DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PERU

SECOND PHASE OF THE PROGRAM TO SUPPORT HEALTH SECTOR REFORM—PARSALUD II

(PE-L1005)

LOAN PROPOSAL

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Link 2 Monitoring and evaluation arrangements
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OPTIONAL

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ABBREVIATIONS

AWP	Annual work plan
BOC	Basic obstetric care
BONC	Basic obstetric and neonatal care
DIRESA	Regional Health Department
DNI	National identity document
ENAHO	National Household Survey
ENDES	Demographic and family health survey
EONC	Essential obstetric and neonatal care
EsSalud	Social health insurance
HCP	Health care provider
IBRD	International Bank for Reconstruction and Development
ICA	Interinstitutional cooperation agreement
ICAS	Institutional capacity assessment system
ICB	International competitive bidding
IONF	Intensive Obstetric and Neonatal Functions
MEF	Ministry of Economy and Finance
MINSA	Ministry of Health
OC	Ordinary Capital
PARSalud	Program to support health sector reform
PC	Price comparison
PCU	Program coordination unit
PIP	Public investment project
POC	Primary obstetric care
QCBS	Quality- and cost-based selection
RENIEC	National Identification and Marital Status Registry
SCL/SPH	Social Protection and Health Division
SIAF	Integrated Financial Management System
SIGA	Environmental Management Information System
SIS	Comprehensive Health Insurance Program
SISMED	Integrated System for the Supply of Medicines and Medical/Surgical Materials and Inputs
SMI	Health Sector Development Program: Maternal and Child Health Care Coverage

PROJECT SUMMARY

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Financial Terms and Conditions				
Borrower: Republic of Peru			Amortization period:	20 years
Guarantor: N/A			Grace period:	5 years
Executing agency: Ministry of Health (MINSA)			Disbursement period:	5 years
Source	**Amount**	**%**	Interest rate:	LIBOR
IDB (Ordinary Capital)	US$15.0 million	10	Inspection and supervision fee:	*
World Bank	US$15.0 million	10	Credit fee:	*
Local	US$132.4 million	80	Currency:	U.S. dollars from the Single Currency Facility
Total	US$162.4 million	100	Option of conversion to Peruvian nuevos soles	Local Currency Facility

Project at a glance

Project objective:
The purpose of the program is to reduce maternal and infant mortality and morbidity, as well as malnutrition in children under 3 in the most impoverished rural areas of the country. The program's specific objectives are to: (a) promote appropriate practices and family and community health care resources for women (while pregnant, in labor, and nursing) and for children under 3; (b) improve the response capabilities of health service networks to handle obstetric and neonatal emergencies and provide comprehensive health care to women (while pregnant, in labor, and nursing) and to children under 3; and (c) strengthen governance to ensure an efficient, equitable, and high-quality health care system.

Special contractual clauses:
None.

Exceptions to Bank policies:
None.

Project qualifies as:	SEQ [X]	PTI [X]	Sector [X]	Geographic [ ]	Headcount [ ]

* 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.

I. DESCRIPTION AND RESULTS MONITORING

A. Background, problems addressed, and rationale

1.1 **Overview of health in Peru.** The main demographic and health indicators for the Peruvian population have shown steady improvement in recent decades. As a result of continual reduction in overall mortality, there has been a significant increase in life expectancy at birth to 71 years, compared to the life expectancy 20 years ago of 64. Likewise, maternal mortality, estimated at 265 deaths per 100,000 live births in 1996 fell to 185 by the year 2000. The infant mortality rate fell from 46 per 1,000 live births in 1996 to 26 in 2006.[1]

1.2 Although this progress suggests that the country is experiencing a demographic and epidemiological transition characterized by a decline in communicable diseases, while at the same time enjoying significant improvements in access to health services, there are still sharp inequities related to factors such as socioeconomic status, geographic region, urban/rural living, and ethnicity. For example, the infant mortality rate in some highland departments such as Huancavelica (50) is approximately twice the national average (26). Likewise, the national infant mortality rate in rural areas is double that of urban areas.

1.3 Moreover, chronic child malnutrition has not improved significantly, remaining essentially unchanged in recent years with a national prevalence on the order of 27%. With that rate, Peru outranks only Guatemala and Haiti among the Latin American countries with demographic and health surveys. As in the case of infant mortality, there are marked disparities between population groups: 40% of rural children under 5 are malnourished, compared to only 13% of urban children. At the regional level, the rural highlands have the highest rate (40%), while Lima has the lowest (7.7%).

1.4 Despite clear improvements in some of the indicators mentioned, notable inequities, still-high mortality rates, and persistent chronic malnutrition have meant that maternal and child health continues to be a priority for the sector and the target of new joint efforts between sectors.[2]

1.5 **The Peruvian health system and problems in the public subsector.** Health care coverage, financing, and the provision of health services continue to be fragmented, with four main segments: (a) the public subsector, in which the Ministry of Health (MINSA) provides services through its institutions to those affiliated with the Comprehensive Health Insurance Program (SIS) and to the uninsured; (b) social security health insurance through Peru's Social Health Insurance (EsSalud) and the

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[1] These figures are taken from the Demographic and Family Health Survey (ENDES).

[2] The National Program of Direct Support for the Poorest Families (Juntos Program), a conditional cash-transfer program, encourages the use of maternal and child health services and treatment to reduce child malnutrition. The main goal of the new Grow Strategy is to reduce child malnutrition. Additionally, maternal and child health is one of the four "strategic programs" of the results-based budgeting exercise, which is in its first year (2008).

complementary private health care provider system (HCP),[3] which serves formal sector workers and their family members at owned and contracted facilities; (c) the private subsector, financed with out-of-pocket payments from users and private insurance, which generally serves the high- and middle-income urban population; and (d) the hospitals of Peru's Armed Forces and National Police. The government has indicated its intention to establish a unified system, but that reform could take years. Currently, the main institutional and structural problems and the worst health care outcomes for the population served with respect to maternal and child health and malnutrition are found in the MINSA subsector.

1.6 MINSA has limited capacity to govern and monitor the sector, whose regulatory and institutional architectures are out of step. For example, the MINSA Law was passed during a pre-decentralization period, which has made it difficult to develop participatory social supervision strategies and mechanisms for planning and defining roles with regional and local governments. An independent superintendency only monitors services rendered under the HCP subsystem, while the rest of the population[4] does not benefit from this important service. Consequently, MINSA does not adequately ensure the prompt and sufficient availability of service provision factors (human resources, medications, infrastructure, equipment, laboratories, blood banks, emergency and intensive care services, etc.). It also fails to take advantage of contact opportunities with beneficiaries to apply a comprehensive health care model. Instead, attention is focused only on the reason for that particular doctor's visit.

1.7 The problems with public financing in the health sector include budget shortfalls and difficulties in allocating, organizing, and using the resources intended for vulnerable population groups. Although total health care spending per capita has been increasing in real terms, from US$101 in 1995 to US$130 in 2005, it is still low as a percentage of GDP, amounting to scarcely 4.9% in 2005 compared to the Latin American and Caribbean average of around 9%.[5] Although SIS has achieved a significant average increase in access to key services such as hospital delivery, in urban areas there have been a large number of users from nontargeted-groups and, overall, it has not had a clear impact on equity in the use of services due to its

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[3] Social health insurance is mainly financed with contributions equivalent to 9% of payroll. If employees elect to become affiliated with an HCP, the employer pays 25% of the EsSalud contribution directly to the selected provider.

[4] A total of approximately 800,000 people are affiliated with the HCP subsystem, including the insured, enrollees, and eligible dependents.

[5] The main sources of financing show the following generally positive trends: household participation has progressively declined (39.9% in 1996 to 34.2% in 2005), and government spending has increased in relative terms (from 26% to 30.7% in this period), which is also the case for employers albeit to a lesser extent (29.7% to 30.5%). Financing by private insurance continues to be very limited, accounting for approximately 2% of the total.

greater impact on SIS enrollees with a higher socioeconomic status.[6] Additionally, the target population is still underserved, particularly in rural areas and among remote populations.

