. The Ministry of Public Health and Population (MSPP) launched its Cholera Elimination Plan which aimed to integrate cholera response activities back into the public health system to improve the efficiency and sustainability of the response with the ultimate goal of stopping the secondary transmission of cholera in Haiti. According to the PAD (p. 2), despite the efforts of the Haitian authorities, in 2005/2006 maternal mortality was the highest in the region at 630 per 100,000 live births and far from the Millennium Development Goal (MDG) target of 155 deaths per 100,000 live births. Low coverage rates of key maternal and child health interventions played a key role in Haiti's poor maternal and child health outcomes. Also, there were significant disparities in the access and quality of health care across wealth quintiles. Among the richest quintile, more than half of deliveries were assisted by a doctor, and a further 16 percent by a nurse or auxiliary personnel. In contrast, only 6 percent of women from the poorest quintile had trained medical assistance during delivery.

According to the PAD (p. 3) on the supply side, key challenges were access and quality of health services as well as the Government's difficulties in coordinating services providers. On the demand side, financial constraints were the most important barrier to service utilization across socio-economic quintiles and particularly among women.

The original and revised objectives were in line with the government's Health Sector Development Plan (2012-2020) in the areas of "organizational and operational strengthening of the health system" and "provision of health services and care". Also, the revised PDO was aligned with the government's 2013-2022 National Plan for the Elimination of Cholera. Furthermore, the revised objective was well aligned with the government's National Policy on Social Protection and Promotion which aims to: i) reduce poverty and inequality; ii) reduce economic, social and institutional injustices, and iii) gives citizens the right to access SP and promotion as mechanisms to enhance their capacity to live better lives.

Also, the original and revised objective of the project was in line with the Bank's Country Partnership Framework (CPF) for Haiti (FY16-19). The CPF milestones were extended until 2021 while a new CPF was



prepared. In particular with focus area 2 (human capital) and objectives six (increase access to health services for mothers and children) and seven (control cholera in priority communities).

Taking everything together, the relevance of the original and revised objective is rated High.

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Original Objective: To increase the access to and use of maternal and child health services in the Recipient's territory.

Rationale

This ICR Review will conduct a split rating since major changes were made to the PDOs with revisions, deletions, and additions of new objectives during the March and June 2017 restructurings. However, since the project did not disburse any funds between March and June, the Review will divide the implementation period between the pre-AF period (effectiveness through June 2017) and post-AF (June 2017 through closing).

According to the ICR (p. 8) the project made the following assumptions: i) the effectiveness of results-based payments to incentivize the provision of quality MCH, nutrition and social services by both health provers and KF agents; ii) adequate implementation of M&E capacity on the part of both MSPP and FAES when complemented with the additional support envisioned under the operation; and iii) sustained commitment toward the coordinated provision and reporting of health and nutrition services on part of MSPP and FAES.

Theory of Change: The original project's theory of change envisioned that project activities such as supporting the stewardship and management capacity of the Ministry of Public Health and Population (MSPP) and supporting performance-based maternal and child health and nutrition service delivery were reasonably expected to result in intermediate outcomes such as increasing the supply and improving the number and quality of services. All these intermediate outcomes would plausibly contribute to the achievement of the objective stated above.

Outputs:

MSPP's stewardship, institutional and technical capacity for the implementation of the RBF model:

- The percentage of contracted health providers supervised at least quarterly increased from 0 percent to 100 percent between 2012 and 2019, surpassing the 95 percent target.



- The percentage of contracted service providers achieving the minimum quality score (60 percent) increased from 0 to 93 percent between 2012 and 2019, surpassing the original target of 40 percent.
- The percentage of providers utilizing the contracting model increased from 0 to 62 percent between 2012 and 2019, exceeding the original target of 50 percent.
- 530 health personnel received training, surpassing the original target of 200 personnel.

Access and use of MCH services:

- Over 47,173 deliveries were attended by skilled health personnel between 2013 and 2019 surpassing the target of 21,000. The percentage of births at health facilities under the RBF program increased from zero in 2016 to 64 percent in 2019, surpassing the original target of 10 percent.
- The contraceptive prevalence rate increased from 23.37 percent in 2012 to 37.49 percent, surpassing the original target of 24 percent. The utilization of modern contraceptives via health facilities under the RBF program increased from zero in 2016 to 13 percent in 2018, surpassing the target of 15 percent.
- 5.13 million people received essential health, nutrition, and population (HNP) services, surpassing the target of 881,000 people.
- The number of immunized children was 3.5 million in 2019, surpassing the target of 660,000 children. This indicator lacked a baseline.
- 1.5 million women and children received basic nutrition services, surpassing the target of 200,000 women and children. This indicator lacked a baseline.
- 51 percent of children aged under 12 months that were completely vaccinated at health facilities under the RBF program increased from zero in 2016 to 52 percent in 2019.

