

DOCUMENTO DEL BANCO INTERAMERICANO DE DESARROLLO

BOLIVIA

**PROGRAMA DE MEJORA EN LA ACCESIBILIDAD A LOS SERVICIOS DE SALUD
MATERNA Y NEONATAL EN BOLIVIA**

(BO-L1198)

PERFIL DE PROYECTO

Este documento fue preparado por el equipo compuesto por: Luis Buscarons, Jefe de Equipo (SPH/CBO); Xiomara Alemán, Jefe de Equipo Alterno (SPH/CEC); Marcia Gomes Rocha (SPH/CEC); Pablo Ibarraran y Martha Guerra (SCL/SPH); Joyce Elliot, Rossana Fernandez Bleichner y Christian Lunstedt (CAN/CBO); Carolina Escudero y Diana De León (VPC/FMP); David Maier (VPS/ESG); Mónica Centeno Lappas (LEG/SGO); y Sebastian Martinez (SPD/SDV)

De conformidad con la Política de Acceso a Información, el presente documento está sujeto a divulgación pública.

PERFIL DE PROYECTO

BOLIVIA

I. DATOS BÁSICOS

Nombre del Proyecto:	Programa de Mejora en la Accesibilidad a los Servicios de Salud Materna y Neonatal en Bolivia		
Número de Proyecto:	BO-L1198		
Equipo de Proyecto:	Luis Buscarons, Jefe de Equipo (SPH/CBO); Xiomara Alemán, Jefe de Equipo Alterno (SPH/CEC); Marcia Gomes Rocha (SPH/CBR); Pablo Ibarra y Martha Guerra (SCL/SPH); Joyce Elliot, Rossana Fernandez Bleichner y Christian Lunstedt (CAN/CBO); Carolina Escudero y Diana De León (VPC/FMP); David Maier (VPS/ESG); Mónica Centeno Lappas (LEG/SGO); y Sebastian Martinez (SPD/SDV)		
Prestatario:	Estado Plurinacional de Bolivia		
Organismo Ejecutor:	Ministerio de Salud (MS)		
Plan Financiero:	BID (CO):	US\$233.750.000	
	BID (COC):	US\$ 41.250.000	
	Total:	US\$275.000.000	
Salvaguardias:	Políticas activadas:	OP-102 (B1; B2; B3; B.4; B5; B6; B7; B10; B11; B.17), OP-704, OP-761, OP-765	
	Clasificación:	B	

II. JUSTIFICACIÓN GENERAL Y OBJETIVOS

- 2.1 **Antecedentes. La salud materno-infantil como principal desafío del sistema de salud boliviano.** Bolivia se mantiene entre los países de la región con los índices de expectativa de vida al nacer más bajos¹, y desafíos importantes relacionados al estado nutricional de los niños² y la salud materno-infantil. La tasa de mortalidad materna, 160 muertes por 100.000 Nacidos Vivos (NV)³ e infantil, 58 muertes por 1.000 NV, se encuentran por encima del promedio regional⁴, y constituyen el principal desafío que enfrenta el sector. Las autoridades sanitarias de Bolivia, en el marco del Plan de Desarrollo Económico y Social 2016-2020 y del Plan Sectorial de Desarrollo Integral Para Vivir Bien 2016-2020, han propuesto un Plan Nacional para la Reducción Acelerada de la Morbilidad Obstétrica Grave y la Mortalidad Materna y Neonatal bajo los principios que definen la Política de Salud Familiar Comunitaria Intercultural (SAFCl)⁵.

¹ Con un promedio de 70,7 años, Bolivia es el país de Latinoamérica con una menor esperanza de vida al nacer (promedio regional de 75,8 años). Organización Mundial de la Salud (OMS), 2016.

² La tasa de desnutrición crónica en menores de cinco años es del 18% (promedio regional del 11,3%). OMS, 2016.

³ Estudio Nacional de Mortalidad Materna - 2011. Ministerio de Salud (MS) – Instituto Nacional de Estadísticas (INE), 2016.

⁴ Los indicadores regionales para la razón de mortalidad materna y de mortalidad infantil son respectivamente 68 muertes por cada 100.000 NV y 16,1 por cada 1.000 NV. PLISA –Organización Panamericana de la Salud (OPS)/OMS, 2016.

⁵ La política SAFCl aborda la prestación de los servicios de salud tomando en cuenta a la persona, la familia, la comunidad y el entorno; además de respetar, valorar y articular la medicina biomédica y la medicina de los pueblos indígenas originarios campesinos. Decreto Supremo No.29601 del

Para enfrentar los problemas de accesibilidad, resolutiveidad y calidad de los servicios de salud, el mencionado plan sectorial contempla además un programa de inversión hospitalaria, para la ejecución del cual se ha creado la Agencia de Infraestructura de Salud y Equipamiento Médico (AISEM).

- 2.2 **Mortalidad materna y neonatal en Bolivia.** En 2011, en Bolivia murieron 538 mujeres a consecuencia de complicaciones durante el embarazo, parto y postparto, 14% de las cuales eran menores de 19 años; 68% del total de muertes maternas ocurrió en población indígena. Casi 60% de las mujeres fallecidas no fueron atendidas en los servicios de salud, sino que fallecen en el domicilio o durante el traslado. Las más altas tasas de mortalidad materna en Bolivia se encuentran en los departamentos de La Paz y Potosí. En cuanto a la tasa de mortalidad neonatal (27 muertes por 1.000 NV), ésta representa más de la mitad de la tasa de mortalidad infantil. Potosí presenta valores que prácticamente duplican el promedio nacional. Se estima que en el país ocurren, aproximadamente, algo más de 8.000 muertes neonatales anuales⁶.
- 2.3 **Caracterización contextual. Motivos que explican la elevada morbi mortalidad materna y neonatal en Bolivia.** Los “motivos” de morbi-mortalidad no se refieren a las causas directas o indirectas biológicas (obstétricas y neonatales), sino que consideran las circunstancias del contexto (demoras en el reconocimiento del problema, búsqueda de ayuda, calidad de atención, etc.) que contribuyen a las altas tasas de mortalidad y que expresan la inequidad y exclusión social de los sistemas de salud, el grado de organización y accesibilidad a los servicios y el respeto a los derechos reproductivos de la población⁷. En Bolivia, solamente 72% de las embarazadas reciben al menos cuatro controles prenatales y la atención institucional del parto es del 68-76%^{8,9}. Únicamente 71% de los partos son atendidos por personal calificado y sólo 77% de nacimientos reciben atención postnatal en las 48 horas después del parto¹⁰. La prevalencia de anemia en mujeres en edad fértil es 38%; y el consumo de suplementos prenatales 77%. La accesibilidad y capacidad de resolución de la oferta se encuentra limitada por: déficits cualitativos y cuantitativos en las infraestructuras y equipamiento de los establecimientos de salud^{11,12}; por la disponibilidad, formación y distribución de los recursos humanos de salud¹³; por la carencia de insumos, medicamentos y sangre

11/06/2008.