1.8 In addition to the problems of financing personal health care, there are systemic challenges in financing public health care and hospitals in the public subsector. Given that public health care in the strict sense is a public good, the fact that the resources to finance it account for only 5% of the MINSA budget suggests that it is still not a priority for the sector. Moreover, the financing of hospitals that offer the more complex services required for intensive obstetric and neonatal care is not equitable in the sense that the better their response capabilities, the larger the cities in which they are located, the bigger their budget.[7] The solution goes beyond improving the response capability of smaller hospitals in the provinces, and includes improving the ability to regulate financing.

1.9 **The programmatic response: PARSalud I.** The most significant effort in recent years to improve maternal and child health care and promote sector reform initiatives has been the Program to Support Health Sector Reform (PARSalud), which was cofinanced by the World Bank and the Inter-American Development Bank (IDB) (PE-0146, loan 1208/OC-PE). Given that the program sought to integrate the short-term needs of fighting maternal and infant morbidity and mortality with the design and implementation of medium- and long-term strategies for sector modernization and reform, a multiphase program was developed with a total duration of approximately 10 years. The first phase was anticipated to be completed between 2000 and 2003. However, a period of political uncertainty, the lack of a consistent institutional agenda in MINSA, and high turnover within the management team made it difficult for the program to get off the ground. As a result, the first phase was extended to 2007, with its peak from 2004 to 2006.

1.10 The program design was quite broad and—following a phase of low execution—funding was partially canceled and the program was drastically restructured.[8] The

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[6] While SIS increased the average probability of expectant mothers from the poorest quintiles (1 and 2) being treated at MINSA establishments by 26%, the increase was greater for SIS enrollees from the wealthiest quintiles, i.e. 34% for quintile 4 and 56% for quintile 5 (2004 ENDES data). See Parodi, Sandro (2005) "Evaluating the Effects of the Comprehensive Health Insurance Program (SIS) on Equity in Maternal Health in the Context of Noneconomic Barriers to Access to Services." Grupo de Análisis para el Desarrollo (GRADE), Lima.

[7] This situation is aggravated by the fact that hospitals in larger urban areas serve a population from which more income can be directly obtained through out-of-pocket payments.

[8] The IDB loan was approved under the name Health Sector Development Program: Maternal and Child Health Care Coverage (SMI). Of the US$87 million loan, a total of US$51 million intended to partially finance the SMI was canceled, since the 1993 Constitution did not allow fixed costs to be financed with loan capital. As a result, the program was limited to supporting complementary actions geared toward increasing affiliation with SIS (which replaced the SMI) and improving its business processes and targeting. Activities associated with remote populations, environmental health, subsidized and contribution-based insurance, public health care, and epidemiological surveillance were also largely eliminated and the geographical range was restricted.

revised program proposed to: (a) increase demand for maternal and child health care services in the low-income population by reducing economic and cultural barriers; (b) improve the quality and efficiency of maternal and child health care services and adapt them to the cultural practices of the beneficiary population; and (c) strengthen MINSA's capacity to modernize the sector and assume its role as lead agency. Despite changes in the program's design, electronic link 4 confirms that the trigger milestones defined in operation PE-0146 to proceed with phase II have been met.

1.11 The indicators used after the program's restructuring performed positively, although the improvement cannot be exclusively attributed to the intervention. Hospital deliveries, which are a robust proxy for the rate of maternal mortality, showed a statistically significant increase in all the target departments, and in rural areas coverage increased from 21.3% (2000) to 43.5% (2004-2005). The intrahospital obstetric case-fatality rate also fell from 0.4% in 2002 to 0.1% in 2005. These achievements are associated with the program's positive effects on trends in prenatal monitoring (such as detection of anemia in pregnancy) and basic obstetric care (use of oxytocin during labor to prevent hemorrhaging, which increased from 51% in 2002 to 90% in 2005, the use of magnesium sulfate in expectant mothers with severe pregnancy-induced hypertension, and the use of antibiotics in cases of sepsis).

1.12 The downward trend in the national infant mortality rate occurred in all the regions served by PARSalud, which significantly benefited from the program intervention. However, the urban-rural gap continues to be cause for concern (32 vs. 60 for every 1,000 live births). Attention now must be focused on infant mortality from acute respiratory infections in infants after the first 29 days of life, and on complications derived from the inadequate care of newborns under 29 days of age (neonatal period).

1.13 With respect to modernization of the sector, progress was made in decentralization and in the regulatory framework for financing and providing health care services. A roadmap was developed for decentralizing the sector and a system was created of management agreements with regional governments focused on improving health care. The program supported the development of regulations for classifying health care institutions, referrals and counter-referrals, and clinical history. A rate policy was also formulated within the framework of the catalogue of MINSA services. Additionally, specialization programs were prepared as part of the National Training Plan for MINSA Human Resources, which improved service quality.

1.14 **Rationale for the second phase.** As the second phase of a multiphase program, PARSalud II makes it possible to continue stimulating demand for maternal and child health care services, improving quality and access to those services and contributing to the efficient management of resources allocated to the sector. While there is a highly positive trend in access to hospital delivery services and other maternal and child health care services as a result of the first phase of the program, there are still significant economic, geographic, and ethnic gaps that the second

phase aims to reduce. In this context, the second phase of PARSalud was intended to consolidate the gains made in the Health Departments (DISAs) and Regional Health Departments (DIRESAs) that were prioritized during the first phase, and to expand interventions in Cajamarca, Ucayali, and the rest of Amazonas. The phase II interventions are limited to nine regions, and take into account both the extensive maternal and child health care needs in those departments and the available budget and borrowing capacity of the sector.

1.15 Even though the probability of survival at birth for poor rural children increased during phase I, most suffer from delayed growth and, consequently, are more vulnerable to contracting diseases. They tend to develop less cognitive ability and enter the school system with significant disadvantages that prevent them from developing their potential productivity. For these reasons, phase II of PARSalud will incorporate the proper growth of children under 3 as a health goal. Accordingly, it will adopt an intervention strategy to promote comprehensive and adequate care for this population group, seeking an opportunity to interrupt the cycle of rural poverty in the country.

1.16 In addition, PARSalud II will strengthen fundamental processes for sector reform that were not completed in the first phase. Some aspects are associated with decentralization of the sector and intergovernmental relations, MINSA's regulatory capacity with respect to services, and improvements in financing for public health care and hospital care. PARSalud II is also aimed at strengthening SIS as a public health care coverage instrument, which involves helping to implement the new semisubsidized component, defining payment mechanisms based on capitation payments and risk premiums, and exploring SIS provider payment mechanisms with the explicit incentive of health care earnings rather than the application of reimbursement rates for services rendered.

B. Objectives, components, and cost

1.17 **Objectives.** The general objective of phase II of the program is to help increase the use of maternal and child health care services and to reduce morbidity in children under 3 from rural families in the nine poorest regions of Peru. The specific objectives are to: (a) promote appropriate practices and family and community health care resources for women (while pregnant, in labor, and nursing) and for children under 3; (b) improve the response capabilities of health service networks to handle obstetric and neonatal emergencies and provide comprehensive health care to this population in both remote and non-remote areas; and (c) strengthen governance to ensure an efficient, equitable, and high-quality health care system.

1.18 **Program structure.** The program has three components: (a) strengthening demand; (b) improving supply; and (c) governance and financing. The activities included in each component are:

1.19 **Component 1 – Strengthening demand (US$6 million).** This component will promote demand for maternal and child health care services and the adoption of appropriate practices and adequate resources for family and community health care

for the target population. In order to overcome administrative barriers associated with SIS affiliation and the use of health care services, a number of activities will be carried out to raise the population's awareness as to the importance of obtaining a national identity card (DNI) and birth certificate, and to facilitate the provision of those documents to women and children benefiting from the program.

