Plan of Operations

Reproductive Health Accounts in Latin America Methodology and Pilot Applications

Regional

Project Number:	RG-T1141	
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Executing Entity:	Inter-American Development Bank.	
Beneficiaries:	Ministries of Health from Bolivia, Colombia, Honduras and Nicaragua.	
Financing Plan:	IDB (FSO Net Income):	US$150,000
	World Health Organization (in kind):	US$ 30,000
	Local counterparts (in kind):	US$ 10,000
	Total	US$190,000
Terms:	From the financing approval date:	
	Execution period:	12 months
	Disbursement period:	18 months
Social and Environmental Review:	The project document was sent to SDS/ENV for information and comments. Its main recommendations were taken into consideration in the document (see paragraph 7.1).	

I. BACKGROUND AND JUSTIFICATION

A. Rationale of the Operation

1.1 In 2000 the United Nations adopted the Millennium Declaration, which identified a set of goals for sustainable development and poverty eradication by the year 2015. Since 2003 the IDB has joined the international consensus in considering the Millennium Development Goals as key development objectives, and therefore included them as valid objectives for its own operations.

1.2 The fifth Millennium Development Goal aims to reduce maternal mortality rate by three-quarters between 1990 and 2015. Maternal mortality is one of the key indicators for evaluating performance of reproductive health programs in the countries. During the 90's the maternal mortality rate in the Region stood relatively high, at 190 per 100,000 births, and little change was observed in this indicator between 1990 and 2000, suggesting that these programs do not exist or are not working properly. On the other hand, maternal mortality represents only the top of the proverbial iceberg; hidden beneath the surface reside serious problems of low access to reproductive health services, high rates of abortion and associated complications, and rising adolescent pregnancy.

1.3 The LAC Regional Interagency Coordinating Committee, of which the Bank is a member, has declared that action is needed to secure financial support and economic sustainability for maternal mortality reduction programs and interventions. One-step in that direction is "*the design of a reproductive health accounts model to quantify financial needs (promotion, prevention, and service provision) and identify available financial resources for reproductive health*". [1]

1.4 One of the challenges in the fight against maternal mortality is the lack of national and local-level information, especially that one related to their costs. Reduction of maternal mortality requires capital investment in infrastructure, medical equipment, and human resources development. It also requires the financing of recurrent costs, such as drugs, medical supplies, social communications, and skilled personnel salaries, to guarantee sustainability. An adequate knowledge of expenditures and costs, and a clear commitment of government to finance the necessary activities will be necessary to reduce maternal mortality. However, most countries do not have budgeting systems and technical and management capacity that permit the collection, retrieval, and analysis of economic data in health.

1.5 Focus on women's health and on reproductive health is part of the Bank's strategy to reduce maternal mortality in the Region, and has been present in nearly all operations health and social sector operations. Recent examples of health sector reform loans with strong reproductive health components are: AR-0120, PE-0146, ES-0053, ME-0187, BO-0029, JA-0051, DR-0078 and NI-0024. Furthermore, the Bank's concern about growing levels of teenage pregnancy is made apparent

[1] Regional Interagency Task Force for the Reduction of Maternal Mortality, 2004. Reduction of Maternal Mortality and Morbidity: Interagency Strategic Consensus for Latin America and the Caribbean. Accessed in April 2005 at http://www.paho.org/English/DD/PIN/statement_eng.pdf, http://www.planetwire.org/files.fcgi/4586_FCI.pdf.

by the numerous technical cooperation projects specifically directed to support reproductive health of youth. Among them are:

a. TC9507247-VE Promotion of Youth Health.

b. TC9601221-RG Regional Support for Use of Demographic Information in Social Investment Projects.

c. TC9712193-RG Essential Social Services for Young Women.

d. TC9712086-RG Reproductive Health.

e. TC9705130-BH Adolescent Reproductive Health Education.

f. TC9707186-BR Mother and Child Care Models.

g. TC9809297-ME Maternal and Child Health for Indigenous Populations in Mexico.

h. TC9801079-RG Advisory Group Reproductive Health.

i. TC0002033-RG Reproductive Health in Health Sector Reform.

j. TC0207029-RS Reproductive Health Consultant.