⁶ Según la Guía para la Vigilancia de Mortalidad Perinatal y Neonata, MS, 2013.

⁷ Mortalidad Materna en Bolivia. Mario García Sainz, Universidad Mayor de San Simón (UMSS) – 2017.

⁸ Porcentaje de acuerdo a la definición de la OMS de parto institucional (“parto en establecimiento de salud”). Aunque, usando la definición nacional (“un parto atendido por personal calificado, aunque no sea en un establecimiento de salud equipado para el efecto”), un 93% de los partos en Bolivia fueron “institucionales” en 2015. Datos administrativos sobre partos institucionales y partos domiciliarios de 2015. MS, 2016.

⁹ De las 538 muertes maternas por causas obstétricas en Bolivia (2011), sólo el 50% habían hecho control prenatal y sólo el 40% tuvieron su parto atendido por personal calificado. Estudio Nacional de Mortalidad Materna -2011. MS, 2016.

¹⁰ El país no ha incorporado todavía en la norma la recomendación internacional de una visita domiciliar post natal en las primeras 24 y 72 horas después del parto.

¹¹ Bolivia cuenta con 1,6 camas por 1.000 habitantes (promedio regional de 3,4). Health Core Indicators. Health Information Platform for the Americas, 2017.

¹² Para la gestión 2012 sólo el 54% de los establecimientos de salud se encontraban acreditados independientemente de su nivel. Respecto a los 91 hospitales de segundo nivel, sólo 13 estaban acreditados; y respecto a los hospitales de tercer nivel, sólo 2 de los 33. Sistema Nacional de Información en Salud – Vigilancia epidemiológica (SNIS-VE), 2013.

¹³ Las ratios de la oferta del sistema de salud boliviano siguen estando por debajo de los promedios regionales: Bolivia cuenta con 8,9 médicos por 10.000 habitantes (promedio regional de 17,7);

segura; por la fragmentación en la gestión operativa¹⁴ a nivel de las redes de salud; y por la inadecuación intercultural y falta de articulación comunitaria de la organización sanitaria. En términos de los servicios disponibles, sólo 11% cuenta con servicios obstétricos básicos de emergencia, mientras que 53% no está en condiciones de realizar las seis funciones básicas del cuidado obstétrico urgente. Dado que las prestaciones del Cuidado Obstétrico Neonatal Esencial (CONE) completo, que incluyen la cesárea y acceso a sangre segura, deben ser prestadas a nivel de los hospitales de segundo nivel, la capacidad de resolución de éstos se convierte en un elemento crítico¹⁵.

- 2.4 **Aportes del Programa de Mejora en la Accesibilidad a los Servicios de Salud Materna y Neonatal.** No hay una sola intervención que, aisladamente, pueda reducir sustancialmente la mortalidad materna y neonatal; por lo que las recomendaciones internacionales se refieren a paquetes o conjuntos de servicios, tales como el CONE¹⁶, y proponen priorizar las atenciones intraparto sin desatender servicios preventivos durante el embarazo y el postparto. En este sentido, el Programa propone contribuir a la reducción de la mortalidad materna y neonatal a través de: (i) la implementación operativa en las redes priorizadas¹⁷ de la estrategia CONE, considerando tanto el apoyo a la implementación del modelo de atención, como el fortalecimiento de las capacidades gerenciales que permitan conducir eficientemente dicho modelo de atención, lo cual incluye aspectos que van desde la gestión del talento humano a la existencia de sistemas de información adecuados para el monitoreo, análisis y evaluación; y (ii) incrementar la disponibilidad, el acceso y la capacidad resolutoria de los servicios y cuidados prenatales, obstétricos, puerperales y neonatales, con calidad, mediante la inversión en infraestructura y equipamiento, con una visión de red integrada de salud, que se articule por medio de una clara jerarquía de capacidades de resolución entre niveles ambulatorio, básico y completo, y por un sistema de referencia y respuesta que empiece desde la comunidad. La adecuación a la norma de los hospitales de segundo nivel en las cabeceras de red permitirá prestar la atención de CONE completo a nivel de red, lo cual incluye la cesárea y la transfusión de sangre segura; la hemorragia constituye el 37% de las causas de muerte materna en Bolivia (directas e indirectas) y el 59% de las causas directas. Entre las inversiones a realizar, se contemplará el financiamiento de las brechas para equipamiento identificadas en las operaciones actualmente en

5,1 enfermeros por 10.000 habitantes (promedio regional de 14,3). Health Core Indicators. Health Information Platform for the Americas, 2017.

¹⁴ Existen tres niveles de gestión: nivel central, con un rol normativo y responsable del cuarto nivel de atención (Institutos Especializados); nivel departamental, responsable del tercer nivel de atención; y nivel municipal, responsable del primer y segundo nivel de atención.

¹⁵ De los 91 hospitales de segundo nivel existentes en el país, sólo 13 cumplen con los criterios establecidos en la norma para su acreditación.

¹⁶ Las intervenciones eficaces orientadas a mejorar la supervivencia y la salud de los recién nacidos constituyen uno de los componentes de los servicios integrados de salud reproductiva, materna, neonatal, y del niño y el adolescente. Se han documentado adecuadamente en todas las etapas de la vida y se han agrupado en conjuntos concebidos para los diversos niveles de prestación de servicios: CONE comunitario, CONE básico y CONE completo. A global review of the key interventions related to reproductive, maternal, newborn and child health. Ginebra: Alianza para la Salud de la Madre, el Recién Nacido y el Niño, 2011.

¹⁷ El MS ha priorizado 15 redes de salud en cinco departamentos por razón de sus indicadores de salud, particularmente los relacionados con los cuidados materno-infantiles y los relativos a criterios de accesibilidad a los servicios de atención.

ejecución (cinco redes)¹⁸, la intervención en 10 nuevas redes de salud, y la incorporación de sistemas integrados de información para la gestión, además de un sistema de monitoreo permanente de la muerte materna y neonatal.

2.5 Lecciones aprendidas del trabajo del Banco en el sector salud en Bolivia.

En la última década, Bolivia ha asignado financiamiento del Banco a cuatro préstamos en el sector salud¹⁹, tres todavía en ejecución. Las inversiones están destinadas a la construcción, equipamiento y puesta en marcha de cinco hospitales, considerando una intervención integral en la red de salud y la implementación de un nuevo modelo de gestión hospitalaria, cuya replicación general en el sistema permitirá la mejora de la calidad asistencial y de la eficiencia en el uso de recursos. La nueva operación permitirá extender y consolidar este modelo. Entre las lecciones aprendidas, resaltamos las que tienen que ver con la necesidad de presencia de los equipos ejecutores sobre el terreno y la transferencia de conocimiento técnico-especializado con relación al diseño de hospitales y supervisión de obras y equipamiento.