1.20 The Health Education and Communication Program will be introduced in order to directly contribute to achieving the proposed results, including reducing the prevalence of anemia in expectant mothers and children under 3, the prevalence of diarrheal diseases and respiratory infections, and micronutrient deficiencies in children, all of which are factors related to malnutrition.[9] This initiative is based on the concept of taking advantage of contact opportunities between families and service providers (health care institutions, home visits, community centers, etc.) to apply communication strategies (publicity campaigns, advice, and improvement of environments) and introduce activities aimed at achieving a positive effect on variables such as SIS affiliation, prenatal monitoring, hospital deliveries, child monitoring, nursing exclusively for the first six months of life, washing hands with soap and water, child nourishment, nourishment and care of sick children in the home, checkups to track child growth and development, etc. The crosscutting focuses of the initiative are rights and responsibilities in health care, interculturality, gender, and citizen participation.

1.21 Implementation of this component will require the use of consulting services; national, regional, and local workshops; the procurement of audiovisual equipment for health care institutions; reproduction of materials; training of health professionals; mass campaigns; and monitoring and evaluation services.

1.22 **Component 2 – Improving supply (US$142.3 million).** This component will improve the response capabilities of health service networks to handle obstetric and neonatal emergencies and provide comprehensive health care to women (while pregnant, in labor, and nursing) and to children under 3 in remote and non-remote areas, including:

a. **Improvement in the technical quality of care.** In order to properly diagnose and provide treatment for emergencies and various levels of obstetric and

[9] The program has been designed based on the well-known strategy of Integrated Management of Childhood Illnesses (IMCI) developed and tested by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in the 1990s. A description of the program is available in Module II of the program feasibility study, which is available in the SCL/SPH technical files.

neonatal complications,[10] and to address the high rates of maternal and infant mortality, the response capabilities of institutions must be fine-tuned. This means designing and implementing various strategic plans to help ensure the comprehensive care model is implemented in the institutions targeted by the intervention, as well as to ensure the availability of resources to close gaps in key inputs (human resources, medications, exams, safe blood supplies, etc.), and care for remote populations.

The technical quality of maternal and child health care services also depends on the availability of facilities that meet established standards, as well as biomedical equipment, surgical instruments, clinic furniture, electromedical equipment, transportation, etc. An exhaustive analysis of the configuration of obstetric and neonatal networks in each department determined that investments in infrastructure and equipment should be made in 115 institutions in order to redefine the profile of the global network and increase to 80% the proportion of the rural population with access to an institution with the capability to handle obstetric complications located two hours away or less.[11]

Other activities in this subcomponent include implementation of maintenance programs for new infrastructure and equipment; analyses of standardized models of equipment for serving remote populations in the different regions and procurement of that equipment; planning of public investment projects for strategic institutions to expand the health services network; training for mobile health professionals and community agents; internships to improve the skills of professionals in handling obstetric and neonatal emergencies, perinatal technologies, clinical laboratory services, and blood banks; and development of a monitoring system.

b. **Incorporation of an intercultural approach to improve quality.** In light of the cultural barriers and preferences of certain groups in the target population (e.g. language spoken or the practice of giving birth while standing or squatting, accompanied by spouses or relatives), a number of activities have been designed to adapt services to the cultural needs of the beneficiaries: design of plans to reorient services so that they have an intercultural and rights-based approach focus; support for projects focused on the inclusion of

[10] Institutions with the capability to provide Basic Obstetric and Neonatal Care (BONC) have six functions: (a) administer oxytocics to manage postpartum hemorrhaging; (b) administer anti-seizure and anti-hypertension drugs to manage preeclampsia; (c) administer antibiotics to manage sepsis; (d) provide assisted delivery; (e) extract the placenta; and (f) attend normal deliveries. Institutions with the capability to provide Essential Obstetric and Neonatal Care (EONC) can also perform transfusions and surgically manage obstetric complications, such as performing cesarean sections. Institutions that provide Basic Obstetric Care (BOC) and Primary Obstetric Care (POC) essentially handle imminent deliveries and make referrals for any obstetric complications. It is also important to consider the availability of institutions with neonatal intensive care units in the service networks.

[11] The two-hour limit was determined based on the time between the start of postpartum hemorrhaging and patient death if emergency treatment is not received.

poor and remote populations (e.g. maternity waiting homes, language training for health professionals, changing the physical appearance of certain environments, etc.); exploratory studies to identify user perceptions of cesarean sections, blood transfusions, etc., and social marketing to improve the perception of services; pilot experiments to improve the perception of services; and evaluation of the use of services and perceptions held by the population with non-hegemonic cultural patterns.

c. **Rational distribution of human resources and inputs.** Simulations conducted during program design with the information from the target institutions have shown that, in general, sufficient human resources are available overall, but are poorly distributed. In order to maximize the efficiency of service networks, there must be an optimal distribution of resources, which involves the following actions: designing regional obstetric networks and the network of blood banks, laboratories, and emergency and intensive care services; developing plans for redistributing human resources and equipment, strengthening administrative systems (Integrated Administrative Management System (SIGA) and the Integrated System of Supply of Medications and Inputs (SISMED)), modernizing hospital financing, and strengthening the management capacity of DIRESAs and regional and local planning.

d. **Strengthening of referral and counter-referral systems.** Consulting services will be financed to determine patient and sample referral flows and to provide technical assistance for strengthening the system, to introduce plans for serving remote populations and for community referral mechanisms for patients. The efficacy and timeliness of referrals will be evaluated.

1.23 **Component 3 - Governance and financing (US$5.2 million).** The objective of this component is to strengthen MINSA's capacity to improve the efficiency and equity of the health care system. The first subcomponent is geared toward **coordinating sector operation** by strengthening governance, in order to establish legal provisions and standards for sector regulation, comprehensive oversight of the decentralized health care system, development of national administrative and management support systems, fostering of intergovernmental relations that are equitable and efficient, support for comanagement of health services, and accountability to contribute to community supervision. The second subcomponent is geared toward improving the capacity **to regulate health care services** through the following actions: improved regulation of the availability and skills of human resources, sufficient and prompt supply of medications and other inputs, an operating network of laboratory services, hemotherapy, and emergency and intensive care services, investments in infrastructure and equipment, and strengthening comprehensive care models and the health promotion and communication model. The third subcomponent will make it possible to increase the capacity for **regulating health care financing** and considers greater regulation in managing financing for public health care and hospitals, strengthening of

mechanisms to target financing for personal health care, and development of public health care coverage.

1.24 **Component 4 – Program management (US$9 million).** This component will finance general management expenses and costs associated with program monitoring and tracking, as well as the external audit.

1.25 **Cost.** The total cost of the second phase of the program is US$162.4 million, which will finance the expenses summarized in Table I-1. As was the case in phase one, the program will be cofinanced by the IDB, World Bank, and with resources from the Peruvian government.

Table I-1. Cost Table (In thousands of U.S. dollars)

	Categories	IDB (OC)	International Bank for Reconstruction and Development (IBRD)	Local	Total	%
1.	**MANAGEMENT**	**0**	**0**	**5,751**	**5,751**	**3.5**
2.	**DIRECT COSTS**	**14,746**	**14,746**	**123,925**	**153,418**	**94.5**
2.1	**Strengthening demand**	**2,988**	**2,988**	**0**	**5,976**	**3.7**
2.1.1	Healthy environments	2,721	2,721	0	5,442	3.4
2.1.2	Identification of eligible persons	267	267	0	534	0.3
2.2	**Improving supply**	**9,164**	**9,164**	**123,925**	**142,253**	**87.6**
2.2.1	High-quality institutions	5,669	5,669	123,925	135,262	83.3
2.2.2	Efficient networks	3,495	3,495	0	6,991	4.3
2.3	**Governance and financing**	**2,595**	**2,595**	**0**	**5,189**	**3.2**
2.3.1	Coordination of the health sector	632	632	0	1,264	0.8
2.3.2	Regulation of health care services	904	904	0	1,807	1.1
2.3.3	Regulation of financing	1,059	1,059	0	2,118	1.3
3.	**Monitoring, evaluation, and audit**	**254**	**254**	**2,707**	**3,214**	**2.0**
3.1	Operation of the tracking system	118	118	2,707	2,943	1.8
3.2	Financing of audits	136	136	0	271	0.2
TOTAL		**15,000**	**15,000**	**132,383**	**162,383**	**100.0**

C. Key results indicators

1.26 A model of factors associated with maternal and infant morbidity and mortality was developed during the first phase of PARSalud. It will serve as the basis for the results framework in the second phase (Annex I). Indicators have been established for the different levels of the hierarchy, with defined midterm and final targets. The baseline values and information source are also identified and the basis for selecting the main indicators is presented.