Outcomes:

- The percentage of children under five immunized increased from 46.22 percent to 47.57 percent between 2012 and 2019, not achieving the original target of 49 percent target.
- The percentage of institutional deliveries increased from 21.26 percent to 43.92 percent between 2012 and 2019, surpassing the original target of 22 percent.
- The contraceptive prevalence rate increased from 23.37 percent to 37.49 percent between 2012 and 2019, surpassing the original target of 24 percent.

The ICR (p. 16) suggested that the project can be expected to have contributed to higher level outcomes such as declines in infant and child mortality rates that were observed in the country.

The achievement of this objective is rated Substantial based on increased access and use of maternal and child health services.

Rating
Substantial

OBJECTIVE 1 REVISION 1
Revised Objective



To increase the access to and use of maternal and child health services, with a particular focus on areas affected by hurricane Matthew.

Revised Rationale

Theory of Change: The same as under the Original Objective 1, above.

Outputs:

- Between 2016 and 2020 46 health facilities were rehabilitated and are now fully functioning in departments affected by Hurricane Matthew, surpassing the target of 40 facilities.
- Between 2016 and 2020 90 solar-powered refrigerators were restored and are now fully functional within the vaccine cold chain in the Hurricane-affected departments, surpassing the target of 84 refrigerators.
- 1.5 million people benefitted from the restoration of health care facilities in affected areas with limited health service delivery infrastructure.
- Approximately 300,000 children benefitted from the restoration of infrastructure for basic immunizations in affected areas.

Outcomes:

- The percentage of institutional deliveries increased from 21.26 percent in 2012 to 43.92 percent, surpassing the revised target of 24 percent.
- The contraceptive prevalence rate increased from 23.37 percent in 2012 to 37.49 percent in 2019, surpassing the revised target of 26 percent.
- The number of children age six to 59 months old receiving Vitamin A supplementation was 1.3 million, surpassing the revised target of 26,200 children. The ICR (p. 17) noted that the numbers achieved were much higher than the set targets because Vitamin A distribution included beneficiaries under post-Hurricane Mathew emergency response activities.

Revised Rating

Substantial

OBJECTIVE 2

Objective

Increase the access to and use of nutrition services in the Recipient's territory.

Rationale

(Original Objective, dropped in 2017)



Theory of Change: The project's theory of change envisioned that project outputs such as children taking Vitamin A supplementation and basic nutrition services were to result in an expansion of nutrition services.

Outputs:

- The nutritional status for 5,000 children aged under five years was measured. Vitamin A was delivered to 1,800 children by KF community agents.
- 1.3 million children aged six to 59 months received Vitamin A supplementation, surpassing the original target of 4,000 children. According to the Bank team (July 9, 2021) after this indicator was introduced, during project implementation, project funds were used to finance emergency response activities to the Hurricane Matthew crisis including the provision of Vitamin A to children. This activity and its magnitude were not anticipated at the time of project preparation nor at the time of the restructuring/AF resulting in a much higher quantity of Vitamin A being supplemented to children under the project than originally anticipated.
- Between 2013 and 2019 over 1.5 million women and children received basic nutrition services under the RBF model and part of Hurricane Matthew emergency response activities, surpassing the original target of 200,000.

Outcome:

- Between the third quarter of 2016 and June 2018, there was a 55 percent increase in the percentage of children between age six and 59 months receiving nutritional screening and follow-up under the RBF program, surpassing the target of 12 percent.

Given the expansion in access to nutrition services, the achievement of this objective is rated Substantial.

Rating

Substantial

OBJECTIVE 3

Objective

Increase the access to and use of social services in the Recipient's territory.

Rationale

Theory of Change: The project's theory of change envisioned that project activities such as providing conditional cash transfer grants to eligible beneficiaries and improving the capacity for the delivery of basic social services at household level would result in intermediate outcomes such as improving Kore Fanmi capacity for the delivery of basic social services at the household community and household levels. Finally, project activities such as support for the strengthening of social protection coordination and management capacity within FAES were expected to result in improved FAES' social protection coordination and management capacity.