1.6 This proposed TC plans to use primary data from health and household surveys. In cases where specific data on reproductive health (RH) expenditures is not available, as is often the case in developing countries, information about the utilization of RH services and commodities from Demographic and Health Surveys (DHS) will be cross-referenced with information about service costs from donors, multilateral agencies and Ministries of Health, to provide the needed estimates. This is the typical approach in data-poor environments. In addition, the pilots will rely on existing relevant studies of costs, provision, and utilization of RH services. For example, in Colombia two efforts are under way to estimate social and health spending, and the Reproductive Health Account (RHA) study will both benefit from and contribute to these studies. In Bolivia, where a government-led program was implemented to provide nation-wide insurance for mothers and infants,[2] the pilot study will seek to benefit from data collection that is part of the program's monitoring. Specific sources of data are listed in attached documents, and will be further augmented in the course of the project. During the execution and looking forward the institutionalization of RHA in the mentioned countries, this TC will identify and recommend the use of new data sources to enhance the quality of data estimations.

1.7 The proposed TC project will aim to take advantage of favorable circumstances in the countries selected for the pilot studies. The Bank has recently approved two performance driven loans (PDLs) to assist in efforts to improve quality and extend coverage of health care for poor mothers and infants: one in Honduras (HO-L1002) in the amount of US $16.6 million, and another in Nicaragua (NI-L1001) for US$33.5 million. As illustrated by the two loans, HO-L1002 and NI-L1001, the Bank's emphasis on PDLs, characterized by making disbursement conditioned on the achievement of selected goals, is increasing. The desired impact is the strengthening of the institutional capacity and planning in the area of health in the poorest countries of the Region. The data and capacity acquired by countries

[2] SUMI, Seguro Universal Materno Infantil

through the proposed TC project also will help support the national authorities in managing and allocating their resources strategically, evaluating and monitoring projects, and in designing the most cost-effective and sustainable social policies. In this sense there is considerable synergy between the proposed TC and Bank strategies and operations.

B. National Health Accounts

1.8 National Health Accounts (NHA) as other specific disease or health condition sub-accounts, such as RHA or HIV/AIDS Accounts, tabulate and analyze national health-related public and private spending for a given year. They represent a powerful tool for evidence-based policy formulation and the consequent budget allocation, in that they show how much was spent, what the sources were, and what services they purchased. Accounting for health expenditures is essential to ensure that planned reforms and policies are cost-effective and can be financially sustained in the long term. Public health spending is customarily monitored by the Ministries of Finance, but data on private and household spending, which in the LAC Region tend to constitute more than 50% of national health spending, is often lacking. Equitable policies can be designed only on the basis of complete information about the public and private sectors.

1.9 Sub-analysis according to disease type is a new trend in National Health Accounting that offers clear policy utility. The IDB, jointly with the World Health Organization (WHO), USAID, Netherlands Interdisciplinary Demographic Institute (NIDI), Project for Health Reform *Plus* (PHR*plus*), and United Nations Fund for Population Action (UNFPA), has been actively participating in the debates and consultations that are part of an international effort to define an international methodology for estimating disease-specific accounts. The specific objective of these WHO-led activities is to develop and publish by December 2005 a manual for estimating expenditures on specific diseases (specifically, reproductive health, tuberculosis, malaria, and HIV/AIDS) based on recent experiences in India, Mexico, Rwanda, and elsewhere. The participation of experts in defining the content, methodology, and boundaries for the Reproductive Health Accounts manual will represent WHO's contribution to the proposed TC project.

1.10 RHA, as defined in an initial draft of the manual in May 2005, includes the services listed below. Depending on input from the participating experts, this list may be expanded or contracted, though not substantially. Inclusion of items such as women's nutrition linked to pre- and post-natal care, gender-based violence, HIV/AIDS, abortion and education, social communication and advocacy for reproductive health will also be considered.

a. Family planning services-all programs, goods and services intended to assist women control their fertility, and all counseling, health education and information (including outpatient counseling and issuance of contraceptive commodities, retail sale of family planning commodities such as oral contraceptives, condoms, spermicides etc., female and male surgical sterilization and programs that support or promote family planning such as IEC, public awareness, health education campaigns, training, research);

b. Fertility counseling, fertility drugs or procedures etc.;

c. General gynecological care (e.g. routine examinations, pap smear, health education, treatment of vaginal, pelvic and urinary tract infections, mammograms, uterine/cervical/ovarian/breast cancers etc)

d. Sexual Transmissible Infections, if applicable;

e. Prenatal and postnatal care, and;

f. Deliveries, including emergency obstetric care;

