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BOLIVIA

**MULTIPHASE PROGRAM IN SUPPORT OF THE PLAN TO
ERADICATE EXTREME POVERTY - PHASE I**

(BO-L1032)

LOAN PROPOSAL

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1.	Safeguard Screening Form for classification of projects (SSF) http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2248660
2.	Annual work plan (Plan of activities for the first disbursement and the first 18 months of implementation) http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2211128
3.	Monitoring and evaluation arrangements http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2231682
4.	Complete Procurement Plan http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2212510
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1.	Intercultural adaptation proposal http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2211093
2.	Economic viability http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2230896
3.	Selection of municipios as program beneficiaries http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2232104
4.	Social and environmental risks http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2213420
5.	Operating Regulations http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=2231677

APPENDICES

Proposed resolution

ABBREVIATIONS

ADD	Acute diarrheal disease
APL	Adaptable program loan
ARI	Acute respiratory infection
DGA	Dirección General de Asuntos Administrativos [Administrative Affairs Bureau]
DID	Difference-in-differences
FSO	Fund for Special Operations
IRR	Internal rate of return
MPD	Ministry of Planning and Development
MSD	Ministry of Health and Sports
OC	Ordinary Capital
OR	Operating Regulations
PEEP	Plan to Eradicate Extreme Poverty
PND	Plan Nacional de Desarrollo [National Development Plan]
RDD	Regression discontinuity design
RUB	Registro Único de Beneficiarios [Master Registry of Beneficiaries]
SAFCI	Modelo de Salud Familiar Comunitario Intercultural [Model for Intercultural Community Family Health]
SCF	Single Currency Facility
SNIS	National Health Information and Epidemiological Surveillance System
SUMI	Seguro Universal Materno Infantil [Universal Mother-Child Insurance]
UCOFI	Unidad Coordinadora de Financiamiento Internacional [International Financing Coordination Unit]
UDAPE	Unidad de Análisis de Políticas Sociales y Económicas [Social and Economic Policy Analysis Unit]
UTEB	Unidad Técnica Ejecutora del Bono [Bono program Technical Execution Unit]

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* The credit fee and inspection and supervision fee will be established periodically by the Board of Executive Directors as part of its review of the Bank's lending charges, in accordance with the applicable provisions of the Bank's policy on lending rate methodology for Ordinary Capital loans. In no case will the credit fee exceed 0.75% or the inspection and supervision fee exceed, in a given six-month period, the amount that would result from applying 1% to the loan amount divided by the number of six-month periods included in the original disbursement period.

** The potential amount of financing for Phase II is tentative and subject to the Bank's decision whether to proceed with the second phase of the program.

I. DESCRIPTION AND RESULTS MONITORING

A. Background, problems addressed, and rationale

- 1.1 Despite the progress made in recent years, Bolivia has the lowest human development indicators in Latin America (United Nations Development Programme, 2008). In 2007, poverty impacted 60% of the population, while 38% was considered indigent.¹ Although this is down from the 1999 poverty levels (when poverty impacted 65% of the population and 43% was indigent), the figures remain quite high. Moreover, inequality is among the highest in the region, with a Gini coefficient of 0.56, reflecting the broad disparity between the highest and lowest deciles of the population.
- 1.2 Of the total population living in extreme poverty, 48% are indigenous persons in rural areas, and 23% are urban indigenous populations, with indigenous peoples totaling 71% of the extremely poor population. At the same time, the poverty rate for the Bolivian population under 25 is above the national average, and is as high as 80% for children under 5 in rural areas.
- 1.3 While Bolivia has social welfare programs targeting the vulnerable population, they must be strengthened and their coverage must be expanded to respond more effectively to the following main problems: (i) only about 60% of the poor have access to the Universal Mother-Child Insurance (SUMI), so incentives must be established both on the demand side (given the high rates of monetary poverty, the high opportunity costs of access to existing programs and services, and the asymmetry in access to information) and on the supply side (limited coverage in remote areas, limitations in quality and resources of healthcare services—availability of personnel, infrastructure, equipment, inputs, and medicines—and the lack of an adequate system for referrals and cross-referrals); (ii) the quality of the supply of mother-child healthcare services is limited, particularly in rural areas and with respect to the intercultural adaptation established by current legislation, Supreme Decree 29601, described below; and (iii) the lack of a Master Registry of Beneficiaries (RUB) creates problems of inequity or duplication in access to programs and hinders feedback with respect to the information on risks facing the poor population and their proper targeting.
- 1.4 The limitations on both the supply and demand sides are reflected in the high rates of infant and postneonatal mortality, which represented 50 and 27 deaths per 1,000 live births in 2008, respectively. At the same time, the rate of chronic malnutrition in children ages three months to two years reached 27.8% in rural areas that same year (National Institute of Statistics [INE] and the National Demographic and Health Survey [ENDSA]).

¹ Report by the Social and Economic Policy Analysis Unit (UDAPE-2009), based on data from National Institute of Statistics (INE-2007).

- 1.5 To address these challenges, the Government of Bolivia has drawn up the Plan Vida [Life Plan].² It is implemented by the Ministry of Planning and Development's (MPD) executing unit for the Plan to Eradicate Extreme Poverty (PEEP), within the framework of the National Development Plan (PND), promulgated through Supreme Decree 29227 of September 2007, which charts a course toward a "Dignified, Sovereign, Productive, Democratic Bolivia for Living Well."
- 1.6 The implementation of Plan Vida, particularly the components thereof to be supported by this operation, is based on the following legislation: (i) Supreme Decree 29601 establishing the new Model for Intercultural Community Family Health (SAFCI), including the intercultural adaptation of healthcare services, for both care and services provided by state healthcare institutions and participatory management through social and community organizations (see [link](#)); and (ii) Supreme Decree 0066 creating the Bono Juana Azurduy, a conditional cash transfer program aimed at helping to improve the health and nutrition of pregnant mothers and children under 2.³
- 1.7 The design and implementation of this cash transfer system has been supported by the World Bank since 2008, through technical assistance and a loan for its financing in 52 municipios prioritized for that operation. The World Bank project and the present IDB operation will share and support the start-up activities, particularly as regards installing the institutional structure for implementing the Bono. Moreover, the World Bank has been financing a 12-year multiphase program (Adaptable Program Loan [APL]) since 1999, aimed at improving access to and enhancing the quality of the public health offering, with emphasis on mother-child health, and its