II. FINANCE STRUCTURE AND MAIN RISKS

A. Financing instruments

2.1 The program coordination unit (PCU) will be responsible for keeping the program's **accounting and financial records**. The funds will be managed using the Integrated Financial Management System (SIAF).[12] Through the PCU, the borrower will present the Bank with the program's **audited financial statements** within 120 days of the corresponding fiscal year-end. The final report on the program's financial statements must be presented within 120 days after the final disbursement. The external audit of the program will be performed by a firm of independent auditors that is acceptable to the Bank and in accordance with the Bank's requirements (document AF-400). The procedures set out in document AF-200 will be followed in selecting and hiring the firm. The costs of the audit will be financed with loan proceeds.

2.2 For better debt management, the borrower is adopting mechanisms to enable it to control exchange risk stemming from debt in foreign currency, by migrating towards a public debt composition that gives greater weight to internal debt and debt denominated in nuevos soles. Another one of the borrower's objectives is to reduce exposure to refinancing risk through planning and by reducing the concentration of payments over time. The borrower has requested use of the Local Currency Facility. The program would be implemented using resources from the Single Currency Facility in U.S. dollars from the Bank's Ordinary Capital and would be subject to the Operational Framework for Lending in Local Currency (document GN-2365-6).

2.3 A **revolving fund** will be created equivalent to 5% of the loan amount, or US$750,000, according to the authority granted in Operations Administration Manual, Section OA-345. The PCU will present semiannual reports on the status of the revolving fund within 60 days of the end of each six-month period.

2.4 The **program execution period** is four years and six months. The disbursement period has been estimated at five years. The estimated disbursement schedule is presented in Table II-1 below:

Table II-1. Disbursement Schedule (In thousands of U.S. dollars)

Source	Year 1	Year 2	Year 3	Year 4	Year 5	Total	%
IDB	3,451	5,494	5,200	510	345	15,000	9.2
World Bank	3,451	5,494	5,200	510	345	15,000	9.2
Local resources	28,502	48,729	47,535	4,433	3,184	132,383	81.6
Total	35,404	59,717	57,935	5,453	3,874	162,383	100.0
%	21.8	36.8	35.7	3.4	2.3	100.0	

[12] SIAF is the means of payment and official system for recording expenditures for all public sector executing units. Its use strengthens existing institutional mechanisms.

B. Safeguards, risks, and environmental and social mitigation measures

2.5 The Environmental and Social Review (ESR) classified the program as category C. The program could have potential adverse impacts if solid hazardous waste and wastewater from the beneficiary health centers and hospitals reach the environment untreated. The impacts could worsen depending on the useful life of the facility and the scale and frequency of services provided.

2.6 The measures adopted by the executing agency to manage solid waste are to include the following: (a) minimize health risks by treating solid waste at the origination point or by segregating it and ensuring its safe handling; (b) reduce the environmental impact with proper treatment and safe disposal of solid waste (c) continually monitor procedures used and ensure that periodic audits are conducted by the proper local and environmental authority; and (d) control health risks to people and the environment through the rational use of drinking water, separate collection of wastewater, and onsite treatment before wastewater filters into the soil or is dumped into waterways.[13]

2.7 In order to prevent adverse environmental impacts and ensure positive social ones, the executing agency will not only comply with the country's environmental and social regulations, but will also use the loan resources in accordance with the Bank's Operational Policy on Environment and Safeguards Compliance (OP-703) and the Operational Policy on Indigenous Peoples (OP-765). If carrying out activities with adverse impacts on the environment and/or indigenous peoples, the executing agency will adopt the necessary technical criteria and procedures to the Bank's satisfaction, and will introduce mechanisms to identify, evaluate, prevent, and mitigate those impacts.[14]

C. Fiduciary risk

2.8 The fiduciary risk for the proposed program is low. The PARSalud PCU in MINSA will be responsible for program management. Its performance during the first phase of the program has been demonstrably satisfactory.[15] The audits conducted during the first phase and the PCU's analysis carried out when this program was being

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[13] Requirements associated with the treatment of hazardous solid waste and wastewater from health centers and hospitals and their costs are included in estimates of the program's financial needs and are detailed in Module IV of the program's feasibility study, pages 577-584 of the Social Protection and Health Division (SCL/SPH) technical file.

[14] The Bank may conduct inspections and audits in order to verify compliance with national environmental legislation and its safeguard policies. Among other obligations, during the program, the executing agency is to comply with the obligation to furnish all reports and information on semiannual environmental monitoring concerning comprehensive solid waste management.

[15] The PCU was created through Ministry Resolution 606-99-SA/DM in 1999, establishing it as the executing unit (No. 123) of the MINSA budgetary envelope, administratively and financially independent from MINSA central management. The executing unit is being reinstated for the second phase of the program.

prepared using the Institutional Capacity Assessment System (ICAS)[16] confirmed that the systems of financial management, administration of goods and services, and internal control did not present significant risks.

D. Other issues and risks

2.9 Other risks and mitigating actions are presented in Table II-2:

Table II-2. Risks and mitigating actions

Risks	Mitigating actions
Transition between PARSalud Phases I and II. Phase I of PARSalud ended in March 2007 and phase II is anticipated to begin in the third quarter of 2008. There is a risk that this gap could jeopardize the rapid launch of the second phase.	In order to mitigate this risk, MINSA has decided to maintain the institutional arrangements from the first phase in which the program was executed through the PARSalud executing unit (paragraph 3.1). Ordinary resources have been obtained to carry out the phase II preparatory activities and to form a minimal team that will ensure the prompt start of the operation.
New issues and interventions. Including the issue of chronic malnutrition in children under 3 in the second phase involves the incorporation of interventions not considered in phase I, such as education and communication programs to promote good health practices in families and the supply of identification documents to facilitate the use of health services.	In order to mitigate the potential risks and difficulties associated with implementation of new initiatives, their design has been based on a review of international best practices and experiences. Close monitoring of these new activities is also proposed in order to ensure proper implementation and to be able to make the required operational adjustments.
Expansion to new regions of the country. The second phase will incorporate the entire departments of Cajamarca, Ucayali, and Amazonas. There is a risk that these regions may not have the technical and administrative capacity necessary to effectively collaborate and fulfill their implementation responsibilities.	This risk is expected to be mitigated by using management agreements (paragraph 3.5) with PARSalud and by applying the experience gained and lessons learned in the first phase, in which eight poor and remote regions with remote populations participated.
Operating and maintenance costs. Implementation of phase II is expected to cause a 40% increase in operating and maintenance costs mainly resulting from equipment and infrastructure maintenance and ensuring the continuity and monitoring of certain strategies. These post-investment costs are to be assumed by the regions. However, there is a risk that resources will be insufficient to cover them.	An analysis was made of financing trends and possibilities for the regions to develop mitigation measures. It determined that: (i) the decentralization process is causing annual budget increases that should be consolidated; (ii) the SIS budget increased significantly in 2008 (70%) and should continue to grow over the next several years, albeit in smaller increments; and (iii) management agreements may be oriented toward committing regional funds to post-investment maintenance.