1.11 Finally, the proposed TC represents the continuation of an important IDB effort to support NHA estimations, and to make data on health systems and health indicators available to policy-makers in the Region. On one hand, as part of the inter-agency coordination in the area of NHA, the Bank has played a key role in making analytical tools available to the policy-makers and other stakeholders in the Region, [3] translating to Spanish and publishing international manuals, such as the Organization for Economic Cooperation and Development (OECD) System of Health Accounts, and financing with technical cooperation funds other activities related to publication and dissemination of NHA information and methodologies. On the other hand, the IDB has been supporting household data collections such as the MECOVI Program, and improving national statistical institutes through many of the Bank's operations, in order to strengthen the Region's information infrastructure.

II. Objective and Description of the Project

A. Objectives

2.1 The overall objective of the proposed TC project is to strengthen the capacity of the countries to produce and use financial indicator data in the area of reproductive health.

2.2 The specific objectives of the proposed TC are: (i) to develop a methodology for estimating RHA in the LAC Region; (ii) to conduct pilot estimations of expenditures on RH interventions in four countries: Bolivia, Colombia, Honduras, and Nicaragua; and (iii) to disseminate the results: the data and the lessons learned.

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[3] Since June 2000, the IDB, The World Bank and the Pan American Health Organization (PAHO) are signatory of the Shared Agenda for Health in the Americas, to institutionalize and coordinate efforts that profit the comparative advantages of the three organizations. One of the working groups of this effort is related with National Health Accounts. The work of this group encompasses several, activities, including the creation of a webpage for NHA sponsored by the IDB - www.lachealthaccounts.org.

2.3 The five activity areas envisioned for the TC project are:

a. The development of a methodology and preparation of a manual for the implementation of RHA in LAC.

b. Estimations of public and private expenditures in RH in each country selected for the pilot implementation.

c. Contribution to analysis of the impact on the level and equity of reproductive health expenditures, of: (i) PDLs in Honduras and Nicaragua; (ii) Maternal and Infant Universal Insurance program (Seguro Universal Materno-Infantil, SUMI) in Bolivia; (iii) health system reforms in Colombia.

d. Dissemination via small workshops addressing the country RHA reports, data, their analytical findings, and project experiences throughout the Region.

e. The development of guidelines for sector-wide coordination among donors and lenders in projects linked with Reproductive Health issues, regarding financing and funding management, in order to avoid duplications of efforts and to guarantee long-term sustainability to the activities supported by these projects.

B. Description

2.4 The proposed TC project will have the following main components:

a. RHA Manual: A project coordinator will be hired to continue developing the RHA manual in collaboration with WHO, and to supervise the execution of the project. S/he will also adapt it to LAC circumstances, and disseminate it throughout the region.

b. Implementation of pilot studies: Four national consultants/NHA experts will be hired to conduct the pilot estimations of the RHA at national level in each country. These will consist of identification of data sources, development of RHA matrices according to the specifications of the manual, analysis of data for gaps and internal consistency, estimates of missing data, preparation of country reports, and analysis of RH expenditures vis-à-vis the impact on health of specific programs aiming to improve RH of populations in the pilot countries.

c. Workshops and dissemination: (i) National consultants will prepare country reports and will use the pilot results to analyze the impact on the reduction of maternal mortality of specific reforms or programs in each country; (ii) Project coordinator, in collaboration with Bank country offices and Ministries of Health, will organize workshops in each pilot country and will disseminate project results through electronic means; (iii) Project coordinator will prepare and disseminate guidelines for sector-wide coordination among donors in RH.

C. Expected Results

2.5 The expected long-term impacts of the proposed TC project will be:

a. Improved efficiency of resource allocation in the area of RH and in the health sector as a whole, through encouraging the use of expenditure data and analysis in budget allocation and policy formulation;

b. Improved coordination in the area of RH among governments, donors, and lenders, ensuing from having at their disposal timely data on expenditures resource flows;

c. Determined formulation of policies increasingly based on data and more coherent with national priorities.