² Plan Vida constitutes the frame of reference which seeks to: (i) promote local economic development and growth and increase productivity, by providing conditions and services for the generation of income and decent employment; (ii) guarantee regular access to food in sufficient quantity and of sufficient quality to cover the nutritional needs of each age group, strengthening healthy social and cultural patterns of food provision and consumption; (iii) get extremely poor communities to improve their food and increase their incomes; (iv) allow viable access to financial and nonfinancial resources for the construction, adaptation, and improvement of decent housing; (v) promote access to healthcare, rights, and education under the principles of cross-sector collaboration, comprehensiveness, interculturalism, and social participation; and (vi) build the communities' capacities of territorial, productive, and social self-management, and guarantee the comprehensiveness and complementarity of the interventions in accordance with local uses and customs and with culturally pertinent technological innovations.

³ The Bono program consists in a transfer of a maximum total of Bs 1,820 (US\$260) for eligible pregnant mothers, provided that they have their pregnancy monitored and submit to medical examinations with their newborn, including counseling on sexual and reproductive health, until the child reaches age 2. Specifically, the pregnant women will receive Bs 50 (US\$7) for each of the four prenatal visits, Bs 120 (US\$17) for an institutional delivery with a postnatal check-up, and finally Bs 125 (US\$18) for each bimonthly growth and development visit within the framework of the Integrated Management of Childhood Illnesses (IMCI) with a Focus on Nutrition and the Management of Severe Malnutrition until they reach age 2. For these visits and check-ups they must fulfill the corresponding health protocols (see [link](#)).

phase three is planned to operate in 85 priority municipios, including the 52 in its loan supporting the Bono cash transfer program.⁴

- 1.8 At the request of the Bolivian government, this operation will complement the same areas of intervention, through the expansion of coverage to 33 additional rural municipios not covered by the World Bank operations, with emphasis on implementation of the Bono transfer program and the issuance of identity documents (Component I), the strengthening of the supply of healthcare services to close coverage and quality gaps with multiple care modalities (health centers and posts corresponding to primary and secondary care levels, respectively, and mobile healthcare teams) (Component II), promotion of participation by social and community organizations (Component III), and the institutional strengthening and evaluation of Plan Vida (Component IV), with a multiphase program approach. This operation will be designed and implemented based on the design of the aforementioned operations and in coordination with the World Bank.
- 1.9 **Selection of municipios.** While Plan Vida and the Bono cash transfer program are national in scope, the Bolivian government has ordered its implementation in phases. To do so, for this first phase of financing from the IDB, undertaken in parallel with and complementing the 85 municipios with World Bank financing, additional (new) municipios were selected. The 33 municipios previously selected and agreed on in the PEEP by the government and the Bank will participate in the program, based on the following criteria, which reflect the priorities of the National Development Plan: (i) consideration of regional balance (taking into account the large Eastern (jungle, lowlands) and Western (highlands) macroregions and territorial subregions within them); (ii) prioritization of the implementation phases for Plan Vida, which calls for gradual, integrated intervention through different policies and encompasses in its first phase regions that previously benefitted little from public policies, such as the Amazon region; and (iii) classification as “rural” for the purposes of the program. For municipios with an incidence of extreme poverty below 60%, household targeting mechanisms will be used. These criteria represent a combination of technical considerations and institutional feasibility and result in an average of 62% extreme monetary poverty in the 33 selected municipios.⁵ The project team will work with the Bolivian government to monitor the poverty status of the beneficiaries and has set milestones that will trigger phase

⁴ The first two phases (APL I and II) were focused on designing and implementing a basic health assurance system, with emphasis on mother-child health, including improvements in the supply of services. Once execution begins, APL III will work in collaboration with the program *Desnutrición Cero* [Zero Malnutrition] (an integral part of the public health policy providing care through the supply side of the Bono cash transfer program) with the objectives of reducing the maternal and infant mortality rates and risk factors; increasing access to and coverage of mother-child healthcare services; and strengthening the treatment and management capabilities of the MSD, departments, and local authorities.

⁵ This list may be amended by prior written agreement between the Bolivian government and the Bank. The implementation arrangements for the criteria and the list of municipios will be included in the program Operating Regulations.

two of the operation, aimed at strengthening this aspect (Figure I-1). The total number of beneficiary municipios (33) was determined from the budgetary limits based on the preliminary cost estimate for the program components and the amount of the loan agreed upon by the Bolivian government and the Bank (see [link](#)).

B. Objectives, components, and cost

- 1.10 This program is a primary component of the Bolivian government's comprehensive strategy for building a more equitable, egalitarian society with justice, welfare, and sovereignty under the Vivir Bien approach.⁶ The objectives of the first phase are to: (i) contribute to improving the health, food, and nutrition status of the population living in extreme poverty, primarily among rural and indigenous mothers and children under 2, through incentives for both the supply and demand of health services; and (ii) strengthen social and community organizations, as well as the institutional framework and management capacity of the MPD.
- 1.11 **Structure of the operation.** The program will be implemented within the framework of a multiphase program, in two phases, with both to be executed in a total of approximately five years. To submit a potential phase II for the Bank's consideration, the strategic milestones⁷ in Figure I-1 must have been met.

⁶ Vivir Bien [Living Well] is conceptualized as the result of access to and enjoyment of the necessary material goods together with emotional, intellectual, and spiritual realization in harmony with nature and in commune with other human beings (PND 2006-2010).

⁷ Electronic link 3 (Monitoring and evaluation arrangements) details the milestones triggering Phase II and the means of verification for each of the areas mentioned.