[16] Final report of the consultant Aldo Ortiz: "Consultoría de Capacidades del Sector Salud a través de la Aplicación del SECI: Análisis del PARSalud I y recomendaciones para el PARSalud II" [Consulting assignment on Health Sector Capacities through application of the ICAS: Analysis of PARSalud I, and recommendations for PARSalud II] available in the SCL/SPH technical files.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Implementation system

3.1 The borrower will be the Republic of Peru. The Ministry of Health (MINSA) will be responsible for executing the program through the PCU—an executing unit with administrative and financial autonomy under the Vice Minister of Health. This unit will be equivalent to the unit that operated during the first phase of the program.

3.2 The PCU's functions include administrative, financial, accounting, procurement, and coordination responsibilities related to technical considerations. The PCU will plan and schedule all program activities in coordination with the appropriate MINSA agencies and regional governments. Senior management of the PCU will consist of a general coordinator, technical coordinator, administrative-financial coordinator, and a monitoring and evaluation coordinator. The general coordinator will be subject to an annual performance review, which will be submitted for consideration by the program's board of directors (paragraph 3.3). The PCU will also have a qualified technical team that will give advice and monitor compliance with the program and annual work plan (AWP) activities. The full profiles of the different posts within the PCU will be defined in the program operating manual.[17]

3.3 A **program board of directors** will be formed consisting of representatives with a high technical level, which are to include one representative from MINSA, one from the Ministry of the Economy and Finance (MEF), and one from the regional governments involved in the program.[18] The board of directors will have the following responsibilities: (a) ensure compliance with the program objectives; (b) approve the AWPs; (c) oversee selection processes for key personnel; (d) issue an opinion on the need to replace the general coordinator; and (e) ensure the recommendations made in the annual financial audit reports are fulfilled.

3.4 Activities geared toward fulfilling the program's goal will be carried out in coordination with the MINSA technical units and its Decentralized Public Agencies through **work committees** consisting of representatives of the PCU and the Departments and/or Agencies. The committees will be formed to manage and monitor the status of a task in a defined period and will approve the final output.

3.5 The regional governments and the Regional Health Departments (DIRESAs) that are subordinate to them will participate in the program through **management**

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[17] The draft manual is available in the program's technical file in SCL/SPH.

[18] The selection criteria for key personnel on the PCU and the formation of a board of directors are set out in memorandum DEF-DGPM 86-2006-EF/68.01, which applies to all investment programs financed with foreign debt. In addition, changes in key program personnel will be handled as follows: (a) general coordinator: following an open call, the PCU will use a competitive process to preselect candidates; from their ranks, the board of directors will select a shortlist of three candidates, one of whom the Minister of Health will appoint as general coordinator; and (b) the remaining key personnel: the PCU will select such staff, following an open call, and using a competitive process, with the unanimous vote of the board of directors.

agreements that are governed by **Interinstitutional Cooperation Agreements** (ICAs).[19] Under these agreements, the regional governments-DIRESAs agree to: (a) comply with indicator targets for health care outcomes; (b) allocate resources for the operation and maintenance of investments; (c) take actions geared toward institutional modernization; and (d) implement the activities for which they are responsible, in accordance with the criteria and provisions set forth in this contract.

B. Monitoring and evaluation

3.6 A system for monitoring (management subsystem) and evaluation (outcomes subsystem) was developed during the first phase of PARSalud to gather information in the regions where the health care institutions are located. During the second phase, technical assistance will be financed for the regions to develop and fine-tune the system. Two external impact assessments will be completed, i.e. midterm and final, in which the data collected through the monitoring system will be analyzed. If necessary, fieldwork will be conducted to gather any additional information required for those evaluations. Electronic link 2 contains a more complete description of the monitoring and evaluation arrangements.

C. Procurement

3.7 Goods and services, works, and consulting services will be procured by the PCU in accordance with Bank policies set forth in documents GN-2349-7 and GN-2350-7. Electronic link 3 contains detailed information from the program procurement plan.

D. Important post-approval activities

3.8 The head of the executing unit will have to form a new PCU team. The program operation manual defines the structure and job profiles based on experience during the first phase. In light of the advanced stage of the execution structure design, MINSA agreed that the IDB and IBRD would place emphasis on assistance in selecting and hiring consultants for the PCU, in order to ensure technical quality and the eligibility of expenditures for possible reimbursement from the loan resources.

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[19] The institutional capacity of the DIRESAs was evaluated using the ICAS methodology, which identified weaknesses in the decentralized management of the operation's resources. Based on those results, a decision was made to maintain the execution framework established for the first phase of PARSalud, which provides a high degree of control by the PCU. See report by Aldo Ortiz, SCL/SPH technical files.

SECOND PHASE OF THE PROGRAM TO SUPPORT HEALTH SECTOR REFORM—PARSALUD II
(PE-L1005)

RESULTS FRAMEWORK

Program objective	Increase the use of maternal and child health care services and reduce morbidity in children under 3 from rural families in the nine most impoverished regions of Peru.

Outcome indicators	**Baseline value 2005**	**Target level 2013**	**Comments**
Increase in the proportion of hospital deliveries in rural areas.	44%	78%	These indicators will be verified using information from the SIS database, Health Information System (HIS) database, hospital discharges, and the epidemiological surveillance system.
Reduction in the prevalence of anemia in expectant mothers.	41.5	35	
Reduction in the prevalence of anemia in children under 3.	69.5	60	
Reduction in the prevalence of acute respiratory infections in children under 3.	18.9	11	
Reduction in the prevalence of acute diarrheal disease in children under 3.	15	10	

Component	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5	Target 2013	Comments
Component I								
Outputs								
Training of local and municipal authorities, leaders, social and civil organizations, and community agents in implementing the Health Education and Communication Program, including the Healthy Municípios and Communities Program.	0 (local workshops)	15	15	15	15	15	75	PARSalud reports
Execution of the plan to train professional and technical health care personnel from MINSA, DIRESAs, networks, micronetworks, and community agents in implementing the Health Education and Communication Program, including the Healthy Municípios and Communities Program and the competitive fund for health promotion and citizen supervision initiatives.	0 (regional workshops)	9	9	9	9	9	45	PARSalud reports
Mass and/or community awareness-raising campaign entitled "Our Right to Identity".	0 (months)	3	3	2	2	2	12	PARSalud reports
Midterm results								
Increase in the proportion of rural expectant mothers affiliated with SIS.	70%	74%	78%	82%	86%	90%	90%	SIS report
Increase in the proportion of rural children affiliated with SIS with complete growth and development tracking for their age.	34%	41%	48%	54%	60%	66%	66%	SIS report
Increase in the proportion of rural women of childbearing age over 18 with a DNI.	93%	94%	95%	96%	97%	98%	98%	National Survey (ENCO); National Institute of Statistics and Information Technology (INEI)
Increase in the proportion of rural children under 5 with a birth certificate.	88%	90%	92%	94%	96%	98%	98%	National Household Survey (ENAHO); INEI

Component	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5	Target 2013	Comments
Results								
Increase in the proportion of infants nursing exclusively for the first six months of life.	xx%						xx%[1]	ENDES Continúa (survey) INEI, National Tracking of Nutritional Indicators (MONIN) of the National Food and Nutrition Center (CENAN), ad hoc survey (baseline studies)
Increase in the proportion of mothers who adopt the practice of hand-washing.	xx%						xx%[1]	
Component II								
Outputs								
Completion of infrastructure works to improve response capabilities based on the designated level in the obstetrics network.	0 (projects)	19	19	18	18	18	92	PARSalud reports
Supply of equipment to improve response capabilities based on the designated level in the obstetrics network.	0 (projects)	21	20	20	20	20	101	PARSalud reports
Completion of training programs for mobile health professionals and community agents.	0 (local workshops)	30	29	29	29	29	146	PARSalud reports
Execution of pilot experiences (training, technical assistance, and equipment) to improve the perception of services, using the social marketing approach.	0 (regional workshops)	9	9	9	9	9	45	PARSalud reports
Introduction of a plan to strengthen the capacity for monitoring regional indicators in DIRESAs, hospitals, and networks, including specialized training in health information and tracking (DEMIS).	0 (individual internships)	86	86	85	85	85	427	PARSalud reports
Provision of technical assistance to implement health care coverage instruments (affiliation, payment mechanisms, audits, etc.).	0 (required days)	3,240	3,240	3,240	3,240	3,240	16,200	PARSalud reports