2.6 The expected deliverables are:

a. The RHA manual in Spanish adapted to circumstances in LAC.

b. A list of primary and secondary data sources, and data tables on public and private expenditures in RH in Bolivia, Colombia, Honduras, and Nicaragua.

c. Country RHA reports and analyses of the impact on the reduction of maternal mortality of specific programs in each country.

d. Four national half-day workshops attended by health policy makers and NHA experts, showcasing the RHA methodology, the pilot experiences, and the use of their results in policy formulation.

e. Guidelines for financing and funding RH services under sector-wide coordination among donors and lenders working on reproductive health issues.

2.7 It is expected that the pilot experiences will serve as precedents for RHA estimations in other countries of the LAC Region.

III. Cost and Financing

A. Summary Cost Table

3.1 The total cost of the project will be US$190,000. The contribution of the Bank will be US$150,000, chargeable to the net income of the Fund for Special Operations (FSO). The contribution will finance: (i) translation of the RHA manual to Spanish, (ii) honoraria of the consultants and project coordinator, travel costs of the consultants; (iii) technical and logistical cost of the workshops; and (iv) the final evaluation of the activities.

B. Local counterpart

3.2 The WHO, with in-kind contributions of the collaborating organizations, will co-finance the preparation of the RHA manual. The cost of this activity is conservatively estimated at US$30,000. Specifically, WHO will finance the following activities:

a. Time of WHO staff involved in the coordination and in the development of the RHA manual;

b. A paper reviewing past RHA experiences,

c. Publication of the manual in English,

d. Teleconferences;

e. Experts meeting in Geneva towards the end of the development process,

f. Establishment of a website to house knowledge base on the subject of RHA, and to disseminate the manual.

3.3 The local in-kind contributions, estimated at US$10,000 in total, will finance local recurrent costs such as the use of equipment and office space needed for the consultants, and the storage space for RH expenditure databases.

3.4 The following table provides a breakdown of expenditures and sources of financing:

Table 1. Project Expenditures and Sources of Financing (in US$)

Item	Expenditures				Sources			
	Quantity	Unit of measure	Unit cost	Total	Local Conuterparts (In kind)	WHO (In kind)	IDB (NCS)	Total
Project coordinator	12	Person/Month	4,083	49,000	---	---	49,000	49,000
National consultants (4)	4x5	Person/ Month	2,600[a]	52,000	---	---	52,000	52,000
Development of the RHA Manual	1	Unit	30,000	30,000	---	30,000	---	30,000
Translation of the RHA Manual	1	Unit	5,000	5,000	---	---	5,000	5,000
Travel cost & per diem (coordinator & consultants)	4	Unit	4,000	16,000	---	---	16,000	16,000
Workshops	4	Unit	4,000	16,000	---	---	16,000	16,000
Equipment (soft/hardware, office space)	4	Unit	2,500	10,000	10.,000*	---	---	10,000
Evaluation	1	Unit		6,000	---	---	6,000	6,000
Contingencies	---	---	---	6,000	---	---	6,000	6,000
Project total				**190,000**	**10,000**	**30,000**	**150,000**	**190,000**

[a] This rate is the mathematical average of typical consultant rates in Bolivia, Colombia, Honduras, and Nicaragua.

* Each country will contribute the same amount.

IV. Executing Organism and Mechanism

A. Execution Organism

4.1 The Bank, through the Social Program Division (SDS/SOC) (technical responsibility) of the Sustainable Development Department (SDS), in coordination with the IDB country office health specialists, will conduct the execution of the project. The IDB will hire a project coordinator, who will be responsible for coordinating with WHO the elaboration of the methodology, and with the Country Offices and local agencies in the implementation of the RHA pilots.

4.2 The project coordinator will be responsible for adapting the methodology to the LAC Region needs. S/he will work in collaboration with the above-mentioned WHO-led inter-agency group on RHA, and will collaborate in the production of the RHA instruments, being responsible for the effective dissemination of its results. The Bank will finance the translation of the manual to Spanish in time for its implementation. The key role of the project coordinator will be to provide support and facilitate access to data of the national consultants. As a final step in the project, in coordination with the country offices and MOHs, s/he will organize a half-day workshop in each of the pilot countries to showcase the RHA experiences and to encourage their adoption by decision makers as a tool for policy formulation.