Output:



- 150 community agents were trained and 20,000 home visits to vulnerable families and families connected to other services were conducted.

Outcomes:

- The targets for intermediate results indicators focusing on the delivery of social services by KF community agents were not achieved since the activities were stopped in 2015.
- By 2015 34,000 households were registered in the KF registry compared to an original target of 80,000 beneficiaries. It was decided to eliminate the KF beneficiary registry and instead focus on the development of an integrated beneficiary registry at the national level (SIMAST). As of June 2020, SIMAST included 473,000 households.

Since the activities related to this objective were stopped, the achievement of this objective was Modest.

Rating
Modest

OBJECTIVE 3 REVISION 1

Revised Objective

Improve targeting of social services in the Recipient's territory in areas affected by Hurricane Matthew.

Revised Rationale

Theory of Change: The project's theory of change envisioned that project outputs such as conducting pilots of an upcoming housing and population census and preliminary calculation of vulnerability clusters were to result in outcomes such as SIMAST being used for the identification of recipients of social services and targeting of persons with disabilities.

Outputs:

- Pilots of the upcoming fifth housing and population census were carried out in four departments.
- A preliminary calculation of vulnerability clusters was conducted in the four pilot departments.
- In 2020 a Steering Committee was created to oversee the development of SIMAST. SIMAST now covers about 21 percent of the Haitian population.
- In 2020, the National Policy on Social Protection and Promotion (PNPPS) was adopted by the Council of Ministers and formalized SIMAST's role as foundation for targeting for all programs.

Outcomes:

- SIMAST is being used for the identification of recipients of social services (nutrition, maternal and child health services, productive inclusion support) and benefits under programs supported by different development partners.
- SIMAST is also being used for the identification and future targeting of persons with disabilities.



While the project supported the foundation of improving targeting of social services, it did not have a direct and measurable impact in terms of improved targeting. Therefore, the achievement of the objective is rated Modest.

Revised Rating

Modest

OBJECTIVE 4

Objective

To strengthen cholera control in areas affected by Hurricane Matthew.

Rationale

Theory of Change: The project's theory of change envisioned that outputs such as supporting water and sanitation interventions and assessing health facilities in regards to adequate stocks of cholera supplies were to result in a reduction of cholera fatality rate.

Outputs:

- 141 water and sanitation interventions were supported at health facility and community levels, surpassing the target of 41 water and sanitation interventions.
- The percentage of health facilities assessed as having adequate stocks of cholera supplies increased from zero in 2017 to 100 percent in 2019 in departments affected by Hurricane Matthew, surpassing the target of 90 percent.

Outcomes:

- The percentage of cholera alerts and outbreaks investigated and acted on EMIRAS within 48 hours of onset increased from seven percent in 2015 to 100 percent in 2019, surpassing the target of 60 percent.
- The cholera fatality rate decreased from 0.89 percent in 2015 to zero in 2019, surpassing the target of 0.99 percent.

According to the ICR (p. 21) the Bank collaborated closely with other development partners including PAHO, UNICEF, and CDC that ensured an integrated and well-coordinated approach. However, therefore it is not entirely clear to what extent these outcomes can be solely attributed to this project. Overall, achievement under this objective was High

Rating

High



OVERALL EFFICACY

Rationale

Efficacy for the pre-AF period is rated Substantial due to the Substantial achievement under the first objective (increase the access to and use of maternal and child health services in the Recipient's territory) and second objective (increase the access to and use of nutrition services in the Recipient's territory) and Modest achievement under the third objective (increase the access to and use of social services in the Recipient's territory).

Overall Efficacy Rating

Substantial

OVERALL EFFICACY REVISION 1

Overall Efficacy Revision 1 Rationale

Efficacy for the after-AF set of objectives is also rated Substantial due to the Substantial achievement under the revised first objective (increase the access to and use of maternal and child health services, with a particular focus on areas affected by hurricane Matthew), Modest achievement under the revised third objective (improve targeting of social services in the Recipient's territory in areas affected by Hurricane Matthew), and High achievement under the fourth new objective (strengthen cholera control in areas affected by Hurricane Matthew).