2.6 Alineación estratégica. El programa es consistente con la Actualización de la Estrategia Institucional (UIS) 2010-2020 (AB-3008) y se alinea estratégicamente con los desafíos de desarrollo de inclusión social e igualdad mediante la reducción de la mortalidad materna y neonatal. También se alinea con las áreas transversales de igualdad de género y diversidad fomentando la salud de la mujer; cambio climático y sostenibilidad ambiental promoviendo infraestructuras eficientes, sostenibles y resilientes. Adicionalmente, contribuirá al Marco de Resultados Corporativos (CRF) 2016-2019 (GN-2727-6) mediante el aumento de personas que se benefician de servicios de salud, de forma consistente con el Marco Sectorial de Salud y Nutrición (GN-2735-7). Además, se alinea con la Estrategia de País con Bolivia (GN-2843), contribuyendo a cerrar las brechas sociales, pues facilitará la accesibilidad a servicios de salud de los CONE de forma equitativa y oportuna de la población más vulnerable; e incrementar la capacidad institucional, fortaleciendo la capacidad gerencial del sector salud y su agenda digital.

2.7 Justificación. El Gobierno de Bolivia ha solicitado al Banco un préstamo de inversión, para mejorar la capacidad institucional de gestión de los CONE, incrementar la accesibilidad y calidad de la oferta de los servicios de salud materno-infantiles, y hacer su infraestructura más resolutive al tiempo que resiliente ante fenómenos naturales y ambientalmente sostenible. El fin del préstamo, es la mejora de la salud materno-infantil y el propósito (resultado final esperado) reducir la morbi-mortalidad materna y neonatal.

2.8 Objetivo. El objetivo general del programa es la reducción de la morbi-mortalidad materna y neonatal, incrementando la accesibilidad y capacidad resolutive, con calidad, de las redes de salud con indicadores de mortalidad materno-infantil y accesibilidad más desfavorables. Los objetivos específicos son: (i) implementación

¹⁸ Se complementará el equipamiento de los hospitales El Alto Norte, El Alto Sur, Potosí, Llallagua y Ocurí; y sus redes de salud.

¹⁹ (i) Programa Multifase de Erradicación de la Extrema Pobreza – Fase I (BO-L1032); (ii) Programa de fortalecimiento de las redes integrales de salud en el Departamento de Potosí (BO-L1067); (iii) Programa de mejoramiento del acceso a los servicios hospitalarios en Bolivia (BO-L1078); y (iv) Programa de mejoramiento del acceso a los servicios de salud en El Alto, Bolivia (BO-L1082).

de la estrategia CONE y mejoras en el desempeño de la red a través de: (a) implementación de procesos de mejora continua de la calidad de atención, con énfasis en un modelo de atención CONE; (b) mejora de los sistemas de información para la gestión de la atención en salud y el monitoreo de la morbi-mortalidad; y (c) incremento de las capacidades gerenciales de la red y de los establecimientos de salud; y (ii) fortalecimiento de la infraestructura de la red de servicios de salud, realizando inversiones en obras y equipamiento que incrementen la capacidad resolutive de la misma, con una visión integral y articulada de la red.

- 2.9 **Componente 1. Implementación de la estrategia CONE y optimización y mejora de los procesos de gestión integral de las redes de salud prioritizadas (US\$15 millones).** Orientado a apoyar la implementación de un modelo de atención en CONE y al fortalecimiento institucional de la red de servicios de salud, optimizando los recursos disponibles y mejorando los procesos de gestión. Se financiarán:
- a. Subcomponente 1.1: Implementación de un nuevo modelo de atención en CONE, con énfasis en la mejora continua de la calidad (US\$7 millones).
 - b. Subcomponente 1.2: Optimización y mejora de los procesos gerenciales en la red de servicios (US\$8 millones).
- 2.10 **Componente 2. Incremento de la capacidad resolutive de la red de servicios a través de mejoras en la infraestructura y equipamiento de los establecimientos de salud (US\$247 millones).** Orientado a incrementar la capacidad resolutive de la red de servicios, con calidad y con una visión integral y articulada de la misma, mediante la inversión en obras y equipamiento de hospitales, centros de salud y casas maternas. Se financiarán:
- a. Subcomponente 2.1. Complementación de las brechas en equipamiento de dos redes de El Alto (departamento La Paz); y las de Uncía, Ocurí y Potosí urbano (departamento Potosí) (US\$49,5 millones).
 - b. Subcomponente 2.2. Refacción/ampliación, reemplazo, nueva construcción y equipamiento de hospitales de segundo nivel, centros de salud y casas maternas en redes prioritizadas (US\$128,5) (ver [anexo Figura 1](#)).
 - c. Subcomponente 2.3. Diseño, construcción, equipamiento y puesta en marcha de un hospital pediátrico de tercer nivel en el municipio El Alto (US\$69 millones).
- 2.11 **Componente 3: Apoyo a la gestión, monitoreo y evaluación (US\$13 millones).** Este componente financiará a los equipos ejecutores del programa y a la AISEM, y podrá financiar asistencia técnico-gerencial y fiduciaria a éstos; así mismo, auditorías (anuales y finales) del programa y estudios de evaluación y monitoreo.

III. ASPECTOS TÉCNICOS Y CONOCIMIENTO DEL SECTOR

- 3.1 **Capacidad institucional y coordinación intergubernamental.** El MS se constituirá en el Organismo Ejecutor del programa e implementará las actividades de la siguiente manera: (i) Componente 1, mediante una unidad ejecutora dependiente de la Unidad de Gestión de Programas (UGESPRO); (ii) subcomponente 2.1, mediante las unidades ejecutoras constituidas para los programas BO-L1067, BO-L1078 y BO-L1082, dependientes de la UGESPRO,

como co-ejecutores; y (iii) subcomponente 2.2 y 2.3, mediante un equipo ejecutor en la AISEM. Durante la preparación de la operación, será realizado un análisis institucional para establecer las fortalezas y desafíos que presentan estas instituciones. El uso de sistemas BIM (Building Information Modeling) como estándar desde la fase de pre-inversión, permitirá mejorar calidad y eficiencia de los proyectos, tanto durante la construcción como durante la operación (mantenimiento) de los hospitales.

- 3.2 **Mitigación y adaptación al cambio climático.** Se plantean acciones en dos direcciones: (i) para infraestructuras nuevas se llevarán a cabo estudios para seleccionar ubicaciones menos vulnerables; y (ii) para infraestructura nueva e infraestructura a mejorar, se implementarán medidas de ahorro energético y de agua, que permitirán reducir los gases de efecto invernadero emitidos.