Component	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5	Target 2013	Comments
Midterm results								
Increase in the proportion of the rural population with physical access to facilities with at least one health professional (doctor, nurse, obstetrician) less than one hour away.	74%	77%	79%	81%	83%	85%	85%	PARSalud Supply Survey
Increase in the proportion of the rural population with physical access to an BONC or institution with greater technical capabilities less than two hours away.	69%	71%	73%	75%	77%	78%	78%	PARSalud Supply Survey
Increase in the average stock/consumption ratio for iron/folic acid supplements at level I-1 and I-2 institutions.	2	2.4	2.8	3.2	3.6	4	4	SISMED
Reduction in the annual rate of health professional turnover (obstetricians) in level I-1 and I-2 institutions.	4	3.5	3.0	2.5	2.0	1.5	1	HIS
Results								
Increase in the proportion of cesarean sections in rural expectant mothers affiliated with SIS.	3%	3.4%	3.8%	4.2%	4.6%	5%	5%	ENDES
Reduction in the intrahospital neonatal mortality rate.	9.5%	9%	8%	7%	6%	5%	5%	Hospital discharges
Decrease in the intrahospital pneumonia case-fatality rate.	2.9%	2.5%	2.1%	1.7%	1.4%	1%	1%	Hospital discharges
Component III								
Outputs								
Introduction of identification cards for Household Targeting System (SISFOH) users in urban areas covered by the program to strengthen targeting mechanisms in the financing of personal health care.	0 (households)	89,883	89,883	89,883	89,883	89,883	449,415	PARSalud reports
Strengthening of SIS as an entity that regulates public health care coverage.	0 (days of consulting services)	114	114	114	114	114	570	PARSalud reports

Component	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5	Target 2013	Comments
Midterm results								
Updating of administrative support systems, clinical guides, infrastructure standards, equipment, network standards for laboratories, hemotherapy, intensive care units (including national studies and investment projects, if necessary), guides for health education and communication activities, intercultural adaptation of care in remote areas, evaluation study of public health financing mechanisms.	0 (documents)	5	5	5	5	4	24	Official MINSA documents
Reduction in the proportion of households affiliated with SIS that pay out-of-pocket for medications while under an obstetrician's care.	xx%[2]	xx%	xx%	xx%	xx%	xx%	xx%	PARSalud ad hoc study
Results								
Reduction in the proportion of (poor) households affiliated with SIS that pay out-of-pocket for medications.	67%	58%	49%	41%	33%	25%	25%	ENAHO
Accredited health institutions.	80	18	18	18	18	17	169	MINSA's Office of Statistics and Information Technology (OGEI)

[1] The number of samples in ENDES Continúa 2004-2005 is insufficient to accurately estimate the value. The formula of number of infants under 6 months of age who are nursing exclusively 24 hours prior to the survey over the total number of infants under 6 months of age produced an estimated value of 73.2%. That estimate is skewed because it includes infants who are 1, 2, 3, and 4 months of age for which nursing habits at 6 months of age are unknown. If only infants of 6 months of age at the time of the survey are considered, the proportion of infants who are nursing exclusively would be 56.8%. Finally, the estimated probability that an infant will still be nursing exclusively at 6 months, using the actuarial method, is 0.139, or 13.9%.

[2] Studies will be performed to determine the baseline value and improvement in this indicator over time.

Second Phase of the Program to Support Health Sector Reform--PARSalud II (PE-L1005)
Procurement Plan - First 18 Months

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
Goods													
I. DEMAND	I.1 Healthy environments	Equip health care institutions with audiovisual media for education and communication	goods	655,387.00	ICB	Prior	0	100	No	May-09	Sep-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Supply equipment to improve the response capabilities of 92 BONC institutions	goods	20,361,772.00	ICB	Prior	0	100	No	May-09	Dec-09	Pending	Two processes of equal amounts
II. SUPPLY	II.1 High-quality institutions	Supply equipment to improve the response capabilities of 21 EONC institutions	goods	8,245,340.00	ICB	Prior	0	100	No	May-09	Dec-09	Pending	Two processes of equal amounts
II. SUPPLY	II.1 High-quality institutions	Supply equipment to improve the response capabilities of two Intensive Obstetric and Neonatal Care (IONC) institutions	goods	740,186.00	ICB	Prior	0	100	No	May-09	Dec-09	Pending	Two processes of equal amounts
II. SUPPLY	II.1 High-quality institutions	Supply rural telecommunications equipment to base institutions that coordinate with mobile services	goods	2,479,244.00	ICB	Prior	0	100	No	May-09	Dec-09	Pending	Two processes of equal amounts
Works													
II. SUPPLY	II.1 High-quality institutions	Complete infrastructure works to improve response capabilities based on the designated level in the obstetrics network	works	25,144,222.00	ICB	Prior	0	100	No	Aug-09	Sep-10	Pending	The works are grouped into packages, based on geography and complexity.
II. SUPPLY	II.1 High-quality institutions	Complete infrastructure works to improve response capabilities based on the designated level in the obstetrics network	works	25,144,222.00	ICB	Prior	0	100	No	Aug-09	Sep-10	Pending	The works are grouped into packages, based on geography and complexity.
II. SUPPLY	II.1 High-quality institutions	Complete infrastructure works to improve response capabilities based on the designated level in the obstetrics network	works	6,944,303.00	ICB	Prior	0	100	No	May-10	Sep-10	Pending	The works are grouped into packages, based on geography and complexity.
II. SUPPLY	II.1 High-quality institutions	Complete infrastructure works to improve response capabilities based on the designated level in the obstetrics network	works	6,944,303.00	ICB	Prior	0	100	No	Aug-10	Dec-10	Pending	The works are grouped into packages, based on geography and complexity.
II. SUPPLY	II.1 High-quality institutions	Complete infrastructure works to improve response capabilities based on the designated level in the obstetrics network	works	3,807,987.00	ICB	Prior	0	100	No	May-10	Dec-10	Pending	The works are grouped into packages, based on geography and complexity.
Consulting service													
I. DEMAND	I.1 Healthy environments	Design a monitoring and evaluation system for the Health Communication and Education Program	Individual consultant	11,232.00	3 CVs	Prior	50	0	No	Mar-09	Jul-09	Pending	The World Bank is financing the remaining 50% for consulting assignments.