Figure I-1: Milestones triggering Phase II

Milestone 1: Cash transfers for nutrition and mother-child health (Component 1). Coverage of the Bono transfer program: (i) evidence that at least 65% of eligible women and children (according to UDAPE estimates) in at least 75% of the municipios financed with resources from this operation are registered with the Bono program, and have received at least four payments in accordance with the OR. Verification of joint responsibilities: (ii) evidence of verification of joint responsibilities for at least 75% of the list of beneficiaries and their linkage with the payments made, as established in the OR; Selection of municipios: (iii) evidence of the definition and approval of a selection mechanism for municipios establishing as an eligibility requirement a poverty rate of at least 70% and/or the definition of poverty-based individual household selection instruments; Evaluation: (iv) evidence of the performance of a midterm evaluation of processes and impact and the updating of the OR based on its results.

Milestone 2: Strengthening the supply of comprehensive healthcare services (Component 2). Quality of the supply: (v) evidence that at least 75% of the municipios benefiting from the program have applied the MSD's facility characterization standards to their healthcare units (infrastructure and equipment); and Intercultural adaptation: (vi) approval of at least two healthcare procedures (clinical protocols) for intercultural adaptation within the framework of the SAFCI model.

Milestone 3: Development of social and community organizations (Component 3). (vii) submission of the approved design documents for the SAFCI management models and the Plan Vida comprehensive community management models, and evidence that their implementation has begun.

Milestone 4: Institutional strengthening and evaluation (Component 4). (viii) evidence of the installation and operation of the Plan Vida monitoring system in the PEEP executing unit.

Milestone 5: Execution of resources: (ix) evidence that at least 50% of the loan proceeds have been disbursed and 75% have been committed.

- 1.12 **Component 1: Cash transfers for nutrition and mother-child healthcare (US\$6.31 million).** This component aims to promote demand for mother-child healthcare services for families living in extreme poverty in the 33 selected rural municipios. Priority will be given to pregnant mothers and children under 2, by expanding the geographic coverage of the Bono Juana Azurduy conditional cash transfers and helping secure identity documents for members of the beneficiary families so they can register with the SUMI and the Bono program. This component will finance the following activities: (i) the cash transfers to eligible families who meet the established conditions; (ii) the technical assistance necessary to implement, improve, and/or integrate the Bono program's information and management systems (registration and monitoring of beneficiaries, verification of joint responsibilities, administration and control of payments, etc.); (iii) the costs related to obtaining birth certificates and identity documents for the Bono program beneficiaries; and (iv) the expansion of the technical management and fiduciary capacities of the MSD's Bono program Technical Execution Unit (UTEB). The next phase of financing includes plans to continue supporting the activities expanding the geographic coverage of the Bono program and securing identity documents.
- 1.13 **Component 2: Strengthening the supply of comprehensive healthcare services (US\$10.67 million).** This component's objective is to guarantee access by the Bono

program's beneficiary population to quality healthcare services that are culturally relevant; accordingly it will focus on enhancing the treatment capability of basic and preventive healthcare services, with particular emphasis on mother-child healthcare. Within the framework of the PEEP executing unit's cross-sector coordination procedures, as the body responsible for implementation of Plan Vida, it will coordinate with the MSD to ensure coordination of this component with the guidelines for comprehensive community management⁸ in Component 3.

- 1.14 This component will finance the following activities: (i) supply of services: (a) investments in refurbishing infrastructure, equipment, and inputs for primary and secondary healthcare facilities (health posts and centers) in the healthcare networks serving the priority municipios, including improvements to their basic water and sanitation systems;⁹ (b) the formation and operation of additional mobile SAFCI teams; and (c) the expansion of the fiduciary capacity of the MSD's International Financing Coordination Unit (UCOFI); and (ii) intercultural adaptation: (a) the analytic inputs and development of a legal framework, as well as operational designs and their pilot implementation for intercultural adaptation according to the new SAFCI model established by Supreme Decree 29601, with particular emphasis on mother-child care (including investments in refurbishing and equipping culturally adapted delivery rooms and shelters (Mama Wasis) for expectant families); (b) activities to raise awareness, train, and strengthen human resources (governmental and traditional) in mother-child healthcare and intercultural adaptation (including, for example, curriculum design and adaptation, training of trainers, development of the system for the surveying, registration, certification, and accreditation of traditional physicians, and training on intercultural healthcare for healthcare providers); and (c) informational, educational, and communications activities and materials on preventive healthcare, basic hygiene, nutrition, and child development, targeting social and community organizations.
- 1.15 The next phase of financing includes plans to continue supporting the geographic expansion of the supply of services related to the Bono program, the widespread, larger-scale implementation of the intercultural adaptation of the services, and the incorporation of the intercultural approach in other areas such as reproductive and sexual health, tuberculosis, and the *Desnutrición Cero* program.
- 1.16 **Component 3: Development of social and community organizations (US\$560,000).** This component aims to build the capacity of social and community organizations through the implementation of Comprehensive Community

⁸ The 2010-2015 government program establishes that with the Comprehensive Community Management Program, community organizations will be strengthened in their local governance practices as interlocutors and drivers of their own development.

⁹ During program execution, the project team will carefully monitor development of the relationship between the planned strengthening of the supply and the needs for additional supply that may arise with the implementation of the Bono program and that could not be estimated beforehand, in order to propose to the government any adjustments and actions necessary to adapt the supply to the excess demand identified.

Management within the framework of the PEEP and management of the Model for Intercultural Community Family Health (SAFCI), as well as to perform activities to support and provide social oversight of Bono program implementation and the provision of effective mother-child healthcare services. This component will finance the following activities: (i) legislative and operational establishment of Comprehensive Community Management in the SAFCI model: the analytic inputs and progress in the development of the legislative framework and operational designs for implementation and operation of the PEEP's community management bodies in coordination with the healthcare management model; and (ii) support and social oversight actions for implementation of Comprehensive Community Management in the SAFCI model: training, dissemination, and support activities for authorities and social councils (including local health committees).¹⁰ The next phase of financing includes plans to support actions for the operational establishment of social councils and support and social oversight for a greater number of municipios.