4.3 The TC will benefit from the prior experiences of the Mexican Health Foundation (FUNSALUD) and the Public Health National Institute of Mexico (INSP). The latter institution has already joined WHO in the effort to built the RHA methodology. Both institutions have pioneered in the LAC Region the development and implementation of health accounts in the specific areas of HIV/AIDS, and will contribute with: (i) information and technical knowledge transfer to the four beneficiary countries, and (ii) assistance in evaluating the implementation of RHA.

4.4 National consultants—experts in health accounts are very familiar with data and the health systems of their countries, and therefore well-positioned to coordinate with national agencies—will be hired in each of the selected countries for a period of six months, part-time. The consultants, with extensive support and supervision by the project coordinator and FUNSALUD/INSP, will be responsible for: (i) adaptation of the methodology to specific country circumstances; (ii) making appropriate contacts with national institutions; (ii) data collection; (iii) writing of country reports; and (iv) presentation of their findings at the workshops at the end of the project. The TC execution team, including the country office health specialists, will provide supervision and necessary technical support to guide implementations of the RHA methodology, all in coordination with FUNSALUD and INSP. Each country's Ministry of Health will supply office space,

information and necessary computer hardware and software for each respective national consultant.

4.5 The project coordinator and national consultants will jointly determine the year for RHA estimations based on data availability. Household and DHS surveys will constitute the main sources of primary data on private expenditures. Secondary data in all countries will be obtained from the public budget of the Ministries of Finance, data systems of the Ministries of Health, Central Banks, National Statistical Institutes, donor agencies, international organizations, and other available sources, as determined by the project coordinator and the national consultants.

B. Execution and disbursement periods

4.6 The project execution will take place over a period of 12 months, as of the date of approval. The disbursement period will be for 18 months, as of the same date.

C. Procurement of goods and services

4.7 Procurement will be conducted in accordance with Bank norms, policies and procedures.

V. MONITORING AND EVALUATION

5.1 Basic responsibility will be held by INT/RTC. SDS/SOC will be responsible for selecting consultants and monitoring their outputs. The bank's offices in the specified countries will participate in monitoring the overall progress of the project.

5.2 As indicated in the Terms of Reference on INT/RTC files, the project Coordinator will prepare:

a. Reports every six months documenting progress. These reports will describe results of coordinating activities and data collection, based on monitoring and output indicators previously identified.

b. A final technical report integrating the results of all three countries, and presenting a comprehensive review of the activities carried out by the project, 30 days after the completion of the execution period.

5.3 Once finished the operation, within the following 30 days to the conclusion of the period of execution, a project completion report will be prepared. The team leader will conduct a meeting with the team members and specialists of the Regional Departments and SDS in order to evaluate the level of fulfillment of the objectives, the achievements in the propose goals and the recommendations of policy that arise from the operation. A completion minute will be produce.

5.4 Additional, at the end of the execution period, an independent consultant will be hired by the Bank to evaluate the impact of the project on the basic indicators of policy implementation. The logical framework (on INT/RTC files) related to this operation will be used as a tool for this evaluation.

VI. BENEFITS AND RISKS

A. Program benefits and developmental impact

6.1 The primary expected impact of this project would be placing at the countries' disposal a new methodology for estimating expenditures on reproductive health services, as well as expenditure data for one year. Access to such tools will allow them to evaluate effectiveness of policies that intend to increase the population's access to family planning and other reproductive health services. Reproductive health accounts will show whether strategies, such as reducing cost of services to individuals, addressing geographical misdistribution, and improving quality of services, have been effective. Ultimately, the countries will be able to gauge if they are taking correct and sustainable steps to reducing maternal mortality.

6.2 Furthermore, having data and the experience of conducting RHA estimates once will lead to a greater reliance of policy-makers on evidence in formulating policies, and will strengthen country institutions and information infrastructure. An effective dissemination strategy is essential to make all users aware of the availability of this tool and of its potential benefits. The fact that policymakers in the Region have not adopted health accounts estimates in their work and have perform few efforts on produce reliable data about costs and financing of reproductive health programs is mostly due to inadequate communication about the value and the practical applications of such data beyond the circle of experts.[4]

6.3 Similarly, improved access to key data will allow international development organizations, lenders, and donors to use their resources more efficiently and effectively. In multi-stakeholder activities such as Sector Wide Approach Projects (SWAP), resource allocation will be more transparent and its impact measurable. Concrete criteria will become available for shifting of resources to areas of greatest need.

