



MULTILATERAL INVESTMENT FUND (MIF)



PROJECT PERFORMANCE MONITORING REPORT (MPPMR)

I. BASIC DATA (Amounts in US\$ millions)					
Country: BELIZE Executing Agency (EA): Ministry of Health Window: Has the project been reformulated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes see Section V)		Project Title: Technical Support for the Development of Health Services AT Number: TC9811945 ATN/ATC Number (s): ATN/MT6805BL		Date of Donor Approval: 08DIC99 Date of Contract Signature: 10ENE00 Date of Contract Validity: N/A Date of Eligibility for Disbursement: Pending Original Date of Final Disbursement: 09ENE03 Current Date of Final Disbursement: 09ENE03	
CO Specialist: Leon O. Harris Headquarters Staff Member Assigned: Date of Latest Report Update: 1 st Date of Latest Report Review by Representative: July 19, 2000	Months in Execution From approval: 8Months From signature: 7 Months Cumulative Extension of Original N/A Disbursement Date (months): N/A % Deviation from original Disbursement Period: N/A	Original TC Amount: 771,650.00 Current Amount: 771,650.00 Disbursements: N/A % Disbursed: N/A Counterpart: 457,140.00	TC Modality: <input checked="" type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> CR		
II. PROJECT IMPLEMENTATION PROGRESS (IP)					
Components/Outputs:	Key Delivery Performance Indicators:	Classification of Component			
		HS	S	U	VU
1 (a). Regulatory framework designed and costed and implementation planned. 1.b. Communication programme designed and initial phase implemented 2. Services to the public sector offered by private sector providers, with improved quality to consumers. 3.a Purchasing capacity developed 3.b. Pilot purchasing from private sector initiated 3.c. Financial and affordability studies completed	1. By September 30, 2001 <ul style="list-style-type: none"> Regulatory framework designed Legislation enacted Standards defined At least one professional body collaborating on standards and market organization • Consumer opinion surveyed and analysed by March 31, 2001 • Objectives and benefits of regulation communicated by May 31, 2001. 1. At least 5 private providers contracted to the public sector including KHHM by September 30, 2001 2. Professional association committee established and working by March 31, 2001. 3. At least one general practice pilot working by Sept. 30, 2001. 4. Continuous clinical management training programme identified by September 30, 2001 1. By September 30, 2001 <ul style="list-style-type: none"> Services purchasing plan completed Standard contracting format developed Purchasing contract for KHHM developed and agreed Internal MOH "contracts" for Health regions prepared 2. Innovation Fund established by March 31, 2001 3. At least one pilot in each region approved by June 30, 2001 4. MOH personnel trained in managed care procedures and contracts 5. The KHHM operating as a competitive provider in year 1. 6 Income & expenditure survey designed and implemented by September 30, 2001 7 Affordability and sustainability studies completed in collaboration with SSB by September 30, 2001.				
Assumptions Related to the Implementation of each Component		Probability			
		High		Low	
1. Legislative agreement, public servant cooperation 2. Private sector cooperates in execution of Health sector reform project 3. An autonomous Board for the main (KHHM) hospital established and assumes full responsibility. 4. Cooperation of professional and trade bodies 5. New Regional Health Management Teams provide their support Summary Component Assumptions Classification (check one)		X			



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Implementation Progress Summary Classification (IP): (A satisfactory or higher classification indicates, among other things, that the project will be completed during the currently approved disbursement period) No progress so far; the operation has not yet been declared eligible <input type="checkbox"/> Highly Satisfactory (HS) <input type="checkbox"/> Satisfactory (S) <input type="checkbox"/> Unsatisfactory (U) <input type="checkbox"/> Very Unsatisfactory (VU)		
III. ACHIEVEMENT OF DEVELOPMENT OBJECTIVES (DO)		
Project Development Objective(s): 1. Create a policy, regulatory and purchasing environment that facilitates the participation of the private sector in publicly funded health services		Key Performance Indicators: 1. Regulatory instruments and related new health delivery arrangements developed and formally institutionalized by September 30, 2001. 2. By September 30, 2002, private and public providers meeting services targets defined in Services Purchasing Plan to be developed.
Assumptions Related to each Development Objective		Probability
Summary Development Objectives Assumptions Classification (check one)		<input type="checkbox"/> High <input checked="" type="checkbox"/> X <input type="checkbox"/> Low
Expected Achievement of Development Objective Classification (DO): <input type="checkbox"/> Highly Probable (HP) <input type="checkbox"/> Probable (P) <input type="checkbox"/> Low Probability (LP) <input type="checkbox"/> Improbable (I) Briefly explain major factors taken into account to justify the DO Classification: 		

Annex 2

IV. OVERVIEW OF PROJECT PERFORMANCE ISSUES		
Check key reasons for Unsatisfactory/Very Unsatisfactory IP Classification or Low Probability/Improbable DO Classification		
<input type="checkbox"/> Legislative approvals <input type="checkbox"/> Borrower / executing agency commitment <input type="checkbox"/> Counterpart funding shortfall <input type="checkbox"/> Executing agency institutional capacity <input type="checkbox"/> Organizational changes in executing agency <input type="checkbox"/> Community/political opposition <input type="checkbox"/> Executing agency staff deficiency	<input type="checkbox"/> Consultant performance <input type="checkbox"/> Inter-agency coordination <input type="checkbox"/> Supplier/contractor performance <input type="checkbox"/> Project/component design <input type="checkbox"/> Contract condition compliance delays <input type="checkbox"/> Bank efficiency (response delays) <input type="checkbox"/> Procurement difficulties	<input type="checkbox"/> Environmental issues <input type="checkbox"/> Cost overrun <input type="checkbox"/> Qualified external audit <input type="checkbox"/> Policy changes <input type="checkbox"/> Organizational changes <input type="checkbox"/> Executing agency personnel changes <input type="checkbox"/> Other (see Issues, Section VI)
V. PROJECT STATUS		
Progress to date in implementing each component (Include reference to IP assumptions, if applicable) The Beneficiary experienced initial delays in identifying staff for the Project Monitoring Unit. The full complement of PMU staff was hired in June 2000 and activities to meet conditions prior are far advanced. An extension of the deadline has been granted, to September 10, 2000, and it appears likely that the new deadline will be met. In the meanwhile, plans are being finalized to commence the public consultation process and hire consultants to provide the services.		
Current Status of each Assumption related to DO 1. 2. etc.		
Timeliness of Compliance with contractual conditions (If applicable)		



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“Qualified opinions” of external auditors

Reformulation (If applicable): Date of last reformulation _____. Briefly describe:

Lessons learned (If applicable):

Potential Problems (If applicable):

VI. ISSUES AND ACTIONS

<u>Issue</u>	<u>Action</u>	<u>Responsible Unit</u>	<u>Date Action to be taken</u>	<u>Completed</u>
1. Operation not yet eligible for disbursements	Submit documentation regarding conditions prior	Project Monitoring Unit	By September 10, 2000	[]
2. Delay in procurement of consultancy services	Finalize TOR's and select consultants	Project Monitoring Unit	September 30, 2000	[]