Overall Efficacy Revision 1 Rating

Substantial

5. Efficiency

Economic efficiency:

The PAD (p. 75) conducted a cost-benefit analysis which was based on a five- and fifteen-year horizon. Due to difficulties in estimating benefits of the institutional component of the Project, only benefits of the maternal and child health and nutrition service delivery component (sub-component 1.1) and the family support component (sub-component 1.2) were estimated (which were to cover 89 percent of project costs). However, the analysis was limited: in health, it only looked at the mortality effects of the project; and in social services, it only



considered potential income gains from Kore Fanmi interventions. There were to be other gains that were not measured such as the quality-of-life effects from births averted to lower morbidity and improved nutritional status of mothers and children, as well as long-term economic effects of improved learning potential from better nutrition and reduced social constraints on access to education. Institutional improvements, while not measured, were to be directly reflected in the performance of Kore Fanmi agents, and their outreach activities were to include maternal and child health and nutrition and healthy lifestyle messages, as well as social care-type support to families at risk. The cost benefit analysis made several key assumptions: i) outreach activities, better affordability and access, and better quality of maternal and child health and nutrition services were to lead to reduced mortality of pregnant women, mothers and children; ii) increase in hospital bed days due to better detection of at-risk pregnancies and deliveries, and of clinical malnutrition, as well as the introduction of free services, including referrals; and iii) averted productivity loss due to social care. A discount rate of five percent was applied. The analysis estimated benefit-cost ratio of 0.3 over five years and of 2.2 over 15 years. The PAD did not estimate a Net Present Value (NPV).

When the project received AF in 2017 another economic analysis was conducted. The analysis identified economic benefits resulting from reduced morbidity and mortality, including the savings in healthcare costs into account. The analysis estimated a NPV of about US\$89 million and a benefit-cost ratio of 1.9 over a five- year period.

The ICR (p. 23) updated the AF’s economic analysis using actual data on cholera cases for the period 2013-2020 (the AF had used projected once) and took the extended closing date of September 30, 2020 into account. The analysis estimated a NPV of US\$111 million and a BCR of 2.14. These analyses indicate that the project was a worthwhile investment.

Operational efficiency:

During the first four years of project implementation the project experienced implementation delays and issues related to SP activities. However, many challenges were addressed during project restructurings which positively impacted subsequent project implementation. Also, the project was able to increase planning and implementation capacities of the local government. Overall, efficiency is rated Substantial in view of good value for money but with moderate shortcomings in the efficiency of implementation.

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 <input type="checkbox"/> Not Applicable
ICR Estimate		0	0 <input type="checkbox"/> Not Applicable



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

6. Outcome

Relevance of objectives is rated High across the entire project given full alignment with the government's policy and Bank's CPF. Efficiency, also assessed across the entire project, is rated substantial, as the project offered good value for money, but with shortcomings in the efficiency of implementation. Efficacy is rated Substantial under both the original and revised sets of objectives, as the objectives were almost fully met.

Hence the outcome under both the original and revised objectives is rated Satisfactory.

According to IEG/OPCS harmonized guidelines, when a project's objectives are revised, the final outcome rating is an average of outcomes before and after the revision of objectives weighted by Bank disbursements under each set of objectives. In this project 28.3% of disbursements occurred under the original objective and 71.7% under the revised objective. But since the outcome is the same under both of the original and revised set of objectives, a formal calculation is unnecessary, and the overall project outcome is rated Satisfactory.

a. Outcome Rating

Satisfactory

7. Risk to Development Outcome

Risks to development outcome can be classified under the following categories:

Macroeconomic and external risks: Haiti experienced significant devastation throughout the last decade due to the earthquake, hurricane Matthew, the cholera epidemic and the current Covid-19 pandemic. In 2019 Haiti ranked 16th in the World Risk Report due to its high exposure and vulnerability to recurrent natural disasters. In addition to these devastating events, the government of Haiti has been going through recurrent political and institutional instability. All these circumstances negatively impact Haiti's economic development with the country's GDP having decreased by 1.4 percent in 2019. Furthermore, Haiti's GDP is expected to decrease by 3.1 percent in 2020 as a result of the Covid-19 pandemic.

Government: According to the ICR (p. 33) macroeconomic and political risks remain high and recurrent institutional and political instability continue to negatively impact Haiti's economic and social development.

Technical: While some capacity was built throughout project implementation, the ICR (p. 33) stated that weak institutional and coordination capacity across different technical and administrative units as well as a high turnover of staff at the MSPP pose a risk to the sustainability of achievements made under the project.

