

TC ABSTRACT

I. Basic Project Data

▪ Country/Region:	MEXICO/CID - Isthmus & DR
▪ TC Name:	Support the strengthening of maternal health in Chiapas through fostering demand and accessibility to quality health services
▪ TC Number:	ME-T1479
▪ Team Leader/Members:	BERNAL STUART, ANA (SCL/SPH) Team Leader; RODRIGUEZ PEREZ, ARIEL ENRIQUE (VPC/FMP); LANDAZURI-LEVEY, MARIA C. (LEG/SGO); SANCHEZ ALVAREZ, LOURDES FELICIDAD (VPC/FMP); CASTANEDA LEON, MAURICIO (VPC/FMP); ARMANDO SOTO (VPC/FMP); BARRIOS NUNEZ, URIEL (CID/CME); BONILLA ZARRAZAGA, LIDIA (SCL/SPH); AGUILAR RIVERA, ANA MYLENA (SCL/SPH); GUERRA, MARTHA M. (SCL/SPH)
▪ Taxonomy:	Client Support
▪ Number and name of operation supported by the TC:	N/A
▪ Date of TC Abstract:	21 Mar 2022
▪ Beneficiary:	Instituto de Salud del Estado de Chiapas
▪ Executing Agency:	INTER-AMERICAN DEVELOPMENT BANK
▪ IDB funding requested:	US\$200,000
▪ Local counterpart funding:	US\$0.00
▪ Disbursement period:	24 months
▪ Types of consultants:	Individuals; Firms
▪ Prepared by Unit:	SCL/SPH - Social Protection & Health
▪ Unit of Disbursement Responsibility:	CID/CME - Country Office Mexico
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

II. Objective and Justification

- 2.1 The general objective of this Technical Cooperation (TC) is to contribute to the reduction of maternal mortality and morbidity in the State of Chiapas, by promoting healthy practices, generating demand and accessibility to quality health services across Chiapas' public health network. The specific objective is to improve access to quality care for maternal and child health through: (i) promoting sexual and reproductive health education, among indigenous and vulnerable populations; (ii) incentivizing demand for quality maternal health services; and (iii) building and strengthening institutional capacity for improving quality of care through developing protocols, better information systems and strengthening health management capacity.
- 2.2 In Mexico, maternal deaths continue to represent a high percentage of preventable deaths. According to official records, as of March 2022, the Maternal Mortality Ratio (MMR) was 36.4 deaths per 100,000 estimated births, a 36.2% decrease compared with the same epidemiological week in 2021. Poor and indigenous women face disproportionately high risks of death during pregnancy, childbirth and the post-partum period due to structural barriers to accessing health services (such as poverty and lack of information on available services), to low quality health care, and to a shortage in the availability of human resources. Chiapas, the state with the highest poverty rate (74.7%) an extreme poverty rate (46.7%) in Mexico, and one of the states with more indigenous

population, ranks seventh in maternal mortality among the 32 states in Mexico. Evidence from a maternal mortality audit analysis in Chiapas applying the "three delays" framework, which proposes pregnancy-related mortality is due to delays in: (1) deciding to seek appropriate medical help for an obstetric emergency; (2) reaching an appropriate health facility; and (3) receiving adequate care when a facility is reached. indicates that in 70% of cases of direct maternal deaths, women faced issues related to the first delay, 90% to the third delay and in 65% of cases both delay 1 and 3 are present. Based on the findings of the analysis there are significant gaps in the timely identification and monitoring of pregnant women with complications at the community level and gaps in the quality of care they receive at health facilities; in addition, of the challenges related to the coverage of prenatal control and family planning. As part of the efforts for reducing maternal and neonatal morbidity and mortality, Chiapas is currently implementing a Maternal Mortality Reduction Plan, where quality care has been placed as a core element. To consolidate the improvements that have been achieved on quality of care in public hospitals of Tuxtla Gutiérrez, the Ministry of Health of the State of Chiapas (ISECH) require to strengthen its quality care management capacity and develop a community strategy of health promotion and demand of maternal health services among the population.

- 2.3 To contribute to the achievement of the objectives and results set forth in the TC, the IDB identified that the results from the maternal and child health programs implemented previously with the Bank's technical support to improve quality of care, have the potential of guiding Chiapas on its path towards the reduction of maternal and child mortality and morbidity.

III. Description of Activities and Outputs

- 3.1 **Component I: Promoting health education in the communities and incentivize demand for maternal health services.** This component will finance: (i) technical assistance for implementing information, educational and communication actions aimed at the recognition of pregnant women, by their family environment, and community social network of danger signs and/or risk factors in pregnant women; (ii) incentivize demand of maternal health services through community- based interventions; and (iii) operative costs for the mobilization required for monitoring project activities, collaboratives, and workshops.
- 3.2 **Component II: Strengthening the institutional capacity for maternal and child health services.** This component will finance: (i) technical assistance to define the functional structure of ISECH for strategic management of the quality care improvement strategy; (ii) the acquisition of software, specifically Commcare, Tableau Viewers and Tableau Explorers; (iii) consultants for the programming in Commcare, the programming of visualizations; and (iv) a local consultant for follow-up, technical support and training of the hospital teams and an institutional steering team.
- 3.3 **Component III: Project monitoring and administration.** This component will finance operating costs for the implementation and monitoring of activities.

IV. Budget

Indicative Budget (US\$)

Activity/Component	IDB/ OC-SDP	Total Funding
Promoting health education in the communities and incentivize demand for maternal health services	90,680	90,680
Strengthening the institutional capacity for maternal and child health services	99,320	99,320
Project monitoring and administration	10,000	10,000
Total	200,000	200,000

V. Executing Agency and Execution Structure

- 5.1 At the request of the Ministry of Finance and Public Credit, considering the operational limitations that it is facing due to the pandemic context and its need to channel institutional resources to this end, the Bank, through the Social Protection and Health Division in Mexico, will execute this TC. The Bank will contract the services of individual consultants and consulting firms, and the production and purchase of materials and licenses, as required, in accordance with the Policy for the Selection and Contracting of Consulting Firms for Bank-Executed Operational Work (GN-2765-1) and the Operational Guidelines (OP-1155-4). The ISECH (beneficiary) will facilitate the development of the activities and will accompany their conceptualization and monitoring.
- 5.2 The Bank will provide relevant technical experience on quality improvement and will facilitate the support of expert specialists on the subject, which will allow greater efficiency and flexibility in the execution and response to project requirements.

VI. Project Risks and Issues

- 6.1 Three risks were identified and classified as medium-low: (i) if COVID-19 restrictions prevent person movement, it is possible that the in-site training and monitoring activities are delayed; (ii) if the activities that are being implemented are not fully integrated into the national health reform priorities, they might not achieve the expected impact and engagement; and (iii) if hospitals experience high staff turnover, the consolidation of the skills acquired by the personnel might be weakened or delayed. To mitigate these risks, the Bank will: (i) support the ISECH in the integration of good practices for quality care improvement in its normative framework; (ii) ensure that core members of the teams are chosen among fixed-term staff and foster knowledge sharing among the teams; and (iii) consider virtual approaches to carry out the necessary training and monitoring the progress.

VII. Environmental and Social Classification

- 7.1 The ESG classification for this operation is "undefined".