IV. RIESGOS AMBIENTALES Y ASPECTOS FIDUCIARIOS

- 4.1 **Salvaguardias ambientales y sociales.** Por tratarse de una operación de obras múltiples, se tomará para el análisis una muestra representativa del 30% de las mismas en monto, tipo y piso ecológico a intervenir. Con base en la información actualmente disponible, el proyecto fue clasificado como categoría B, ya que los impactos negativos esperados son limitados, altamente localizados y típicos para las obras de construcción. Se implementarán medidas especiales para fortalecer la capacidad de la agencia ejecutora y garantizar condiciones adecuadas para proveer servicios de salud de alta calidad a los beneficiarios. Una Evaluación Ambiental y Social (EAS), con sus respectivos Planes de Gestión Ambiental y Social (PGAS), se prepararán para cada uno de los proyectos de la muestra para identificar cualquier impacto adverso y proporcionar medidas de mitigación.
- 4.2 **Financiamiento retroactivo.** El Banco podrá financiar retroactivamente con cargo a los recursos del préstamo, gastos elegibles efectuados por el Prestatario antes de la fecha de aprobación del préstamo en el subcomponente 2.1, hasta por la suma de US\$27,5 millones (10% del monto propuesto del préstamo), siempre que se hayan cumplido requisitos sustancialmente análogos a los establecidos en el contrato de préstamo. Dichos gastos deberán haberse efectuado a partir de la fecha de aprobación del Perfil del Proyecto, pero en ningún caso se incluirán gastos efectuados más de 18 meses antes de la fecha de aprobación del préstamo.

V. RECURSOS Y CRONOGRAMA DE PREPARACIÓN

- 5.1 El anexo V detalla el cronograma de preparación de esta operación y establece los hitos necesarios para que la operación sea aprobada por el Comité de Políticas Operativas (OPC) el 29 de agosto de 2018, y por el Directorio del Banco el 26 de septiembre de 2018. El costo estimado de la preparación asciende a US\$129.925²⁰.

²⁰ De los cuales US\$65.000 corresponden a financiamiento con cooperación técnica. Adicionalmente, con fondos de la BO-T1283 se está elaborando el modelo de atención CONE y la guía para su implementación, propuestas que serán validadas en dos redes de salud a través de una implementación piloto, con financiamiento de la BO-T1311. Con fondos de la BO-T1312 se financiará asistencia técnica para el diseño organizativo y fortalecimiento de la AISEM; apoyando, entre otras cosas, la adopción del uso del BIM para las inversiones hospitalarias.

CONFIDENCIAL

¹ La información contenida en este Anexo es de carácter deliberativo, y por lo tanto confidencial, de conformidad con la excepción relativa a "Información Deliberativa" contemplada en el párrafo 4.1 (g) de la "Política de Acceso al Información" del Banco (Documento GN-1831-28).



Safeguard Policy Filter Report

Operation Information

Operation		
BO-L1198 Program to improve accessibility to maternal and Neonatal health services in Bolivia		
Environmental and Social Impact Category	High Risk Rating	
B		
Country	Executing Agency	
BOLIVIA	BO-MSD - MISTERIO DE SALUD Y DEPORTES)	
Organizational Unit	IDB Sector/Subsector	
Country Office Bolivia	HEALTH	
Team Leader	ESG Primary Team Member	
LUIS BUSCARONS CUESTA	DAVID MAIER	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	\$275,000,000	0.000 %
Assessment Date	Author	
28 Apr 2018	DMAIER ESG Primary Team Member	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	30 Apr 2018	
QRR (Estimated)	17 Jul 2018	
Board Approval (Estimated)		
Safeguard Performance Rating		
Rationale		

Potential Safeguard Policy Items

[No potential issues identified]

Safeguard Policy Items Identified

[B.1 Bank Policies \(Access to Information Policy– OP-102\)](#)



Safeguard Policy Filter Report

The Bank will make the relevant project documents available to the public.

B.1 Bank Policies (Disaster Risk Management Policy– OP-704)

The operation is in a geographical area exposed to [natural hazards](#) ([Type 1 Disaster Risk Scenario](#)). Climate change may increase the frequency and/or intensity of some hazards.

B.1 Bank Policies (Gender Equality Policy– OP-761)

The operation is designed specifically to address [gender equality](#) or [women's empowerment](#) issues.

B.1 Bank Policies (Gender Equality Policy– OP-761)

The operation will offer opportunities to promote [gender equality](#) or [women's empowerment](#).

B.1 Bank Policies (Indigenous People Policy– OP-765)

The operation has the potential to negatively affect indigenous people (also see [Indigenous Peoples Policy](#)).

B.1 Bank Policies (Indigenous People Policy– OP-765)

The operation will offer opportunities for indigenous people

B.2 Country Laws and Regulations

The operation is expected to be in compliance with laws and regulations of the country regarding specific women's rights, the environment, gender and indigenous peoples (including national obligations established under ratified multilateral environmental agreements).

B.3 Screening and Classification

The operation (including [associated facilities](#)) is screened and classified according to its potential environmental impacts.

B.4 Other Risk Factors

The borrower/executing agency exhibits weak institutional capacity for managing environmental and social issues.

B.5 Environmental Assessment Requirements

An environmental assessment is required.

B.6 Consultations

Consultations with affected parties will be performed equitably and inclusively with the views of all stakeholders taken into account, including in particular: (a) equal participation by women and men, (b) socio-culturally appropriate participation of indigenous peoples and (c) mechanisms for equitable participation by vulnerable groups.

B.7 Supervision and Compliance

The Bank is expected to monitor the executing agency/borrower's compliance with all safeguard requirements stipulated in the loan agreement and project operating or credit regulations.



Safeguard Policy Filter Report

B.10. Hazardous Materials

The operation has the potential to impact the environment and occupational health and safety due to the production, procurement, use, and/or disposal of hazardous material, including organic and inorganic toxic substances, pesticides and persistent organic pollutants (POPs).

B.11. Pollution Prevention and Abatement

The operation has the potential to pollute the environment (e.g. air, soil, water, greenhouse gases).

B.17. Procurement

Suitable safeguard provisions for the procurement of goods and services in Bank financed operations may be incorporated into project-specific loan agreements, operating regulations and bidding documents, as appropriate, to ensure environmentally responsible procurement.

Recommended Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR. The project triggered the Disaster Risk Management policy (OP-704) and this should be reflected in the Project Environmental and Social Strategy. A Disaster Risk Assessment (DRA) may be required (see Directive A-2 of the DRM Policy OP-704). Next, please complete a Disaster Risk Classification along with Impact Classification. Also: if the project needs to be modified to increase resilience to climate change, consider the (i) possibility of classification as adaptation project and (ii) additional financing options. Please consult with INE/CCS adaptation group for guidance.

Additional Comments

[No additional comments]



Safeguard Screening Form

Operation Information

Operation		
BO-L1198 Program to improve accessibility to maternal and Neonatal health services in Bolivia		
Environmental and Social Impact Category	High Risk Rating	
B		
Country	Executing Agency	
BOLIVIA	BO-MSD - MINISTERIO DE SALUD Y DEPORTES)	
Organizational Unit	IDB Sector/Subsector	
Country Office Bolivia	HEALTH	
Team Leader	ESG Primary Team Member	
LUIS BUSCARONS CUESTA	DAVID MAIER	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	\$275,000,000	0.000 %
Assessment Date	Author	
28 Apr 2018	DMAIER ESG Primary Team Member	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	30 Apr 2018	
QRR (Estimated)	17 Jul 2018	
Board Approval (Estimated)		
Safeguard Performance Rating		
Rationale		

Operation Classification Summary

Overriden Rating	Overriden Justification
Comments	



Safeguard Screening Form

Conditions / Recommendations

Category "B" operations require an environmental analysis (see Environment Policy Guideline: Directive B.5 for Environmental Analysis requirements)

The Project Team must send to ESR the PP (or equivalent) containing the Environmental and Social Strategy (the requirements for an ESS are described in the Environment Policy Guideline: Directive B.3) as well as the Safeguard Policy Filter and Safeguard Screening Form Reports. These operations will normally require an environmental and/or social impact analysis, according to, and focusing on, the specific issues identified in the screening process, and an environmental and social management plan (ESMP). However, these operations should also establish safeguard, or monitoring requirements to address environmental and other risks (social, disaster, cultural, health and safety etc.) where necessary.