6.4 The project will have its most important impact on country populations. By revealing and publicizing any unreasonable financial burden on households, and demonstrating the likelihood of them being able to access the basic basket of goods and services needed to maintain reproductive health, it will help lobby

[4] *Harmonization of Health Accounts/Nacional Health Accounts Approaches (A series of workshops of the Pan-American Health Organization).* Central America: San José, Costa Rica, November 2003, and the Andean Community: Quito, Ecuador, April 2004.

policy-makers and give stronger voice to the poorest and most vulnerable in their societies, such as pregnant women and young mothers.

B. Target Beneficiaries

6.5 The target beneficiaries of the project are public agencies, such as Ministries of Health and Ministries of Finance. The project will place at their disposal new and powerful instruments and data to plan and budget RH activities, and therefore to spend more efficiently.

6.6 Indirect target beneficiaries are vulnerable populations, which will benefit from improved efficiency and appropriateness of RH services, and donors and lenders, who will benefit from improved coordination, transparency, and measurable results (greater value for the money spent).

C. Risks

6.7 Given the general paucity of data on private health expenditures in LAC, the major risk is associated with obtaining data of adequate quality on household and private sector expenditures. Another important risk is that the project impact will remain confined to the duration of the project itself, with no spillover effect to policy-making bodies and other countries in LAC.

6.8 To mitigate the first of those risks, emphasis is being placed on coordinating data collection with the Bank's operational departments, country offices, the MECOVI program of SDS/POV, with the Ministries of Health in the selected countries, as well as with other major international stakeholders involved in data collection and technical assistance. In the case that some gaps in RHA data might not be corrected, estimations will be made in a manner generally accepted by health accounts experts, by cross-referencing information on service usage and service costs, and by triangulation using data from other sources. The anticipated gaps will alert stakeholders about data collection needs. While the development of the manual, implementation of pilot studies, and quality analytic work are important in and of themselves, RHA estimations are not the end-goal of this project. They are a key objective, but the ultimate goal is to increase the effectiveness and efficiency of health systems and to improve the reproductive health of populations. Knowledge about health expenditures is necessary to ensure equity and fiscal sustainability in policies, programs, and projects in execution. Value of such information will increase as more efforts and resources become dedicated to reaching the Millennium Development Goal 5, and as growing numbers of donors coordinate their activities through SWAP operations.

6.9 To address the second risk, among the project activities have been included comprehensive information dissemination campaign as part of the terms of reference of the project coordinator, to be executed via e-mail, Internet, and telephone calls to major newspapers and periodicals in the countries and regionally.

VII. Environmental and Social Review

7.1 The project was reviewed by the SDS/ENV on June 10, 2005. It is considered that due to their nature, the studies and training financed in the proposed operation will not have environmental impacts or negative social impacts. Moreover, the development of a methodology and preparation of a manual for implementing Reproductive Health Accounts will produce positive social impacts.

VIII. Approval

8.1 In accordance with the Document CC-5290, approved by the Coordination Committee on August 2, 1995, and the corresponding memorandum of simplification ("Simplification of Procedures and Delegation of Authority to Approve Non-Reimbursable Technical Cooperation"), dated September 12, 1995, I submit for your approval the above-mentioned operation for the amount of US$150,000, to be charged to the net income of the Fund for Special Operations (FSO)

Concur:

L Bocalandro — NOV 14, 05

Laura Bocalandro, Chief INT/RTC — Date

Approved: — 11.14.05

Nohra Rey de Marulanda, Manager INT — Date

REPRODUCTIVE HEALTH ACCOUNTS IN LATIN AMERICA
METHODOLOGY AND PILOT APPLICATIONS
(RG-T1141)
TERMS OF REFERENCE
CONSULTING SERVICES FOR PROJECT COORDINATOR

I. CONTEXT

1.1 The fifth Millennium Development Goal aims to reduce maternal mortality by three-quarters between 1990 and 2015. Maternal mortality is one of the key indicators to evaluate the performance of reproductive health programs in the countries. The existence of high maternal mortality rates indicates that these programs do not exist or are not being effective. The Bank's concern about improving women's and men's reproductive health is made apparent by numerous technical cooperation projects specifically directed to support reproductive health of youth, and by social sector loans, of which virtually all aim to improve reproductive health services.