1.17 Component 4: Institutional strengthening and evaluation (US\$1.97 million).

This component seeks to strengthen the MPD, by institutionalizing the PEEP executing unit and the performance of monitoring and evaluation activities. To do so, it includes plans to finance the following activities: (i) institutional strengthening of the PEEP: (a) the institutionalization of the PEEP executing unit; and (b) the operational design and pilot implementation of a cross-sector Master Registry of Beneficiaries (RUB) as a policy coordination and planning instrument, based on the beneficiary records of existing social programs; and (ii) monitoring and evaluation: (a) the implementation through UDAPE of a multiyear impact assessment of the Bono program (Component 1) and of the healthcare services supply (Component 2), including the design, sampling, data collection, and analysis of the surveys;¹¹ and (b) the conceptual and operational design and implementation of a results monitoring system for the programs forming part of Plan Vida and this operation through the PEEP executing unit (including training activities and the procurement of software and hardware). The following phase of financing includes plans to support the general implementation of a cross-sector RUB and the next phase of the multiyear impact assessment.

¹⁰ With the aforementioned actions, the social councils will be strengthened so they can fulfill functions such as: (a) coordination of intercultural healthcare with comprehensive actions for the eradication of poverty; (b) the identification of needs for the intercultural adaptation actions under the new SAFCI model (Component 2); (c) implementation and monitoring of a community information system on potential under-registered beneficiaries, undocumented beneficiaries, and cases of Bono program claims; (d) information for community leaders and beneficiary mothers on the scope of the Bono program, its benefits, rights, and joint responsibilities; and (e) social oversight to verify the results of the Bono program with respect to the mother-child healthcare promotion activities.

¹¹ The preliminary results of a first round of impact assessment will be ready prior to completing the processing for Phase II.

- 1.18 **Program administration and auditing (US\$490,000).** To support program implementation, financing will be provided for: (i) part of the operating expenses of the units responsible for each component; and (ii) the program's independent operational and financial audit.
- 1.19 **Cost and financing.** The program will have a total cost of US\$21 million, of which the Bank will finance US\$20 million, and the local counterpart contribution will be US\$1 million (Figure I-1). The Bank's financing will include 70% from the Ordinary Capital (US\$14 million) and 30% from the Fund for Special Operations (US\$6 million).

Figure I-1: Costs summary by component			
Categories	IDB	Local contribution	Total
Component I. Conditional cash transfers (Bono Juana Azurduy)	\$6,310,000		\$6,310,000
Cash transfers	\$3,350,314		
Improvement of information and management systems	\$200,000		
Expansion of the executing unit	\$500,000		
Securing of identity documents and certificates	\$2,259,686		
Component II. Supply of services	\$10,670,000		\$10,670,000
Refurbishing of infrastructure and equipment	\$7,000,000		
Mobile SAFCI teams	\$2,410,000		
Intercultural adaptation	\$1,160,000		
Expansion of the UCOFI	\$100,000		
Component III. Social and community organizations	\$560,000	\$500,000	\$1,060,000
Establishment of social councils	\$260,000		
Support and social oversight actions by the councils	\$300,000		
Component IV. Institutional strengthening and evaluation	\$1,970,000		\$1,970,000
Institutionalization of the PEEP executing unit	\$1,000,000		
Design and pilot program for cross-sector RUB	\$500,000		
Baseline for evaluation of Components I and II	\$270,000		
Design and implementation of Plan Vida monitoring system	\$200,000		
Program administration and audit	\$490,000	\$500,000	\$990,000
Administration	\$390,000		
Audit	\$100,000		
Total	\$20,000,000	\$1,000,000	\$21,000,000
Percentage	95%	5%	100%

C. Key outcome indicators

- 1.20 The program's Results Framework presents outcome indicators, baselines, and targets for the multiphase program. The outcome indicators are as follows: (i) reduction of chronic malnutrition, estimated based on height for age, among children ages three months to two years; (ii) reduction in the incidence of acute diarrheal diseases (ADDs) and acute respiratory infections (ARIs) in children ages six months to two years; (iii) reduction in the incidence of anemia in children ages six months to two years; (iv) increase in visits and coverage of prenatal monitoring, institutional delivery, and postnatal check-ups for pregnant mothers, or mothers with children under 2; and (v) level of satisfaction of user households with the quality of the health and nutrition services received. Indicators of investment in human development, following directly from the delivery of cash transfers and the monitoring and implementation of the joint responsibilities, have been selected as intermediate outcome indicators for Component 1, while for Component 2, they follow from the improvement in the infrastructure, equipment, and human resources of primary and secondary care institutions, as well as the enhanced intercultural adaptation within the framework of the SAFCI model. The Results Framework (Annex II) also contains intermediate indicators for the other components. The "Monitoring and evaluation arrangements" link describes the strategy to be used for monitoring these indicators.
- 1.21 **Economic viability:** It is difficult to calculate the program's economic viability based on a cost-benefit analysis, since it is made up of a set of distinct programs and objectives and given the difficulty of measuring benefits, which would in turn require impact assessments. For example, in the case of the Bono cash transfer program, one would have to measure the program's impact on the health monitoring of pregnant women and the postnatal monitoring of children. In terms of costs, it would be necessary to measure the opportunity cost of the money devoted to this program. Lacking the basic information required for such estimates, it was decided to perform a simple exercise calculating the net present value of the private benefit (additional income flow) associated with the improvement in nutrition, and with deaths prevented, measuring the increase in the flow of income to be received by the child throughout his or her lifetime. This calculation estimates that the private benefit is US\$86, on average, per recipient per year, over their lifetime (see details in the [link](#)). An effort was also made to calculate the economic costs, in order to determine the expected net flow and thus be able to obtain an internal rate of return (IRR). The analysis considers two sources of costs: (i) the initial cost of the project, resulting from the Bank's investment (US\$20 million); and (ii) the additional cost of public education, resulting from the increased number of students due to the lives saved by virtue of program implementation (US\$3.5 million). Based on the discount of future flows, net of project and education costs, the project yields an IRR of 11.84% (not including transfers) and 13.65% (including transfers), indicating that the program has a net present value (at a rate of 10%) of US\$3 million and US\$6 million, respectively, and therefore, the project is considered economically viable.

II. FINANCING STRUCTURE AND RISKS

A. Financing instruments

2.1 **Multiphase investment loan.** It has been determined that the most appropriate financial instrument for the program's objective and characteristics is a multiphase investment loan, given that this operation supports the process of implementing the strategy to eradicate extreme poverty in Bolivia. Moreover, it places emphasis on supporting the extension of coverage of the Bono Juana Azurduy cash transfer program, which is one of the Bolivian government's main human development programs, including strengthening the supply of healthcare services to guarantee access to them as well as their quality for beneficiary families, and the formation within the MPD of the entity responsible for implementing and monitoring this strategy over the long term.