Summary of Impacts / Risks and Potential Solutions

Moderate Greenhouse Gas Emissions are predicted.

Greenhouse Gas (GHG) Assessment: The borrower should promote the reduction of project-related greenhouse gas emissions in a manner appropriate to the nature and scale of project operations and impacts. The borrower should quantify direct emissions from the facilities owned or controlled within the physical project boundary and indirect emissions associated with the off-site production of power used by the project. Quantification and monitoring of GHG emissions should be conducted annually in accordance with internationally recognized methodologies (i.e. IPCC - <http://www.ipcc.ch/>). In addition, the borrower should evaluate technically and financially feasible and cost-effective options for the reduction/offset of emissions that may be achieved during the design and operation of the project. The Sustainable Energy and Climate Change Initiative (SECCI) can help with this task (<http://www.iadb.org/secci/>).

The negative impacts from production, procurement and disposal of hazardous materials (excluding POPs unacceptable under the Stockholm Convention or toxic pesticides) are minor and will comply with relevant national legislation, IDB requirements on hazardous material and all applicable International Standards.

Monitor hazardous materials use: The borrower should document risks relating to use of hazardous materials and prepare a hazardous material management plan that indicates how hazardous materials will be managed (and community risks mitigated). This plan could be part of the ESMP.

The project is located in an area prone to droughts and the likely severity of the impacts to the project is moderate.



Safeguard Screening Form

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP) may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations.

The project is located in an area prone to [landslides](#) and the likely severity of the impacts to the project is [moderate](#).

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations.

The project is located in an area prone to [earthquakes](#) and the likely severity of impacts to the project is [moderate](#).

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general seismic design standards and other related regulations.

The project is located in an area that affected by [glacial retreat](#) and the likely severity of the impacts to the project is [moderate](#).



Safeguard Screening Form

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. Potential future modifications to water availability should be addressed, ensuring that climate change is considered in the hydrological assessment. Short term water flow from glacier run-off may increase due to melting, but diminish over the medium and long term because of glacier retreat. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations.

Disaster Risk Summary

Disaster Risk Level

B

Disaster / Recommendations

Disaster Summary

Details

Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR.

Environmental and Social Strategy (ESS)	
Operation Name	Program to improve the accessibility to maternal and Neonatal health services in Bolivia
Operation Number	BO-L1198
Prepared by	David Maier – VPS/ESG
Operation Details	
IDB Sector	SPH
Type of Operation	LON-GOM
Environmental and Social Classification	B
Disaster Risk Rating	Moderate
Borrower	Government of Bolivia
Executing Agency	Ministerio de Salud
IDB Loan US\$ (and total project cost)	275,000,000.00
Applicable Policies/Directives	OP-102, OP-704, OP-761, OP-765, OP-703, (B2, B3, B4, B5, B6, B7, B10, B11, B17)
Operation Description	
<p>The general objective of the program is to support the Ministry of Health in the implementation of the plan for the reduction of maternal and infant mortality, as well as increasing accessibility and resolute capacity in the network in those departments of the country with more unfavorable indicators of maternal and infant mortality. A total of 9-10 project sites is estimated for this operation, including expansion works and purchase of equipment for hospitals and health centers built under previous operations as well as the construction of new hospitals. This operation is a successor to the operations BO-L1067, BO-L1078 and BO-L1082.</p> <p>The sample of this multiple works operation consists in: (i) the <i>hospital pedeatrico de El Alto</i>, which is a new construction for of a third-level hospital with a financing amount of 69MUSD located close to La Paz; (ii) the hospital El Torno near Santa Cruz, which counts with a financing amount of 15MUSD and which is located in the tropical area of the country. For the latter, both amplifications and the purchase of new equipment are foreseen to complement the structures built under the predecessor projects.</p> <p>Other future projects to be included into the program reach from 5MUSD – 30MUSD with an average of 14MUSD. The purchase of equipment is further planned for the hospital Madre Obrera de Llallagua, hospital de Ocuri, el Alto Norte, Potosi and el Alto Sur. New constructions are foreseen for Palos Blancos, Ixiamas, Puerto Suarez, Camiri, San Borja, Monteagudo, Villazon and Tupiza. A map has been attached as an annex to facilitate an overview.</p> <p>Many of the project locations are located in areas with large indigenous populations. This is especially true for the case of Llallagua, Ocuri, Ixiamas and Tupiza. To respond to this special population dynamic, the project design has to incorporate sociocultural components to avoid exclusion and discrimination.</p>	

Key Potential ESHS¹ Risks and Impacts

The Program's social and environmental impacts are likely to be positive, as communities will benefit from improved and/or new hospitals as well as health centers. With the appropriate environmental, social, and health and safety (ESHS) safeguards in place, the negative ESHS potential impacts of the construction works under the proposed Program are expected to be small, highly localized, and typical of construction works (some noise and dust, traffic disruptions, some pollution, wastes and debris, workers' health and safety) mainly during construction. Eligibility criteria will also ensure that no resettlement will occur. The health and safety risks to workers and community members associated with construction will have to be carefully managed as well as the property rights for all construction sites and potential access roads. Furthermore, the disposal of hospital and domestic waste, access to potable water as well as wastewater disposal services constitute sensitive areas of potential risk. They need to be closely monitored and supervised in order to ensure sound operation of the hospitals and health centers.

The implementing agency (Ministry of Health of Bolivia) has experience in implementing IDB-financed projects, such as the predecessor projects BO-L1067, BO-L1078, BO-L1082. It nevertheless displays low implementing capacity, which creates a risk and will be responded to with respective capacity building measures. In addition, the Executing Unit will be supported by the Bank and held responsible for the supervision of the construction standards. Experience in the above-mentioned projects has shown that overlapping responsibilities and continuous changes in the institutional structure have led to shortcomings in the hospitals and health centers built under these projects. Given the country's high percentage of indigenous peoples, minor adverse impacts on members of these communities cannot be fully ruled out during construction and operation, which is why the respective policy was activated. However, the operation is expected to generate overall positive impacts and opportunities for indigenous peoples as they will improve access to medical services, especially in rural areas.

