



1. Project Data:		Date Posted : 08/21/2000	
PROJ ID: P039450		Appraisal	Actual
Project Name: Health Project	Project Costs (US\$M)	54	48.9
Country: Croatia	Loan/Credit (US\$M)	40	39
Sector(s): Reform and Financing	Cofinancing (US\$M)	None	
L/C Number: L3843; LP250			
	Board Approval (FY)		95
Partners involved :	Closing Date	12/31/1998	12/31/1999
Prepared by :	Reviewed by :	Group Manager :	Group:

2. Project Objectives and Components

a. Objectives

To support and sustain the Government of Croatia's program of health care reform.

b. Components

There were three specific components:

1. Health Insurance Administration, with a special focus on improving the operational and financial management system of the Croatia Health Insurance Institute (CHII) by supporting the computerization and use of information services.

2. Primary Care and Health Promotion Services, designed to improve quality and availability of basic diagnostic services for the national primary care network through provision of training as well as of laboratory and diagnostic equipment for PHC facilities; and also to support various health promotion activities at PHC, community and mass media levels.

3. Essential Hospital and Emergency Services, designed to upgrade essential acute care services through the provision of equipment and training for intensive, perinatal, and emergency medical care.

c. Comments on Project Cost, Financing and Dates

Total project costs were estimated at \$54M, with a Bank loan of \$40M, and GoC contribution of \$14M. Latest estimates at closing were a total project cost of \$48.9M, Bank loan of \$39M and GoC contribution of \$9.9M.

3. Achievement of Relevant Objectives:

The project was successful in achieving all basic project objectives. The project improved the operational and financial management of the CHII, and the quality and availability of primary health care facilities and services throughout the country. It similarly improved essential hospital and emergency services. Finally, a number of health promotion activities, at clinical, community, and mass media levels were undertaken.

4. Significant Outcomes/Impacts:

This project, the first in the health sector and one of the first Bank loans overall for Croatia, was strongly supported at the national policy level. It was well-implemented by the Borrower and well-supervised by the Bank. Regarding Health Insurance Administration, a computerized HIS was established and is functioning nationwide, allowing for full and transparent control of revenues and expenditures, as well as the potential for a comprehensive PHC database useful in assessing health interventions. Regarding PHC and Health Promotion Services, over 60% of the PHC Centers were equipped with x-ray and other diagnostic equipment, and more than 7500 staff received training in over 300 courses judged to be of generally high quality. Regarding Essential Hospital and Emergency Medical Services (EMS), a substantial amount of equipment was placed into use (e.g., 218 ambulances, portable resuscitation equipment for all 110 health centers in Croatia, and medical equipment for perinatal and intensive care units). Substantial related training was also provided (e.g., 107 physicians and 270 nurses in EMS, 44 ICU physicians, 77 perinatal care physicians and 570 perinatal care nurses were trained). Overall almost 9000 health care providers were trained under the project, 20% more than originally planned for.

5. Significant Shortcomings (including non-compliance with safeguard policies):

The Health Promotion component was slow to get underway and had relatively little in the way of tangible results to show for its efforts. (Although, given Croatia's long tradition of preventive medicine, and the GoC's commitment to this component in the successor Bank project, perhaps useful groundwork has been laid by pilot and baseline studies and by initial training activities that were conducted.) The effect of the project in terms of shifting health care service delivery from secondary to primary health care was relatively small, according to the GoC's own comments, because, despite the provision of equipment and training, "appropriate financial incentives for the PHC practitioners" were not introduced. Despite the agreed-upon outcome/impact indicators, no data are reported in the ICR on the effect of primary care and health promotion services, nor did the indicators for Health Insurance Administration express financial or other savings due to implementation of the computerized system.

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Satisfactory	Satisfactory	
Institutional Dev .:	Substantial	Substantial	
Sustainability :	Highly Likely	Highly Likely	
Bank Performance :	Highly Satisfactory	Highly Satisfactory	The Bank team worked efficiently and effectively to support project design and supervision, in a post-conflict setting.
Borrower Perf .:	Highly Satisfactory	Highly Satisfactory	Government commitment was strong both at the political and administrative levels, and project implementation was effective despite this being the first Bank project in the sector, in a post-conflict situation.
Quality of ICR :		Exemplary	

NOTE: ICR rating values flagged with '*' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

- Borrower commitment to a project's strategy, goals, and implementation is critical to successful project performance.
- Indicators of project performance, in terms of both outputs and health outcomes, need to be regularly collected and used for project management as well as final evaluation.
- Baseline studies need to be done prior to health promotion interventions in order to assess subsequent changes in health behaviors. Such studies need to have high priority at project startup if preventive health strategies and goals are an important component of a project.
- The provision of equipment and training alone is insufficient to shift health system emphasis to primary care in the absence of effecting other changes within the health system (e.g., salaries of various levels of health care providers).

8. Assessment Recommended? Yes No

Why? Audit Recommended? Medium priority (offers possible cluster audit and/or sector review lessons for a relatively new region for Bank work in health).

9. Comments on Quality of ICR:

This was a well-written ICR. The dimensions and achievements of the project are well-presented, and the evidence for the ICR's conclusions and judgments is generally convincing. The ICR merits an "exemplary" rating, although with a few caveats. The "lessons learned" section could have included more about the more technical aspects of the project. Also, more focus could have been given to the tangible results of this project, besides the number of people trained and the amount of equipment purchased. Little mention is made of the use or appropriateness of the targets and indicators which had been identified at appraisal, or of the general absence of outcome/impact indicators for the PHC/Health Promotion Services component (Annex 1). Actual total project costs are erroneously presented in Annex 2 as \$77.9M, whereas the correct level seems to have been \$48.9M. Finally, the number of Bank supervision visits is not indicated. The Borrower's contribution to the ICR is excellent, although it also could have been strengthened by additional attention to outcomes as well as outputs.