2.2 **Disbursement schedule.** The disbursement period for this first phase is 36 months from the loan contract's effective date. Table II-1 shows the estimated schedule for disbursements of program resources.

2.3 **Operational and financial audit.** The PEEP executing unit will be responsible for contracting an external auditing firm and will submit the program's audited annual financial

Table II-1. Tentative disbursement schedule (US\$ millions)

Source	Year I	Year II	Year III	Total	%
IDB	4.0	7.0	9.0	20.0	95.00
Local	0.3	0.3	0.4	1.0	5.00
Total	4.3	7.3	9.4	21.0	100.00
%	20.00	35.00	45.00	100.00	

statements within 120 days following the close of the respective fiscal year, and a final financial statement within 120 days following the date of the last disbursement, according to the guidelines established in the terms of reference for external audits of IDB-financed programs (documents AF-200 and AF-400). Auditing costs will be financed by the program.

2.4 The auditors will issue the following financial and operational audit reports: (i) a report on the certification of payments made to the beneficiaries of the Bono Juana Azurduy cash transfer program, according to the criteria applied to external audit reports. These reports will be ex post reviews of the rendering of program accounts submitted to the IDB and those that have reports pending may not exceed 40% of the amount of the loan devoted to Bono transfers; (ii) a report using a sample to verify fulfillment of the healthcare commitments established for the Bono program; (iii) a report on compliance with the procedures agreed upon in the loan contract and the applicable rules for the procurement of goods and the contracting of services and consulting firms; and (iv) a report on fulfillment of the milestones triggering the program's next phase.

B. Environmental and social safeguard risks

- 2.5 According to the environmental safeguard filter (Environment and Safeguards Compliance Policy directive OP-703), this operation was classified as category “C.” The program’s social impacts are positive, since they are directly related to increased human development and protecting food security for the country’s poorest indigenous households. Its design includes safeguards that increase the likelihood of such positive social impacts, building the capacity of public institutions to manage one of the country’s primary social welfare programs and coordinate it with social services. Lastly, this operation will benefit native communities traditionally excluded from access to public services, considering and strengthening cultural relevance in improving the supply of healthcare services and strengthening social and community organizations by involving them more actively in the management, planning, and implementation of the programs considered, following the guidelines of the Bank’s Operational Policy on Indigenous Peoples and Strategy for Indigenous Development. This program may give rise to minor negative environmental impacts through the generation of sanitary waste in the health centers and posts; however, the MSD is well advanced in the process of approving standards for sanitary waste management. The application of these standards will be a special execution condition for the approval of the technical files for the works to be financed by this program, as will be stipulated in the program Operating Regulations (OR).

C. Fiduciary risks

- 2.6 **Institutional capacity and fiduciary risk.** Of the program’s executing agencies, the MSD has the technical capacity and fiduciary experience in implementing multiple programs to strengthen healthcare services with international financing from both the IDB and the World Bank. However, the implementation of a new conditional cash transfer program involves addressing significant challenges and technical and fiduciary risks, given that a series of critical processes needs to be developed to implement this type of program, to ensure its efficiency, transparency, and impact. In this regard, with this operation, and as a coordinated complement to the World Bank’s parallel operation, there are plans to develop a series of activities to finish providing the UTEB with the management model and information system required for operation of the cycle of critical processes characterizing cash transfers (registry of beneficiaries, payment mechanism, verification of joint responsibilities, monitoring of beneficiaries, among others). In terms of financial management and procurement processes, the MSD is implementing, within the Administrative Affairs Bureau (DGA), the International Financing Coordination Unit, which will be the line agency specialized in the financial management of externally financed programs. The program will support the formation of this unit.
- 2.7 With respect to the MPD, the program will support the establishment of the PEEP executing unit, which is in the process of legal and institutional formation, by financing activities to building institutional capacities in management (programmatic, technical, operational, and fiduciary) and monitoring. Based on the

foregoing, the program's fiduciary management is classified as "medium-risk." Therefore, the Bank's fiduciary team will closely monitor it for the first year of execution to build institutional capacities in this area.

D. Other risks

- 2.8 **Coordination between sectors and jurisdictions.** The implementation of this program requires active, effective interagency coordination between the MSD (UTEB, DGSS, and UCOFI-DGA) and the MPD (PEEP executing unit) and interjurisdictional coordination between these ministries and the prefectures, municipios, and social and community organizations. In this sense, the pressure these bodies could exert on the program, especially in the context of elections (departmental government elections in April 2010), poses a high risk of compromising the program's rigor and quality, as well as of slowing its decentralized implementation, particularly in the component financing the Bono program. To mitigate this risk, the Banks and the government agreed to strengthen the technical capacities and management systems for program implementation and for management and coordination of the MPD with the other ministries involved in implementing Plan Vida, while highlighting the importance of establishing social oversight mechanisms based on community organizations. The technical assistance for this operation is aimed at supporting the implementation of the aforementioned actions prior to eligibility for disbursements.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Summary of implementation arrangements

- 3.1 The borrower will be the Plurinational State of Bolivia. The program's coordinating entity will be the Ministry of Planning and Development (MPD), through the Plan to Eradicate Extreme Poverty (PEEP) executing unit. The executing agencies will be the MPD and the Ministry of Health and Sports (MSD).
- 3.2 **Program executing agencies.** While the program's components are an integral part of the areas of action prioritized by the PEEP-Plan Vida, their direct implementation will be the responsibility of two ministries, through two special accounts, in order to make better use of their sector-based technical and operational capacities and have the flexibility necessary to ensure efficient execution. Nevertheless, in order to guarantee proper coordination of the program's set of activities, the MPD will be responsible for ensuring proper coordination among the entities involved in the various components and the comprehensive monitoring of the program within the framework of the PEEP-Plan Vida monitoring system. Details of the institutional arrangements for coordinating program activities will be part of the respective Operating Regulations (OR).
- 3.3 Components 1 and 2 will be executed by the MSD, through the Bono program Technical Execution Unit (UTEB) and the International Financing Coordination