Given the Country's Risk of landslides and other natural disasters such as floodings, a moderate risk was determined. Basic measures will be implemented to respond to this risk and other environmental and social criteria that will be defined during project preparation and analysis.

Information Gaps and Strategy for Analysis and Management

According to the IDB's Environment and Safeguards Compliance Policy (OP-703), this Program is classified as Category "B", due to the expected ESHS impacts of the Program's proposed interventions, which can be adequately managed through good practice ESHS standards.

As a Category "B" Operation, an Environmental and Social Assessment (ESA) (including an environmental and social management plan (ESMP) is required for each of the sample projects. In addition, an ESHS Management Framework (ESMF) to address the standard good practice procedures and legal requirements for environmentally and socially safe construction practices must also be developed and enforced on the Contractors. Its main purpose is the management of inclusion of new projects in this multiple works operation and determine respective eligibility criteria. The ESMF will include Environmental & Social Analysis focusing on the capacity of the implementing agency, detailed procedures for the inclusion of new projects under the Operation, and actions/procedures/managements plans that should be executed for all projects to ensure their compliance with IDB Safeguards Policies.

The ESAs (including their respective management plans) and the ESMF must be disclosed prior to analysis mission. In addition, environmental and social eligibility criteria, must be developed for the

¹ Environment, Social, Health and Safety.

future selection of project sites and specific activities to be included. It must be ensured that all project sites count with appropriate documentation regarding land titles prior to the start of construction.

The ESAs for the sample projects, together with their respective management plans, must be consulted at least once during Bank's due diligence. Consultations will be held for each of the projects of the sample and proper documentation will be ensured through attendance lists, photos and information materials such as leaflets. The consultations required under OP-765 will be held together with those under OP-703.

To respond to potential impacts on indigenous peoples, a socio-cultural assessment will be developed both as part of each of the ESAs for the sample projects and the ESMF. It will assess the socioeconomic and cultural situation of the diverse groups and provide a basis for their meaningful consultation and involvement in the preparation and operation stage. Key data that will be collected as part of this analysis to ensure that the operation complies with OP-765 during the operation, especially in terms of cultural appropriateness and intercultural adaptation of health care services. A grievance redress mechanism will be operational both during the construction and operation phase of the project to process and respond to grievances from individuals and communities. A respective grievance register will be created to record them and allow to run statistics on the project.

Results of ESHS supervision of the previous operations in Bolivia, indicate a lack of compliance by the contractors in relation to ESHS standard procedures and with the ESMPs regarding the disposal of infectious waste, fire protection systems and a lack of trained personnel to operate and maintain the hospitals and health centers. Attention will have to be given to disposal procedures of infectious waste, which includes design features in the planning of the new hospitals and health centers to allow for respective evacuation corridors. Another key aspect that needs monitoring are the access to potable water and wastewater disposal procedures for the new constructions. The projects of the sample will be carefully assessed for environmental liabilities. In this context, a particular emphasis will hence be put on screening the existing structures of the *hospital del Segundo Nivel El Torno* close to Santa Cruz which was constructed under the previous operation.

At this stage it is unknown what mechanisms the Executing Unit will use to disseminate the good practice and legal ESHS requirements. Nevertheless, these requirements will be included in both the ESMF and the Operational Manual.

EA's with their respective ESMP's were prepared for the previous projects with adequate requirements and specific timelines to ensure proper ESHS management and construction. While the plans were clear about the required actions to be taken, shortcomings were detected in the timely compliance with the respective plans.

Table 1: ESHS Assessments – Tentative timeline and resources

ESHS Documents	Current stage of development - Gapfilling needed	Estimated resources needed to finalize	Estimated timeline to finalize and consult (as applicable)
<i>Environmental and Social Assessment (ESA), Environmental and Social Management Plan (ESMP)</i>	<i>Will need to complete an ESA for each project location of the sample projects. An ESMP needs to be created for the construction phase and for the operation phase of the project for each project</i>	<i>Resources : TBD Consultants: Rafael Anze/Elena Baroso – Consultoria SIMBIOSIS Source: TBD</i>	<i>Execution: 6 week The expected date of delivery for the documents is May 31st, which is prior to the Analysis Mission.</i>

	<i>location, this can be completed as part of the ESA. This won't affect the timeline of the project.</i>		
<i>Environmental and Social Management Framework (ESMF)</i>	<i>An ESMF will need to be developed for inclusion of future projects into the program. It will include good practice standards as well as eligibility criteria for the projects.</i>	<i>Entity in charge: Ministerio de Salud. Consultants Rafael Anze/ Elena Baroso – Consultoria SIMBIOSIS Source: TBD</i>	<i>Execution: 6 weeks Intended start: TBD Consultation: The consultations are expected to be held during the analysis mission, the first week of June.</i>
<i>Consultation Plan for ESA</i>	<i>A consultation will be held for each project of the sample. The consultations required under OP-765 will be held jointly with the ones required under OP-703.</i>	<i>Entity in charge: TBD Consultants Rafael Anze/ Elena Baroso – Consultoria SIMBIOSIS Source: TBD</i>	<i>Execution: 6 weeks Intended start: Consultation: First week of June.</i>
<i>Sociocultural Analysis</i>	<i>Will be conducted as requirement under the policy OP-765 and performed during each of the ESA's for the sample projects as well as be included as a chapter in the Environmental and Social Framework (ESMF).</i>	<i>Resources : TBD Consultants: Rafael Anze/Elena Baroso – Consultoria SIMBIOSIS Source: TBD</i>	<i>Execution: 6 weeks Delivered as part of the ESA and a chapter within the ESMF by May 31st.</i>

Opportunities for IDB Additionality on Environment and Social matters (if any)

The operation has a potential to improve intragovernmental coordination and collaboration between key actors in the health, planning and sanitation sector through improved capacity and standards.

Annex Table: Operation Compliance with IDB Safeguard Policies

Please see the annex table for further information.

Additional Appendices

Appendix 1: Maps

Annex Table: Operation Compliance with IDB Safeguard Policies

Policies / Directives	Policy / Directive Applicable?	Rationale for applicability of Policy / Directive	Actions required during Preparation & Analysis
OP-703 Environment and Safeguards Compliance Policy			
B.2 Country Laws and Regulations	Yes	Applies to all projects	Contractual documents will comply with B2.
B.3 Screening and Classification	Yes	Program was screened and classified as Category “B”, due to the expected local and short-term ESHS impacts of the Program’s proposed interventions, which can be adequately managed through good practice ESHS standards.	As required for Multiple Works Cat. B operations, Environmental and Social Assessments (ESAs, including ESMP) for the individual projects of the sample must be developed. An Environmental and Social Management Framework (ESMF) for the Program must also be developed.
B.4 Other Risk Factors	Yes	There is limited information on the organizational structure and resources of the implementing agency. Further, a lack of implementing capacity as evidenced in the previous operations has been detected.	The Project design and analysis must focus in detail on the institutional structure of the implementing agency. Capacity building measures will be included in the overall budget of the project.
B.5 Environmental Assessment and Plans Requirements	Yes	All Category B operations require an ESA.	An ESMF for the Program and individual ESAs (with ESMPs) for the sample projects will be developed.
B.5 Social Assessment and Plans Requirements (including Livelihood Restoration Plan ²)	Yes	Category B operations require an ESA	An ESMF for the Program and individual ESAs (with ESMPs) for the sample projects will be developed.
B.6 Consultation	Yes	Category B operations must be consulted with affected people at least once, preferably during the	Each ESAs for the sample projects must be consulted with the affected people. The consultation requirements during program execution must be included in the ESMF.