Financing: Haiti's health system has been highly dependent on donor aid (80 percent of non-private current health expenditure). However, according to the ICR (p. 33) financing has been rapidly decreasing with on-budget external financing decreasing by more than 80 percent since 2013. The Bank continues to provide financial support through a follow-on project (PROSYS, P167512) which will build on the achievement made under this project until 2024. Also, the Bank's "Adaptive Social Protection for Increased Resilience" project (P174111) will continue to support the development and institutionalization of the registry and access to cash



transfers and accompanying measures (social services). However, continuous financing will be critical for the sustainability of outcomes.

8. Assessment of Bank Performance

a. Quality-at-Entry

The health stream of the project and the RBF model took lessons learned from operations in Afghanistan, Argentina, Burundi, and Rwanda into account. These lessons learned included tying incentives to quality scores at the facility level to ensure quality of service delivery and the need to develop a strong M&E, including external verification of results. According to the ICR (p. 30) the Bank team collaborated closely with USAID to develop a unified sector-wide approach and provide the MSPP with technical capacity. This part of the project benefitted from a gradual implementation which started with a pilot to test different mechanisms and develop basic tools used for the national RBF program, such as the quality checklist, services package, and verification tools.

Project activities related to cholera were based on the implementation experience under a previous Bank project (“Haiti’s Cholera Emergency Response Project” P120110) in six departments. According to the ICR (p. 31) lessons learned from this project included the need for an integrated approach to facility-level treatment and community-level education and prevention campaigns and continued capacity building in all areas of project implementation and management. The Bank team collaborated closely with other donors supporting the National Plan such as the Pan-American Health Organization (PAHO), United Nation’s Children Fund (UNICEF), and the United States Centers for Disease Control (CDC).

Project activities related to social protection were based on the international experience of using community agents to directly provide services to the population as well as previous Bank projects in this area in Haiti. However, the design had two shortcomings. First, it was not able to improve the systematic fragmentation of Haiti’s social protection sector when the inflow of international assistance was high. And second, the design overestimated the FAES’ capacity and the MSPP support to provide and report on health services.

According to the PAD (p. 12) the project’s overall risk rating was high. Even though the government had demonstrated its commitment to the innovative project design, there was a lack of implementation capacity to introduce two new approaches (results-based financing and integrated family support). Also, disbursements of results-based payments were tied to the fulfillment of a number of key conditions, including the appointment of an independent verification agency, recruitment of the contracting team and submission of an impact evaluation plan. Therefore, there was a substantial risk of a delay in disbursements if these conditions were not to be met in a timely manner. The PAD did not state how the Bank was to mitigate these risks but capacity constraints were an issue throughout implementation resulting in delays.

The project’s Results Framework was adequate (see section 9 a for more details).



Quality-at-Entry Rating

Moderately Satisfactory

b. Quality of supervision

According to the ICR (p. 31) the Bank team coordinated across sectors within the Bank, counterparts as well as donors involved in the different intervention areas. The ICR further stated that in the health sector, the Bank team conducted regular supervision missions including field visits throughout implementation. Also, the project benefitted from the Task Team Leader (TTL) coming on board after board approval and remaining on the project throughout its implementation. The ICR (p. 31) stated that the Bank team was sufficiently flexible to restructure the project in the aftermath of Hurricane Matthew and expand the geographic coverage of cholera-control activities. According to the Bank team (July 9, 2021), between 2017 and 2019 (before the security situation deteriorated) the Bank conducted monthly supervision missions.

According to the ICR (p. 31) the implementation of the social protection activities was negatively impacted by a high turnover of Bank staff (five TTLs) throughout the project's lifetime. As a result, supervision was not sufficient to ensure an adequate implementation of the KF initiative. During the last two years of project implementation, supervision improved and the Bank worked closely with other partners through the Integrated Beneficiary Registry (SIMAST) technical committee. As a result, implementation improved as demonstrated through the development of SIMAST and its adoption as a harmonized targeting tool.

The Bank team restructured the project four times and revised the Results Framework to allow for a better monitoring of implementation progress. The Bank addressed Financial Management shortcomings by providing trainings.

Quality of Supervision Rating

Moderately Satisfactory

Overall Bank Performance Rating

Moderately Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

The project's original and revised objectives were clearly specified. Also, the project's theory of change and how key activities and outputs were to lead to intended outcomes were adequately elucidated and reflected in the project's Results Framework. The selected indicators encompassed all outcomes of the PDO statement and were sufficiently specific and included baselines, when available, and targets. The PAD (p. 19) provided a detailed description of each indicator.