- Unit (UCOFI), under its Administrative Affairs Bureau (DGA). Components 3 and 4 will be executed by the MPD, through the PEEP executing unit.
- 3.4 In the case of the MSD, the UTEB and the Health Services Division will be responsible for the technical and operational aspects of Components 1 and 2, respectively, while the UCOFI, under the DGA, will administer procurement and financial management of the program. The PEEP executing unit will execute Components 3 and 4, through its national office and six regional offices responsible for the planning, management, administration, and monitoring of these components, and it will also have an administrative area responsible for procurement management, financial and accounting management, and logistical and systems support. The PEEP executing unit regional offices will be structured to promote, coordinate, and monitor PEEP activities at a decentralized level.
- 3.5 **Governing instruments for execution.** The program will be executed in accordance with the operational, technical, and financial terms, conditions, requirements, rules, and procedures established in: (i) the loan contract to be signed by the borrower and the Bank; and (ii) the OR.
- 3.6 **Special contractual conditions precedent to the first disbursement of financing:** (i) **evidence of the entry into effect of the OR**, including as an annex the updated version of the Operating Regulations for the Bono Juana Azurduy cash transfer program agreed upon with the IDB; (ii) **evidence of the submission of the (baseline) gap study on the healthcare services supply** in accordance with the terms of reference agreed upon by the Bolivian government and the IDB; and (iii) **evidence of the contracting of the consulting services to establish the baseline for the impact assessment of the Bono Juana Azurduy program.**
- 3.7 **Special contractual conditions precedent to the disbursement of each component:** **Component 1 (i):** cash transfers to eligible families: (i) **evidence of the contracting of the entities responsible for payment of the cash transfers to beneficiary families of the Bono program** in accordance with the terms of reference agreed upon by the Bolivian government, the World Bank, and the IDB; and (ii) **evidence of operation of the Bono program's information and management system** (beneficiary registry and monitoring system, system for verification of joint responsibilities, payment administration and control system, etc.) as established in the updated Operating Regulations; **Component 2: evidence of the hiring and/or appointment of the staff needed to implement program activities in the MSD's International Financing Coordination Unit**, including at least the coordinator, administrator, procurement specialist, and financial specialist; **Component 3: evidence of the submission of the conceptual and operational design for Component 3 approved by the Bolivian government and the Bank;** **Component 4: (i) evidence of the contracting and/or appointment of the staff needed to implement program activities in the MPD's PEEP executing unit**, including at least the coordinator, administrator, procurement specialist, and financial specialist; and (ii) **evidence of the submission of the design of the**

monitoring system for the programs that are part of Plan Vida, including this program.

B. Procurement

- 3.8 Program procurement will be undertaken in accordance with the “Policies for the procurement of works and goods financed by the IDB” (document GN-2349-7), the “Policies for selection and contracting of consultants financed by the IDB” (document GN-2350-7), both of July 2006, and the provisions set forth in the loan contract and Procurement Plan.
- 3.9 The procurement of works, goods, and services, and the contracting of consulting services undertaken using program resources will be supervised on an ex ante basis, according to the provisions of Appendix I, Section 4 of documents GN-2349-7 and GN-2350-7, and in accordance with the procedure established in the OR. This review method may be changed to an ex post review upon the prior written consent of the Bank, based on an institutional capacity analysis of the program’s executing agencies. The Procurement Plan will be the basis for the Bank’s periodic identification of review methods to be applied to the different procurement processes, in agreement with the executing agencies, and based on the relevance, hierarchy, and risks of each activity.
- 3.10 **Revolving fund.** The program will operate with a revolving fund of 5%.

C. Summary of arrangements for monitoring results

- 3.11 Program monitoring and evaluation will be the responsibility of the PEEP executing unit, with the technical support of UDAPE. In the specific case of Component 1, UTEB, which is responsible for the Bono Juana Azurduy cash transfer program, will collect information for monitoring the program’s progress and will identify the differences between actual and planned execution, to serve as the basis for identifying potential deviations in execution and the adoption of corrective measures. Three strategies will be used to evaluate the impact of Component 1: (i) difference-in-differences (DID) estimators; (ii) regression discontinuity design (RDD) with eligibility cutoff by age; and (iii) instrumental variables based on the quasi experimental model of random promotion of the Bono program. As in other evaluations, the objective will be to estimate the average effect of the treatment (for example, the participation of a mother or child in the Bono Juana Azurduy program) on variables of interest in children under 2 and pregnant mothers (for example, chronic malnutrition, incidence of ADDs and ARIs, complete vaccination, anemia, doctor’s visits, and coverage of prenatal monitoring, institutional deliveries, and postnatal check-ups). The challenge is to find an appropriate comparison group among untreated individuals given the Bono program’s universal coverage. Once an appropriate control group is found, the DID or RDD estimator assumes that, in the absence of treatment, the average difference in the results variable between the treatment group and the control group will have remained constant. At the same time, the instrumental variable estimator will determine a causal effect between the Bono program and the targeted variables. For component 2, DID will also be used to observe the effect of the program on the

quality of care in the targeted healthcare services.¹² The specific strategies to monitor and evaluate the program's results and impacts are presented in the electronic link entitled "Monitoring and evaluation arrangements."

D. Design activities post approval

- 3.12 As established in paragraphs 3.6 and 3.7, during the stage between loan approval and eligibility for disbursements, the following activities pending design will be undertaken (all of which will be supported by technical assistance through nonreimbursable technical-cooperation funds): (i) finalization of this operation's OR, including the operating regulations for the Bono program (responsibility of PEEP-MPD and MSD); (ii) gap study on primary and secondary healthcare services in the program's beneficiary municipios (responsibility of MSD, in coordination with PEEP-MPD and UDAPE-MPD); (iii) completion of the design of the Bono program's impact assessment and the start of the baseline survey (responsibility of UDAPE-MPD); (iv) detailed design of Component 3 (Development of social and community organizations), including the definition of specific activities to be included in each line of financing and the adjustment of the results framework and the annual work plan (responsibility of PEEP-MPD); and (v) design of the monitoring system for Plan Vida and the start of its implementation (responsibility of PEEP-MPD).