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
I. DEMAND	I.1 Healthy environments	Adapt the design of the Health Communication and Education Program to promote healthy practices for the care of women and children under 3	Individual consultant	20,298.00	3 CVS	Prior	50	0	No	Mar-09	Nov-10	Pending	
I. DEMAND	I.1 Healthy environments	Design a plan to train professional and technical health care personnel from MINSA, DIRESAs, networks, micronetworks, and community agents in implementing the Health Communication and Education Program	Individual consultant	11,232.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
I. DEMAND	I.1 Healthy environments	Design health education and communication strategies for remote populations	Individual consultant	16,238.00	3 CVS	Prior	50	0	No	Apr-09	Aug-09	Pending	
I. DEMAND	I.1 Healthy environments	Design a training plan for the Comprehensive Health Care for Excluded and Remote Populations (AISPED) program and community agents	Individual consultant	11,232.00	3 CVS	Prior	50	0	No	Jun-09	Oct-09	Pending	
I. DEMAND	I.1 Healthy environments	Design a plan to train local and municipal authorities, leaders, social and civil organizations, and community agents in implementing the Health Education and Communication Program	Individual consultant	11,231.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
I. DEMAND	I.1 Healthy environments	Provide technical support to health care personnel and monitor the Health Education and Communication Program	Individual consultant	227,438.00	3 CVS	Prior	50	0	No	Mar-09	Apr-12	Pending	Nine consultants
I. DEMAND	I.1 Healthy environments	Execute the Health Education and Communication Program in unremote populations	Individual consultant	227,438.00	3 CVS	Prior	50	0	No	Mar-09	Apr-12	Pending	Nine consultants
I. DEMAND	I.1 Healthy environments	Implement the health communication and education strategy for remote populations	Individual consultant	227,438.00	3 CVS	Prior	50	0	No	Mar-09	Apr-12	Pending	Nine consultants
I. DEMAND	I.1 Healthy environments	Plan a Public Investment Program (PIP) Preinvestment Study for Implementation of the Health Education and Communication Program	Individual consultant	40,596.00	3 CVS	Prior	50	0	No	Mar-08	Jun-09	Pending	
I. DEMAND	I.2 Identification/rights	Design the mass awareness-raising campaign entitled "Our Right to Identity" (strategies, materials, validation, final art, and training and monitoring)	Individual consultant	20,298.00	3 CVS	Prior	50	0	No	Apr-09	Sep-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Design a plan to revise the comprehensive care model for each health care institution	Individual consultant	16,238.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Design a plan for the availability of resources necessary to apply the care model (closure of gaps in human resources, medications, exams, safe blood, infrastructure, and equipment)	Individual consultant	16,848.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
II. SUPPLY	II.1 High-quality institutions	Design a plan of care for remote populations through consultations with the population and indigenous leaders	Individual consultant	16,238.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Design mechanisms to coordinate fixed facilities and mobile resources, basic care and specialized care	Individual consultant	16,238.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Study standardized models (highlands, high jungle, low jungle, etc.) of equipment for care (basic, specialized, and emergency medical services) for remote populations, using appropriate technology	Individual consultant	16,848.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Design a training plan for mobile health professionals and for community agents	Individual consultant	16,238.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Develop technical infrastructure files for institutions in the obstetrics network	Individual consultant	2,796,146.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	Approximately 60 consultants
II. SUPPLY	II.1 High-quality institutions	Design a PIP Preinvestment Study for implementation of improvements in the technical quality of care at IONF, EONC, BONC, and POC institutions	Individual consultant	505,440.00	3 CVS	Prior	50	0	No	Jun-09	Jun-10	Pending	75 consultants
II. SUPPLY	II.1 High-quality institutions	Design technical assistance plans to reorient services to have an intercultural and rights approach	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Sep-08	Jan-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Support the design of regional quality management plans	Individual consultant	19,920.00	3 CVS	Prior	50	0	No	Feb-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Establish the network of blood banks, laboratories, and emergency and intensive care services to improve access by the rural population	Individual consultant	16,238.00	3 CVS	Prior	50	0	No	Apr-09	Aug-09	Pending	
II. SUPPLY	II.2 Efficient networks	Design plans to redistribute human resources and equipment	Individual consultant	11,232.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Design plans to strengthen regional and local planning capacity based on health care priorities	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Design mechanisms (management agreements and other) for intraregional relations based on priorities	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Design a plan to strengthen the regional indicator monitoring system	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Design a plan to strengthen administrative systems	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Oct-09	Jan-10	Pending	
II. SUPPLY	II.2 Efficient networks	Design a plan to modernize hospital financing	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
II. SUPPLY	II.2 Efficient networks	Design plans to coordinate the health care agenda with local development plans (coordination with the private sector and other public sectors)	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Oct-09	Jan-10	Pending	
II. SUPPLY	II.2 Efficient networks	Provide technical assistance for periodic validation of networks created, including extension of the care strategy to remote populations	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Oct-09	Feb-10	Pending	
II. SUPPLY	II.2 Efficient networks	Provide technical assistance to enable interaction mechanisms between DIRESAs and networks (regional or national networks of laboratories, blood banks, and emergency and intensive care services)	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Provide technical assistance to develop plans based on health care results	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jun-09	Pending	
II. SUPPLY	II.2 Efficient networks	Provide technical assistance to identify regional financing mechanisms: allocation to prioritized institutions	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
II. SUPPLY	II.2 Efficient networks	Define flows for referral of intranetwork and internetwork users (compliance with agreements), including access to EONC and IONF institutions	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
II. SUPPLY	II.2 Efficient networks	Define flows for referral of samples to improve access to laboratory, imaging, and blood services	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
II. SUPPLY	II.2 Efficient networks	Propose financing plans under SIS that target remote areas for access to laboratory and blood services and referrals for maternal and child emergency care	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
II. SUPPLY	II.2 Efficient networks	Design technical assistance plans to establish community referral mechanisms for patients	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen the set of standards, strategies, and mechanisms for health service accreditation	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen the set of standards, strategies, and mechanisms for oversight of the care process and management and financing of health insurance plans	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen the entity/institution responsible for accrediting health services	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Create an entity responsible for supervising operation (care process and management and financing of health care coverage plans) of the health care system	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Develop legal instruments that require the use of the Administrative Management System - SIGA/SISMED of the MEF	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen the entity/institution responsible for development of SIGA/SISMED	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Feb-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen the entity responsible for developing the integrated health information system (HIS-SIS)	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Feb-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Develop legal instruments that regulate operation of the management agreement system MEF-MINSA-SIS-Regional governments-local governments (services network)	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Design a subsystem for monitoring indicators associated with management agreements	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Develop legal instruments that consolidate the experience of comanagement of primary health care services	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen national and regional government entities/institutions responsible for the development of social comanagement	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Develop legal instruments that commit institutions from the health sector to reporting regularly on their performance	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Oct-09	Feb-10	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Strengthen national and regional government entities/institutions responsible for developing accountability	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Feb-09	Aug-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a set of standards, strategies, and mechanisms for regulating the definition of skills, skill certification, and attention to skill gaps (strengthening of training programs)	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms for regulating the performance of human resources in the health sector	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a system to monitor performance of human resources in the health sector based on required skills	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of the development of human resources in the health sector	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Feb-09	Aug-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms for regulating the supply of critical medical inputs and medications	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a system to monitor the supply of medications and medical inputs	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for ensuring the supply of medications and medical inputs	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms for regulating the national laboratory network	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a system to monitor performance of the national laboratory network	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of the national laboratory network	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms for regulating the hemotherapy network	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a system to monitor performance of the hemotherapy network	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of the hemotherapy network	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms for regulating the emergency services and intensive care network	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a system to monitor performance of the emergency services and intensive care network	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of the emergency services and intensive care network	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms for regulating health services infrastructure and equipment, as well as their maintenance	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop legal instruments that support implementation of a registry system for infrastructure and equipment	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity responsible for managing regulation of infrastructure, equipment, and maintenance, as well as the corresponding registry system	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms that consolidate the comprehensive care model in the services network	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Create a system to monitor indicators that measure the status of the care model in the services network	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of the development of the care model in the services network	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms that support development of the comprehensive care model for remote populations	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Create a system to monitor indicators that measure development of the care model for remote populations	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of the care model for remote populations	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the set of standards, strategies, and mechanisms that support the health promotion and communication model	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Develop a system to monitor indicators that measure the status of the health promotion and communication model	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Strengthen the entity/institution responsible for managing regulation of development of the health promotion and communication model	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate the financing of public health care	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the entity/institution responsible for managing the financing of public health care	Individual consultant	18,000.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate hospital financing	Individual consultant	9,960.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Develop a plan to modernize hospital financing	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the entity responsible for regulating hospital financing	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Mar-09	Aug-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate the allocation of SIS resources to regional governments	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate public subsidies for poor families	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Jul-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen SIS for implementation of new resource allocation and individual targeting mechanisms	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Design and implement instruments, technologies, and proper organization to identify and authenticate users, as well as apply an exemption policy	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that promote health care coverage	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate rates for health care services	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate health care coverage plans, irrespective of the source of financing	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms that regulate the SIS contribution system	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms for implementing new payment mechanisms based on the complexity of care	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen the set of standards, strategies, and mechanisms for introducing reinsurance for catastrophic events	Individual consultant	14,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen SIS as an entity that regulates public health care coverage	Individual consultant	32,400.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen SIS for hiring different providers from the public subsector to finance plans	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Strengthen SIS to introduce new payment mechanisms in the nine prioritized DIRESAs	Individual consultant	21,600.00	3 CVS	Prior	50	0	No	Mar-09	Sep-09	Pending	
I. DEMAND	I.1 Healthy environments	Evaluate the Health Communication and Education Program (including the baseline)	consulting firm	101,489.00	QCBS	Prior	50	0	Yes	Dec-09	Mar-12	Pending	
I. DEMAND	I.2 Identification of beneficiaries	Conduct a mass and/or community awareness-raising campaign entitled "Our Right to Identity"	consulting firm	202,979.00	QCBS	Prior	50	0	Yes	Aug-09	Dec-09	Pending	
II. SUPPLY	II.1 High-quality institutions	Supervise infrastructure works for obstetric network institutions	consulting firm	699,037.00	QCBS	Prior	50	0	Yes	Aug-09	Jul-09	Pending	By package of works
II. SUPPLY	II.1 High-quality institutions	Supervise infrastructure works for obstetric network institutions	consulting firm	699,036.00	QCBS	Prior	50	0	Yes	Nov-09	Mar-10	Pending	By package of works
II. SUPPLY	II.1 High-quality institutions	Supervise infrastructure works for obstetric network institutions	consulting firm	699,036.00	QCBS	Prior	50	0	Yes	Feb-10	Jun-10	Pending	By package of works
II. SUPPLY	II.1 High-quality institutions	Supervise infrastructure works for obstetric network institutions	consulting firm	699,036.00	QCBS	Prior	50	0	Yes	May-10	Sep-10	Pending	By package of works
II. SUPPLY	II.1 High-quality institutions	Supervise infrastructure works for obstetric network institutions	consulting firm	361,451.00	QCBS	Prior	50	0	Yes	May-10	Sep-10	Pending	By package of works
II. SUPPLY	II.1 High-quality institutions	Supervise infrastructure works for obstetric network institutions	consulting firm	361,451.00	QCBS	Prior	50	0	Yes	Aug-10	Dec-10	Pending	By package of works
II. SUPPLY	II.1 High-quality institutions	Finance BASAL accreditation for health care institutions that form part of PARSalud's EONC, BONC, and FONP network	consulting firm	152,234.00	QCBS	Prior	50	0	No	Sep-09	Sep-10	Pending	
II. SUPPLY	II.1 High-quality institutions	Evaluate coverage of comprehensive care and emergency services	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Sep-09	Sep-11	Pending	
II. SUPPLY	II.1 High-quality institutions	Conduct exploratory studies to identify user perceptions of cesarean sections, blood transfusions, etc.	consulting firm	120,000.00	QCBS	Prior	50	0	Yes	Feb-09	Jan-11	Pending	
II. SUPPLY	II.1 High-quality institutions	Conduct social marketing studies to improve the perception of services. Should include consultation with remote and nonremote populations and illiterate women.	consulting firm	120,000.00	QCBS	Prior	50	0	Yes	Feb-09	Jan-11	Pending	
II. SUPPLY	II.1 High-quality institutions	Evaluate the use of services by the population with nonhegemonic cultural patterns	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
II. SUPPLY	II.1 High-quality institutions	Conduct studies to identify the perception of services in order to improve quality	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
II. SUPPLY	II.2 Efficient networks	Evaluate the efficiency and timeliness of referrals	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Evaluate operation of the accreditation and oversight system	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Oct-09	Mar-12	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Develop an integrated HIS-SIS	consulting firm	180,000.00	QCBS	Prior	50	0	Yes	Feb-09	Mar-10	Pending	
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Evaluate performance of support systems	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Oct-09	Mar-12	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
III. GOVERNANCE AND FINANCING	III.1 Coordination of the health sector	Evaluate progress in comanagement of the health sector by regional and local governments	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Oct-09	Mar-12	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of human resources in the health sector based on required skills	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Aug-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate the supply of medications and medical inputs	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Aug-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of the hemotherapy network	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of the emergency services and intensive care network	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of the infrastructure and equipment registry system	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of the comprehensive care model in the services network	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of the care model for remote populations	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.2 Regulation of health services	Evaluate performance of the health promotion and communication model	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Evaluate financial management of public health	consulting firm	90,000.00	QCBS	Prior	50	0	Yes	Jul-09	Sep-11	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Evaluate financial management of hospitals	consulting firm	101,489.00	QCBS	Prior	50	0	Yes	Dec-09	Feb-12	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Introduce SISFOH user identification cards in urban areas covered by the program	consulting firm	1,163,987.00	QCBS	Prior	50	0	Yes	May-09	Mar-11	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Evaluate levels of penetration	consulting firm	101,489.00	QCBS	Prior	50	0	Yes	Mar-10	Aug-12	Pending	
III. GOVERNANCE AND FINANCING	III.3 Regulation of financing	Evaluate the financial performance and equitability of SIS	consulting firm	101,489.00	QCBS	Prior	50	0	Yes	Jun-09	Aug-11	Pending	
Other													
I. DEMAND	I.1 Healthy environments	Present the Health Education and Communication Program to MINSA, regional governments, DISAs, networks, and micronetworks that will be targeted	workshop	33,830.00	PC	Prior	50	0	No	Sep-09	Oct-09	Pending	For each workshop, there are 3 to 5 price comparisons for the required services
I. DEMAND	I.1 Healthy environments	Promote the sharing of experiences with successful national and international projects in health communication and promotion	workshop	33,830.00	PC	Prior	50	0	No	Sep-09	Oct-09	Pending	For each workshop, there are 3 to 5 price comparisons for the required services
I. DEMAND	I.1 Healthy environments	Reproduce materials (videos, radio spots/radio shows, tri-fold brochures, flipcharts, and posters)	service	22,553.00	PC	Prior	50	0	No	Mar-09	Apr-09	Pending	