According to the PAD (p. 11) the MSPP's health management information system and the Kore Fanmi MIS were to form the basis of the performance report. An impact evaluation of the project was to be conducted. The routine data of the Haitian Health Information System (HSIS) was to be used as the basis for



performance reporting of the institutional service providers, following verification of the accuracy of the data, including at household level. The unified national beneficiary registry and MIS were to be expanded to ensure that all the data and information generated by KF were to be accessible through a single platform. The socioeconomic survey was to be collected by a consulting firm or NGOs under the close supervision of FAES and then inputted in the beneficiary registry.

b. M&E Implementation

The project's M&E implementation faced several challenges. For example, according to the ICR (p. 28) the original Results Framework relied strongly on KF to provide data which experienced delays which negatively affected monitoring, especially at the PDO indicator level. The project measured progress towards the objective through its Intermediate Outcome Indicators (IOIs) which were based on data from HSIS at the facility level.

The project's Results Framework was restructured twice. In March 2017 the project's focus on the identification of vulnerable households was dropped and the Results Framework was revised accordingly.

When the project received AF in June 2017, the PDO was revised and the Results Framework was modified to reflect the expanded geographical coverage and emergency response objectives.

According to the ICR (p. 29) verification of results under the RBF model was conducted by independent external agents on a quarterly basis. During the verification process health facility registries were reviewed and the agents randomly conducted household surveys to verify what services were received. However, high turnover of verification staff required ongoing training of new staff. The project's RBF impact evaluation was negatively affected by social unrest resulting in delayed data collection. The ICR (p. 29) stated that the process was completed, and final results are being expected by mid-2021.

According to the Bank team (July 9, 2021) M&E data were found to be of good quality, and indeed the project helped to substantially strengthen existing M&E mechanisms. Under the RBF program in particular, health facilities were incentivized to report data on time and accurately. This included data on key indicators under the national Health Management Information System (HMIS) since the RBF program was linked to HMIS.

However, according to the Bank team (July 9, 2021) the deteriorating security situation since 2018, aggravated by the COVID-19 crisis (including lockdown, restrictions etc.), adversely affected the relevant M&E systems, which relied on appropriate and complete data collection efforts. As a result, most data included in the Results Framework were from 2019. Nonetheless, the Bank team stated that M&E functions and processes are likely to be sustained after project closing.

c. M&E Utilization

According to the ICR (p. 29) the project's M&E was able to measure implementation progress after the Results Framework's revisions in 2017. The Bank team (July 9, 2021) indicated that M&E was used to inform decision making. For example, the prices paid to health facilities for each indicator under the RBF program were continually adjusted to incentivize performance for lagging indicators. For cholera, M&E emphasized the difficulty to make further progress on reducing cholera incidence and fatality, especially



after hurricane Matthew. These figures led to the rethinking of the cholera response strategy and in response to this lack of progress, the WB significantly increased its financing and its leadership role through the PIU to gather key stakeholders together (MSPP, UNICEF, CDC, and PAHO), identify gaps and address them (in particular in lab testing capacity and increase the number of rapid response teams in the field).

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards

The project was classified as category B and triggered the Bank's safeguard policy OP/BP 4.01 (Environmental Assessment) due to medical waste management and the potential of inappropriate handling, classification, transportation, disposal and elimination of medical and healthcare waste and infected materials in addition to project-related worker occupational health and safety. According to the ICR (p. 29) the project prepared an Environmental and Social Management Framework (ESMF) which included over 40 project sites screened and ESMF-mitigation measures implemented. The ICR stated that several risks materialized, including malfunctioning of the sanitation systems in some locations, water shortages, and inappropriate site management at some health centers leading to proliferation of vectors such as mosquitos. According to the Bank team (July 9, 2021) the project mitigated these risks by investing in water and sanitation improvements (infrastructure and equipment) across health facilities, enhanced supervision by the PIU (recruitment of a dedicated environmental safeguards specialist, in addition to the sanitary engineer), increased investment in the cholera rapid response teams that included water and sanitation team to diagnose issues, provide guidance and active support to health workers when detecting inappropriate site management, and close coordination and financing of UNICEF which invested in sanitation in facilities, as well as additional support to the DPSPE (at MSPP) to increase supervision and implementation of corrective action (as part of their mandate).