¹² The combined effects of supply and demand on various outcomes will also be evaluated. The DID or RDD methods will also be used to observe the effect of the Bono program in municipios with a high quality supply and in those with a low quality supply.

RESULTS FRAMEWORK				
PROJECT OBJECTIVE	To contribute to reducing the intergenerational transmission of poverty in Bolivia by investing in the human development of mothers and children from the country's poorest households.			
EXPECTED IMPACT	To strengthen investment in health and human development from an early age in 33 priority municipios.			
OUTCOME INDICATORS	Baseline 2009/2010	Intermediate 2012	Final program target 2014	Comments
(i) Nutrition 1. To reduce the prevalence of chronic malnutrition, estimated based on height for age, for children ages three months to two years in rural areas.	1. 27.8% (rural) (*)	1. 25% (rural)	1. 23% (rural)	Improvement in these health indicators for children and mothers through comprehensive care for pregnant and nursing mothers with social management will entail a reduction in infant and maternal mortality. It will also improve the efficiency of social spending through the coordination of programs to strengthen management of the Plan to Eradicate Extreme Poverty (PEEP) by means of a Master Registry of Beneficiaries (RUB).
(ii) Health 2. To reduce the incidence of acute diarrheal diseases (ADDs) and acute respiratory infections (ARIs) in children ages six months to two years.	2. ARI: 23.83%, ADD: 29.86% (*)	2. ARI: 21.6%, ADD:27%	2. ARI: 19%, ADD:24%	
3. To reduce the incidence of anemia in children ages six months to two years.	3. 77.65% (*)	3. 75%	3. 72%	
4. To increase the percentage of institutional deliveries out of total deliveries in rural areas.	4. 53.9% (rural) (*)	4. 56% (rural)	4. 60% (rural)	
(iii) Community development 5. To increase the number of municipios that include resources for community management in their annual work plan.	5. There are no precise data, but the Ministry of Health and Sports (MSD) reports that some municipios in Potosí have local health committees. These data will be available in February 2010 with a baseline for healthcare institutions.	5. 25 municipios	5. 25 additional municipios	See Technical document .

* Source: 2008 National Demographic and Health Survey (ENDSA), Preliminary national data unless it is specified that rural data are available.

<p>6. To increase the number of municipios that implement a consistent information and monitoring system identifying potential and undocumented beneficiaries.</p> <p>(iv) To strengthen management of the PEEP by contributing to its management and administrative capacity and effective mechanisms for creating individual health incentives.</p> <p>7. Implementation of a cross-sector RUB.</p> <p>8. Number of Plan Vida programs for which the monitoring system is collecting information regularly.</p>	<p>6. Does not exist.</p> <p>7. Does not exist.</p> <p>8. 0</p>	<p>6. System designed.</p> <p>7. RUB designed.</p> <p>8. 2 programs.</p>	<p>6. System operating.</p> <p>7. Databases integrated and census started.</p> <p>8. 4 programs.</p>	<p>PEEP monitoring</p> <p>PEEP monitoring</p>
COMPONENT I: Conditional cash transfers				
Intermediate outcomes	Baseline 2009/2010	Intermediate 2012	Final program target 2014	Data source/responsible parties
1. To increase the number of children under 2 attending postnatal visits by a doctor, nurse, or healthcare assistant during first month after birth.	1. 87.5% (rural) (*)	1. 90% (rural)	1. 93% (rural)	Household baseline (Social and Economic Policy Analysis Unit [UDAPE])
2. To increase the number of children ages 12 to 23 months with complete vaccinations.	2. 66.6% (*)	2. 70%	2. 75%	Household baseline (UDAPE)
3. To increase the number of mothers with children under 2 who attended at least four prenatal check-ups by a doctor, nurse or healthcare assistant for their most recent birth.	3. 59.4% (rural) (*)	3. 63%	3. 68%	Household baseline (UDAPE)

(*) Source: ENDSA 2008, Preliminary national data unless it is specified that rural data is available.

4. To increase the number of mothers with children under 2 who attend postpartum visits within seven days following delivery.	4. 64.3% (rural) (*)	4. 70%	4. 77%	Household baseline (UDAPE) UDAPE, National Health Information and Epidemiological Surveillance System (SNIS), records from the executing team for the Bono Juana Azurduy cash transfer program and the MSD.
5. To increase the rate of registration with the Bono program by women and children.	5. There are no precise data, but the executing team for the Bono Juana Azurduy cash transfer program reports that the rate is approximately 20% of eligible women and children.	5. 75% of eligible women and children in 80% of the municipios are registered and have received four payments.	5. 75% of eligible women and children in 80% of the <i>additional</i> municipios are registered and have received four payments.	
Fertility rate (Link) 6. Electronic link on FERTILITY	6. 3.5 (rural)	6. 3	6. 2.5	
COMPONENT II: Strengthening the supply of comprehensive healthcare services				
Intermediate outcomes	Baseline 2009/2010	Intermediate 2012	Final program target 2014	Data source/responsible parties
1. Primary and secondary care institutions whose infrastructure, equipment, and human resources meet MSD characterization standards.	1. These data will be available in February 2010 with a healthcare institution baseline.	1. 80% of the healthcare institutions (infrastructure and equipment) meet MSD characterization standards.	1. 80% of the healthcare institutions (infrastructure and equipment) meet MSD characterization standards in the <i>additional</i> municipios.	Baseline for healthcare institutions (UDAPE and MSD)
2. Number of healthcare procedures approved for intercultural adaptation within the framework of the Model for Intercultural Community Family Health (SAFCI).	2. There are no data in this regard, but the MSD will provide this information.	2. Two clinical protocols.	2. Two or more clinical protocols.	MSD
3. Number of municipios with state healthcare personnel trained in mother-child health and/or intercultural adaptation.	3. 0	3. At least 15 of the 20 municipios in the western region and at least 9 of the 13 in the eastern region (approximately 80% of municipios)	3. At least 15 <i>additional</i> municipios in the western region and at least 9 <i>additional</i> municipios in the eastern region (approximately 80% of municipios)	PEEP monitoring
4. Number of traditional physicians registered	4. 0%	4. 50%	4. 80%	MSD registry