Component	Subcomponent	Activities	Type of expense	Estimated Cost	Procurement method	Review (prior or post)	Source of financing		Prequalif-ication (Yes/No)	Estimated dates		Status (pending, in process, awarded, canceled)	Comments
							% IDB	% Local/other		Publication of specific procurement notice	Completion of the contract		
I. DEMAND	I.1 Healthy environments	Reproduce materials (videos, radio spots/radio shows, tri-fold brochures, flipcharts, and posters)	service	45,106.00	PC	Prior	50	0	No	Feb-10	Mar-10	Pending	
I. DEMAND	I.2 Identification of beneficiaries	Reproduce materials (printed and audiovisual) for interpersonal communication by service providers	service	67,659.00	PC	Prior	50	0	No	Jun-09	Jul-10	Pending	two processes

1 ICB: International competitive bidding; LIB: Limited international bidding; NCB: National competitive bidding; PC: shopping; DC: direct contracting; FA: Force account; PSA: Procurement through specialized agents; PA: Procurement agents; IA: Inspection agents; PLFI: Procurement under loans to financial intermediaries; BOO/BOT/BOOT: Build, own, operate/build, operate, transfer/build, own, operate, transfer; PBP: Performance-based procurement; PLGB: Procurement under loans guaranteed by the Bank; CPP: Community participation procurement; QCBS: Quality- and cost-based selection; QBS: Quality-based selection; FBS: Selection under a fixed budget; LCS: Least-cost selection; CQS: Selection based on the consultants' qualifications; SSS: Single-source selection; 3 CVs: Selection of individual consultant based on 3 CVs.

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/08

Peru. Loan ____/OC-PE to the Republic of Peru
Second Phase of the Program to Support
Health Sector Reform – PARSALUD II

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such contract or contracts as may be necessary with the Republic of Peru, as Borrower, for the purpose of granting it a financing to cooperate in the execution of the second phase of the program to support the health sector reform – PARSALUD II. Such financing will be for an amount of up to US$15,000,000 from the Single Currency Facility of the Ordinary Capital resources of the Bank, and will be subject to the Financial Terms and Conditions and the Special Contractual Conditions of the Project Summary of the Loan Proposal.

LEG/SGO/PE-1571029-08

PE-L1005