The ICR (p. 29) stated that due to the project's extensive geographic scope and large number of sub-projects, the Project Implementation Units (PIUs) faced a challenge in being able to provide quality reporting. As a result, the project's overall environmental safeguard performance was rated Moderately Satisfactory.

The AF triggered the Bank's safeguard policy OP/BP 4.12 (Involuntary Resettlement) due to the scaling-up of the rehabilitation activities which had the potential to affect the income sources and livelihood activities of households and businesses temporarily. However, the ICR (p. 29) stated that the project did not implement any activities that resulted in physical or economic displacement and therefore no resettlement instruments or payment of any resettlement related compensation was needed.

The project implemented with some delays a Grievance Redress Mechanism (GRM) that was applied when some workers experienced an issue regarding payments by companies hired by the project. According to the ICR (p. 30) the Bank was able to support a resolution.



b. Fiduciary Compliance

Financial Management:

The Economic and Social Assistance Fund (FAES) and Ministry of Public Health and Population (MSPP) were responsible for the project’s financial management. Since the MSPP had never implemented a Bank project before, capacity needed to be built. Also, even though the FAES had experience with two previous Bank projects, capacity required strengthening. According to the ICR (p. 30) while the MSPP was able to perform its financial management responsibilities adequately throughout project implementation, FAES’s performance deteriorated throughout implementation due to high staff turnover. As a result, Bank policies and procedures were not applied in a consistent manner. The Bank addressed these shortcomings by providing trainings. However, the ICR stated that weaknesses persisted throughout the project’s duration.

Procurement:

While under the original project, both MSPP and FAES were responsible for procurement, under the AF, only MSPP performed that role. According to the ICR (p. 30), the project complied with the Bank’s procurement regulations for borrowers under investment policy financing. Furthermore, the PIUs had adequate capacity to respond to unplanned procurement needs such as processing time-consuming amendments to some contracts as a result of high inflation. However, the project experienced several procurement related delays mainly due to the rapidly deteriorating security situation which impacted project supervision. Also, high inflation provided challenges for contracts management. During the last year of project implementation procurement was negatively affected by the Covid-19 pandemic as well as the challenge for the PIU to find sufficient high-quality procurement staff. These factors as well as an economic slow-down which put pressure on the cash flows of small construction companies resulted in some not completed contracts when the project closed. Those contracts will be co-financed under the follow-on project PROSYS (see Section 7).

c. Unintended impacts (Positive or Negative)

None noted.

d. Other

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11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
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Outcome	Satisfactory	Satisfactory
Bank Performance	Moderately Satisfactory	Moderately Satisfactory
Quality of M&E	Substantial	Substantial
Quality of ICR	---	Substantial

12. Lessons

The ICR (p. 33-24) included lessons learned which were adapted by IEG:

- **Carefully assessing potential implementing agencies during project identification and preparation is critical to ensure institutional support and capacity throughout implementation.** This project experienced implementation issues due to the challenges of different entities providing and reporting on health services. Especially the institutional support by the MSPP and the institutional capacity of FAES were underestimated.
- **RBF has the ability to change the behavior of health care providers.** Achievements under this project show that incentives can support the prioritization of preventative MCH care services and the homogenization of clinical and reporting protocols in a highly decentralized and diverse landscape of health care services.
- **The implementation of an RBF mechanism requires substantial Technical Assistance due to the substantial organizational changes being introduced.** In this project, the Bank provided TA at both the service provider level and MSPP level to support the development of a strong stewardship capacity.

13. Assessment Recommended?

Yes

Please Explain

Given the complexity of this project in terms of thematic areas covered as well as implementing environment a detailed assessment would be beneficial to take advantage of the knowledge generated. This would allow to learn in more detail what the obstacles in regard to the implementation of the SP activities were, and how the Bank can prepare to address such challenges in future projects.

14. Comments on Quality of ICR

The ICR provided a good overview of project preparation and implementation and included an adequate Economic analysis. Also, the ICR was sufficiently outcome driven, internally consistent and structured in a way that makes a complicated project relatively easy to follow. The lessons learned are likely to be useful for future



operations in this area. The ICR would have benefitted from being a bit more critical about implementation issues. Also, the ICR did not provide any information on whether the project complied with Bank's safeguard policies OP/BP 4.09 (Pest Management) and OP/BP 4.11 (Physical Cultural Resources). Overall, the ICR is rated Substantial.

a. Quality of ICR Rating
Substantial