1.2 The lack of national and local-level information about resource allocation related to efforts aimed at reducing maternal mortality represents an important obstacle to achieving this goal. An adequate estimate of costs and a clear commitment of the government to finance reproductive health activities will be necessary to reduce maternal mortality. Keeping track of health expenditures through dedicated accounts is essential for ensuring that planned reforms and policies are well managed, cost-effective, and can be financially sustained in the long term. With this goal in mind the Bank has set out to support countries in obtaining data on health systems and health indicators and in making them available and useful to policy-makers in the Region.

II. OBJECTIVE AND DESCRIPTION

2.1 The overall objective of the proposed project is to strengthen the capacity of the countries to produce and use financial indicator data in health, irrespective of the disease or condition under consideration.

2.2 The specific objectives of this RTC are as follows:

a. To develop a methodology for estimating Reproductive Health Accounts in the LAC Region.

b. To conduct pilot estimations of expenditures on Reproductive Health interventions (Reproductive Health Accounts, RHA) in four countries: Bolivia, Colombia, Honduras, and Nicaragua.

c. To disseminate project results and products in LAC.

2.3 To meet these objectives, a consultant/consultancy firm (hereon referred to as "consultant") will be hired to provide technical assistance to activities in three components: (i) adoption of the RHA Manual to the specific circumstances of LAC countries; (ii) supervision and technical support to the national consultants conducting pilot estimations; (iii) organization of the workshop and dissemination of project results and products. The consultant will be working closely with the SDS/SOC and Country Office health specialists for the duration of the project, and preferably will be residing in Washington, DC, or in one of the countries selected for the pilot studies.

2.4 ***Component I–The RHA Manual.*** As a follow-up to the development of RHA manual by the WHO, the consultant will be responsible for adapting it to the LAC countries' circumstances and disseminating it widely. The estimated execution time for this component is four months (refer to the time table in Table 1 at the end of this section). Specifically, the consultant will be responsible for the following activities:

a. Verify accuracy and appropriateness of the Spanish translation, using as reference the Spanish version of OECD A System of Health Accounts published by the Bank.

b. Compare the methodology to that used by INSP in Mexico to estimate RHA, and to that used by FUNSALUD to estimate HIV/AIDS Accounts.

c. Obtain comments from INPS and FUNSALUD with regards to technical and terminology issues that might be of concern in the context of LAC.

d. Obtain comments of three LAC international and/or national experts in the areas of HA/NHA and Reproductive Health.

e. Write an addendum to the RHA Manual based on research and the obtained comments, with specific recommendations for users in LAC.

f. Disseminate the manual and the addendum through the Internet and mailings to key national institutions, international organizations, lenders, and donors (a list of contacts will be submitted upon completion of this component).

2.5 ***Component II–Pilot Implementation.*** As an accompaniment to the pilot implementations of the RHA Manual, the consultant will assist the Bank with hiring and supervising national consultants, ensuring the highest quality of their work and correct application of the manual. This component's execution time frame is expected to be six months. Specifically, s/he will be responsible for the following activities:

a. Recruit national experts by contacting prospective candidates and attending to all administrative aspects of their contracts, in close coordination with SDS/SOC and COFs.

b. Assist the national consultants in examining the available data and selecting base year for pilot estimations (need not be the same year for all countries).

c. Support data collection efforts of the national experts by making and sustaining contacts with the relevant country institutions and data producers (COFs, Ministries of Health, Ministries of Finance, Statistical Institutes, PAHO, World Bank, MECOVI Program) and ensuring access to survey data.

d. Provide continuous technical support and feedback to the national consultants.

e. Identify and refer the national consultants to key persons overseeing programs/reforms subject of the analytical part of the reports, and facilitate their communication and information sharing .

f. Provide editorial assistance in the writing of country reports, as well as background materials and documents, if the national consultants are unable to obtain them.