² OP-703 applies when livelihood impacts are not significant and don’t lead to physical displacement (see *Transitional Guidance in instruments for Physical Displacement, Economic Displacement and Economic Losses under OP-710 and OP-703* (TG-005) for more information)

		preparation or review of the ESMP/ESMF.	In addition, the technical, financial, and environmental and social criteria to select the sites and specific activities that will be benefited by the program must be consulted with the affected communities to ensure transparency and the communities' buy-in.
B.7 Supervision and Compliance	Yes	The Bank will supervise all safeguards and requirements established in the loan/grant contracts.	During project preparation and analysis, the Project Team will develop a supervision scheme together with the Executing Unit.
B.8 Transboundary Impacts	No	Program impacts are localized.	Not applicable.
B.9 Natural Habitats	No	Not applicable.	Not applicable.
B.9 Invasive Species	No	Not applicable.	Not applicable.
B.9 Cultural Sites	No	Not applicable.	Not applicable.
B.10 Hazardous Materials	Yes	Expansion/Construction works will require use of hazardous materials, such as oils and lubricants, and paintings. The operation of the hospitals may also produce contaminated body fluids.	During project preparation and analysis, an ESMF for the Program and an ESMP for each individual sample project will be developed to address adequate management of small quantities of hazardous materials
B.11 Pollution Prevention and Abatement	Yes	Expansion works will produce small to moderate construction and other wastes, air pollution, and liquid effluents. During operation, the hospitals and health centers will produce healthcare waste, such as contaminated bandage and amounts of waste waters.	During project preparation and analysis, an ESMF for the Program and an ESMP for each individual sample project will be developed to address adequate management of small-scale impacts from the works
B.12 Projects Under Construction	Not applicable	Not applicable	Not applicable
B.13 Noninvestment Lending and Flexible Lending Instruments	Not applicable	Not applicable	Not applicable

B.14 Multiple Phase and Repeat Loans	Not applicable	Not applicable	Not applicable
B.15 Co-financing Operations	Not applicable	Not applicable	Not applicable
B.16 In-Country Systems	Not applicable	Not applicable	Not applicable
B.17 Procurement	Yes	Incorporate goods and services that are environmentally and socially responsible	Procurement provisions to be included in loan documents
OP-704 Natural Disaster Risk Management Policy			
A.2 Analysis and management of Type 2 risk scenario	Yes	Project teams must consider the exposure to natural disasters based on frequency, duration and intensity assessed for the geographic area of the project.	The ESA for the Program and the ESAs for the sample projects must include measures to improve disaster resilience. During Project preparation and analysis, it must be ensured that the eligibility criteria include resilience to natural disasters.
A.2 Contingency planning (Emergency response plan, Community health and safety plan, Occupational health and safety plan)	Yes	Bank projects will include measures to reduce the risks of disasters to a level acceptable to the Bank.	During Project preparation and analysis, it must be ensured that the eligibility criteria include resilience to natural disasters. The ESMF and ESMPs must include measures to reduce the risks and impacts associated with natural disasters during construction and operational phases.
OP-710 Operational Policy on Involuntary Resettlement			
Resettlement Minimization	Not applicable	Not applicable	Not applicable
Resettlement Plan Consultations	Not applicable	Not applicable	Not applicable
Impoverishment Risk Analysis	Not applicable	Not applicable	Not applicable
Resettlement Plan and/or Resettlement Framework Requirement	Not applicable	Not applicable	Not applicable

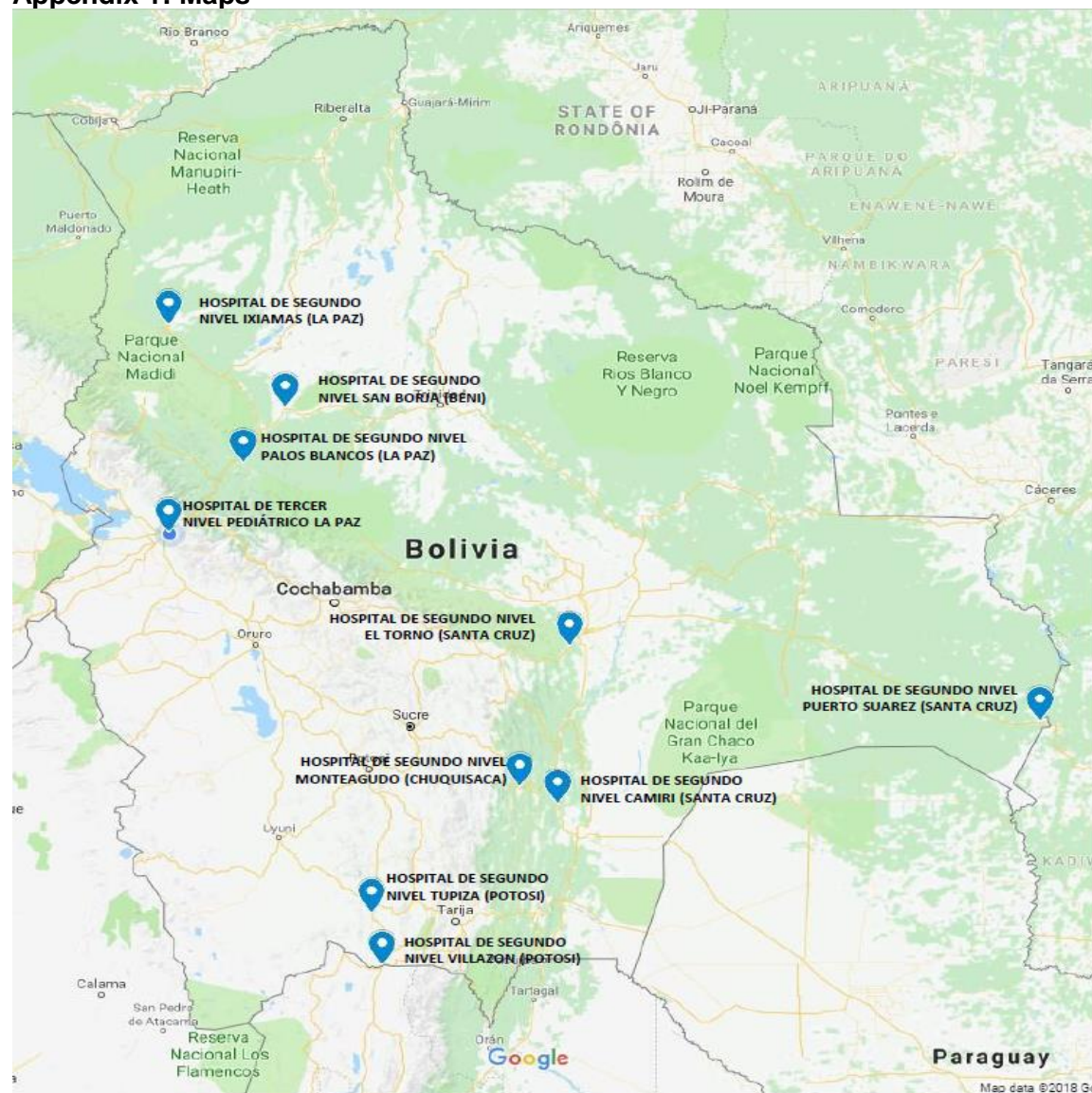
Livelihood Restoration Program Requirement ³	Not applicable	Not applicable	Not applicable
Consent (Indigenous Peoples and other Rural Ethnic Minorities)	Not applicable	Not applicable	Not applicable
OP-765 Operational Policy on Indigenous Peoples			
Sociocultural Evaluation Requirement	Yes	Sociocultural assessment is required for operations that affect indigenous peoples.	A sociocultural assessment will be integrated in each of the ESAs for the sample projects and form a chapter for the in the ESMF to present respective criteria for the inclusion of future projects under this program. It will inform and consolidate the consultations to be socioculturally appropriate.
Good-faith Negotiations and proper documentation	Yes	Negotiations and proper documentation required.	Good faith negotiations will be integrated into the consultations to identify additional measures to safeguard and protect indigenous peoples as needed.
Agreement with Affected Indigenous Peoples	No	Not applicable	Not applicable
Indigenous Peoples Compensation, and Development Plan and/or Framework Requirement	No	Not applicable	Not applicable
Discrimination Issues	No	Not applicable	Not applicable
Transborder Impacts	No	Not applicable	Not applicable
Impacts on Isolated Indigenous Peoples	No	Not applicable	Not applicable
OP-761 Operational Policy on Gender Equality in Development			