5. Number of women and children attended in primary and secondary healthcare institutions.	5. There are no data in this regard, but the SNIS will provide this information.	5. 50%	5. 80%	SNIS and records of the executing team for the Bono Juana Azurduy cash transfer program (MSD).
6. Level of satisfaction of user households with the quality of the health and nutrition services received.	6. These data will be available in February 2010 with the baseline survey of healthcare institutions.			Baseline for healthcare institutions.
COMPONENT III: Development of social and community organizations				
Intermediate outcomes	Baseline 2009/2010	Intermediate 2012	Final program target 2014	Data source/responsible parties
1. To increase the number of municipios where mothers with children under 2 attend workshops and improve their understanding of mother-child health practices.	1. No data exist.	1. At least 15 of the 20 municipios in the western region and at least 9 of the 13 in the eastern region (approximately 80% of municipios).	1. At least 15 <i>additional</i> municipios in the western region and at least 9 <i>additional</i> municipios in the eastern region (approximately 80% of municipios).	PEEP monitoring
2. Increase in the number of municipios where training or dissemination activities have been conducted on the social management under the new SAFCI model.	2. No data exist.	2. At least 15 of the 20 municipios in the western region and at least 9 of the 13 in the eastern region (approximately 80% of municipios).	2. At least 15 <i>additional</i> municipios in the western region and at least 9 <i>additional</i> municipios in the eastern region (approximately 80% of municipios).	
COMPONENT IV: Institutional strengthening and evaluation				
Intermediate outcomes	Baseline 2009/2010	Intermediate 2012	Final program target 2014	Data source/responsible parties
1. Information and monitoring system to support policy-related decision-making in social welfare programs	1. Does not exist	1. Designed	1. System operating and in use.	PEEP

SUMMARY PROCUREMENT PLAN

Annex III
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ACTIVITY	Description	Procurement method	Ex ante review (YES/NO)	Source of financing	Source of financing	Estimated amount (US\$)	Dates			Comments
				IDB %	Local contribution %		Start of process	Contract signed	End of contract or term	
GOODS AND NONCONSULTING SERVICES										
	COMPONENT 1									
	Procurement of MSD computer equipment	To be determined	NO	100%			20-May-10	16-Jun-10	30-Jun-10	
	Contracting of financial agencies	NCB	YES	100%			15-Apr-10	7-Jul-10	To be determined	
	COMPONENT 2									
	Procurement of medical equipment, packages 1, 2, and 3	ICB	YES	100%			20-May-10	To be determined	To be determined	Will try to do in a single process
	Procurement of basic medical equipment, package 1	NCB	YES	100%			20-May-10	22-Sep-10	To be determined	
	Procurement of basic medical equipment, package 2	NCB	YES	100%			12-Aug-10	3-Nov-10	To be determined	
	Procurement of basic medical equipment, package 3	NCB	YES	100%			21-Feb-11	24-Jun-11	To be determined	
	Procurement of SAFCI team equipment, package 1	NCB	YES	100%			20-May-10	22-Sep-10	To be determined	Determine whether to be procured separately or in a single lot
	Procurement of SAFCI team equipment, package 2	NCB	YES	100%			27-Sep-10	28-Jan-11	To be determined	
	Procurement of SAFCI team equipment, package 3	NCB	YES	100%			29-Nov-10	1-Apr-11	To be determined	
	COMPONENT 3									
	Dissemination and training materials	DI*	NO	100%			To be determined	To be determined	To be determined	
	Workshops	DI	To be determined	100%			To be determined	To be determined	To be determined	Number of workshops to be determined
	COMPONENT 4									
	Procurement of computer equipment	DI	NO	100%			24-Aug-10	11-Oct-10	22-Nov-10	
	Procurement of software	To be determined	To be determined	100%			24-Aug-10	4-Oct-10	To be determined	Lacking information on whether software will be specific
	Administration and audits									
	Procurement of computer equipment	DI	NO	100%			To be determined	To be determined	To be determined	
	TOTAL GOODS AND NONCONSULTING SERVICES									
INFRASTRUCTURE WORKS										
	COMPONENT 2									
	Bidding on works, package 1	To be determined	YES	100%			19-Jan-10	24-May-10	To be determined	
	Bidding on works, package 2	To be determined	YES	100%			1-Jul-10	22-Sep-10	To be determined	
	Bidding on works, package 3	To be determined	YES	100%			21-Feb-11	13-May-11	To be determined	
	TOTAL INFRASTRUCTURE WORKS									
CONSULTING FIRMS										
	Administration and audits									
	Auditing firm	DI	YES	100%			18-Oct-10	26-Nov-10	End of program	
	TOTAL CONSULTING FIRMS									
INDIVIDUAL CONSULTANTS										
	COMPONENT 1									
	Adaptation of operating manual	DI	YES	100%			16-Nov-09	10-Dec-09	11-Jun-10	
	Contracting of MSD operational team	To be determined	To be determined	To be determined			5-Jul-10	29-Jul-10	To be determined	Who pays for these?
	COMPONENT 2									
	Development of training strategy	DI	To be determined	100%			20-May-10	30-Jun-10	11-Aug-10	

SUMMARY PROCUREMENT PLAN

ACTIVITY	Description	Procurement method	Ex ante review (YES/NO)	Source of financing	Source of financing	Estimated amount (US\$)	Dates			Comments
				IDB %	Local contribution %		Start of process	Contract signed	End of contract or term	
	Development of materials	DI	NO	100%			20-May-10	14-Jul-10	1-Dec-10	
	COMPONENT 3									
	Design of system to identify potential beneficiaries, adapted to local reality	DI	YES	100%			7-Feb-11	1-Apr-11	To be determined	
	COMPONENT 4									
	Contracting of personnel for IDB program	DI	To be determined	To be determined			6/28/2010	8/20/2010	To be determined	Lacking information on source of financing
	Administration and audits									
	Consultants	DI	YES	100%			To be determined	To be determined	To be determined	Number to be determined
	TOTAL INDIVIDUAL CONSULTANTS									
	GRAND TOTAL									
	* Direct invitation									

Training and some actions under component 3 related to the committees may require consultants.