2.6 *Component III–Dissemination.* The consultant will organize a workshop, attend to logistics, and disseminate workshop proceedings, project results and all products widely. The execution of this component is estimated to require three months (note: overlapping with data collection and analysis). In particular, the consultant will be responsible for the following activities:

a. Determine the appropriate length, audience size, and format for the workshop, based on the available budget

b. Design the workshop agenda and propose additional speakers from LAC in the areas of health accounting, reproductive health, policy-making, including chairpersons and RHA country report presenters (the national consultants)

c. Select a site for the workshop (preferably in one of the Bank Country Offices) and organizing the logistics (conference room, presentation equipment, sound system, video-recording, refreshments, etc) (The consultant may contract a local company for this purpose.)

d. Disseminate information about the workshop to all stakeholders, and send formal letters of invitation to all relevant agencies of the country governments in LAC, and to other institutions (ECLAC, MERCOSUR, Comunidad Andina, etc.), to ensure a broadly representative attendance

e. On the day(s) of the workshop, ensure that all events run smoothly

f. Prepare a report from the workshop and disseminate it and all project results and products as widely as possible, through email, Internet, and letters to newspapers in LAC, and via presentations about the project findings and policy applications at the Bank, PAHO, and the World Bank.

III. PRODUCTS AND REPORTS

3.1 In close collaboration with SDS/SOC and COFs, the consultant is responsible for developing the RHA Manual for LAC, its pilot implementations in four countries, and the dissemination campaign through workshop and other communication media.

3.2 The consultant will be responsible for submitting the following reports based on the above work:

a. The Interim Report. To be submitted to SDS/SOC before on or before the last day of the 7th month of the project. It will describe the project's progress, outline decisions made with respect to identity of national consultants and data collection, and list challenges encountered and manners devised to deal with them.

b. The Final Report. To be submitted to SDS/SOC on or before the last day of the 12th month of the project. It will provide a comprehensive review of all activities, evaluate them with respect to achieving their objectives, make recommendations for future projects in the area of health accounting, as well as for institutionalizing health accounts in LAC.

3.3 Additionally, the following products will be submitted to SDS/SOC together with the Final Report::

a. The RHA Manual in Spanish (with adaptations for implementation in LAC and a list of contacts to which it was distributed).

b. A Technical Report summarizing and containing the RHA Country Reports from Bolivia, Colombia, Nicaragua, and Honduras (although the consultant will not be responsible for preparing the reports, s/he will hold the responsibility for ensuring that they are prepared and submitted in a timely manner).

c. Workshop agenda, report, and video-recording, and description of the dissemination strategy used.

TABLE 1. Project activity timetable

Activity	Time	mo. 1	mo. 2	mo. 3	mo. 4	mo. 5	mo. 6	mo. 7	mo. 8	mo. 9	mo. 10	mo. 11	mo. 12
Preparation of the methodology	4 months												
Preparation for implementation	2 months												
Data collection (secondary)	4 months												
Data collection (primary)*	3 months												
Analysis and report writing	4 months												
Workshop/dissemination	3 months												
Project evaluation	1 month												

* To be defined based on discussions with MECOVI and RE3

IV. SUPERVISION AND DISBURSEMENTS

4.1 SDS/SOC will have the technical responsibility for the supervision of the consultancy, in coordination with the Bank Country Offices in Bolivia, Colombia, Honduras, and Nicaragua, and with the support of the team members from RE2/SO2 and RE3/SO3. The consultant will work closely with the executing entity, and refer to it in regard to all decisions, through meetings held at least once a month (three of the meetings must be in person). SDS/SOC will provide the required office space and computer equipment for the duration of the contract, if needed (see section 5.1).

4.2 INT/RTC will have the administrative responsibility. It will handle all disbursements and contracting logistics.

4.3 Disbursements of the consultant's salary will be on daily basis, paid at the end of each month.

V. CHARACTERISTICS OF THE CONSULTANCY

5.1 The consultant must have expertise in the area of health economics and/or national accounting or health accounting. S/he must be fluent in Spanish and English, and will work in Washington, DC, or in proximity to Bank Country Offices in any of the four pilot study countries.

Procurement Plan
Reproductive Health Accounts in Latin America Methodology and Pilot Applications
RG-T1141

Principal Project PROCUREMENT	Amount US$	Financing Sources		Procurement Method	Prequalification	Specific Procurement Notice	Status
		BID%	Local/other		Yes/No	Tentative Publication Date	
Project coordinator	49.000	100%		Individual consultant Review of qualifications	No	N/A	Pending
National consultants (4)	52.000 13.000 each	100%		Individual consultant Review of qualifications	No	N/A	Pending