³ OP-710 applies when livelihood impacts lead to physical displacement (see *Transitional Guidance in instruments for Physical Displacement, Economic Displacement and Economic Losses under OP-710 and OP-703* (TG-005) for more information).

Consultation and effective participation of women and men	Yes	Meaningful consultation must include both men and women.	During preparation and analysis, it will be ensured that a consultation strategy and plan is developed and that it includes equal participation of women and men.
Application of safeguard and risk ⁴ analysis	Yes	Both men and women must have equal access to project opportunities and derived benefits. Adverse impacts caused by the operation must not disproportionately affect either men or women.	During project preparation and analysis, it will be ensured that the Operation benefits both genders and ESHS impacts do not affect either gender disproportionately.
OP-102 Access to Information Policy			
Disclosure of relevant Environmental and Social Assessments Prior to Analysis Mission, QRR, OPC and submission of the operation for Board consideration	Yes	Disclosure of ESAs for the sample projects, including respective ESMPs, and the ESMF for the program.	The ESAs sample projects, including their respective ESMPs, as well as ESMF, must be disclosed prior to Analysis Mission.
Provisions for Disclosure of Environmental and Social Documents during Project Implementation	Yes	Disclosure of applicable ESAs for all projects under the Multiple Works Program.	The ESMF will include requirements for the ESAs for each project, including their respective ESMPs, to be disclosed prior to the approval of each project.

⁴ Risks may include: (i) Unequal access to project benefits/ compensation measures, (ii) Men or women disproportionately affected due to gender factors, (iii) Non-compliance with applicable legislation related to equality between men and women, (iv) Increased risk of gender-based violence, including sexual exploitation, human trafficking and sexually transmitted diseases, and (v) Disregard of women's ownership rights.

Appendix 1: Maps



ÍNDICE DE LAS ACTIVIDADES SECTORIALES CONCLUIDAS Y PROPUESTAS

TEMAS	DESCRIPCIÓN	FECHAS ESTIMADAS DE FINALIZACIÓN	REFERENCIAS/ ENLACES
Estudio de brechas en servicios CONE	Análisis de brechas de los servicios de salud y nutrición de los cuidados obstétrico y neonatales. Levantamiento y análisis de información de salud y nutrición del CONE en las redes de salud priorizadas.	Agosto 2018	Pendiente de concluir (BO-T1283)
Evidencias, revisión de literatura, análisis de los desafíos en salud materno - infantil	Documento de marco sectorial de salud y desnutrición, División de Protección Social y Salud (SCL/SPH), Banco Interamericano de Desarrollo Evidencia internacional sobre eficacia de políticas de salud y nutrición e implicaciones para el trabajo del BID; principales desafíos en salud y nutrición para la región de América Latina y el Caribe; lecciones aprendidas de la experiencia del BID en salud y nutrición; dimensiones del éxito y líneas de acción que guiarán la actividad operativa y de investigación del BID en salud y nutrición.	2016	Documento
Diagnóstico de causas de la mortalidad materno-infantil	Estudio de caso de mortalidad materna de adolescentes en Bolivia. Levantamiento, procesamiento y análisis de información sobre casos de mortalidad materna en adolescentes	Abril 2018	Pendiente de concluir (BO-T1214)
Mejoramiento en el modelo de gestión hospitalaria	Modelo de gestión de pacientes y gestión clínica en el Hospital El Alto Norte y su replicación en el País. Desarrollo de los documentos de gestión hospitalaria con enfoque a la atención del paciente	Septiembre 2018	Pendiente de concluir (BO-T1281)
Inclusión de nuevas prestaciones de promoción de servicios de salud de primer nivel dentro la ley 475	Manual de promoción de la salud en el primer nivel de atención. Identificación de fuentes de datos y construcción de bases de datos de panel incluyendo indicadores intermedios y finales de salud para el período 2000-2017	Septiembre 2018	Pendiente de concluir (BO-T1282)
Diagnóstico de información en salud	Diagnóstico de fuentes de información en salud para evaluación de impacto. Identificación de fuentes de datos y construcción de bases de datos de panel incluyendo indicadores intermedios y finales de salud para el período 2000-2017	Junio 2018	Pendiente de concluir (BO-T1282)
Norma de implementación de Cuidados Obstétricos Neonatales Esenciales	Revisión y actualización de la norma de implementación de los cuidados CONE en Bolivia. Establecer los mecanismos operativos o acciones que permitan contribuir a la reducción de la mortalidad materna y neonatal en correspondencia al plan de reducción acelerada de la morbilidad grave y mortalidad materna y neonatal.	Abril 2018	Pendiente de concluir (BO-T1283)

CONFIDENCIAL

¹ La información contenida en este Anexo es de carácter deliberativo, y por lo tanto confidencial, de conformidad con la excepción relativa a "Información Deliberativa" contemplada en el párrafo 4.1 (g) de la "Política de Acceso al Información" del Banco (Documento GN-1831-28).