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:** **[ ] Yes [X] No** **(If yes see Section V)**	**Project Title: Technical Support for Health Services Purchasing and Private Care Providers.** **AT Number: TC-98-11-94-5** **ATN Number ATN/MT-6805-BL**	**Date of Donor Approval: December 08, 1999** **Date of Contract Signature: January 10, 2000** **Date of Contract Validity: January 10, 2000** **Date of Eligibility for Disbursement: Sep. 29, 2000** **Original Date of Final Disbursement: July 10, 2003** **Current Date of Final Disbursement: July 10, 2003**	
CO Specialist: Leon O. Harris **Headquarters Staff Member Assigned:** **Juan Carlos de la Hoz** **Date of Latest Report Update: May 30, 2001** **Date of Latest Report Review by Representative: June 9, 2001**	**Months in Execution** **From approval: 17** **From signature: 16** **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: 38,580.50** **% Disbursed: 5%** **Counterpart: 457,140.00**	**TC Modality:** **[X] NR** **[ ] R** **[ ] CR**

II. PROJECT IMPLEMENTATION PROGRESS (IP)

Components/Outputs:	Key Delivery Performance Indicators:	Classification of Component			
		HS	S	U	VU
1 (a). Regulatory framework for licensing and accreditation of providers planned.	**1. By September 30, 2001** • **Regulatory framework designed** • **Legislation enacted** • **Standards defined** • **At least one professional body collaborating on standards and market organization**			X	
1.b. Communication programme designed and initial phase implemented	• **Consumer opinion surveyed and analyzed by March 31, 2001** • **Objectives and benefits of regulation communicated by May 31, 2001.**			X	
2. Services to the public sector offered by private sector providers, with improved quality to consumers.	**1. At least 5 private providers contracted to the public sector including KHMH 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**			X	
3.a Purchasing capacity developed	**1. By September 30, 2001** • **Services purchasing plan completed** • **Standard contracting format developed** • **Purchasing contract for KHMH developed and agreed** • **Internal MOH "contracts" for Health regions prepared**			X	
3.b. Pilot purchasing from private sector initiated	**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 KHMH operating as a competitive provider in year 1.**			X	
3.c. Studies of financial and affordability issues completed	**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.**			X	

Assumptions Related to the Implementation of each Component	Probability	
	High	Low
1. Legislative measures are put in place , cooperation of the public servant s and the Public Service Union	X	
2. Private sector cooperates in execution of Health sector reform project	X	
3 An autonomous Board for the main (KHMH) hospital established and assumes full responsibility.	X	
4 Cooperation of professional and trade bodies	X	
5 New Regional Health Management Teams provide their support	X	

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Summary Component Assumptions Classification (check one) ,	**X**	

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)

[ ] Highly Satisfactory (HS) [ ] Satisfactory (S) [X] Unsatisfactory (U) [ ] 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**	
	High	**Low**
The timely implementation of related components of the loan	X	
Private sector is prepared to provide services in sparsely populated areas		X
Autonomous main hospital develops and maintains the capacity to provide acceptable secondary care	X	
Summary Development Objectives Assumptions Classification (check one)	X	

Expected Achievement of Development Objective Classification (DO):

[ ] Highly Probable (HP) [x] Probable (P) [ ] Low Probability (LP) [ ] Improbable (I)

Briefly explain major factors taken into account to justify the DO Classification:

The execution of the MIF has been delayed due to a late start in staffing the Project Monitoring Unit (PMU) and subsequent changes in the PMU leadership, hence key activities did not commence as scheduled. However, the pace of activities has increased and based on the continued interest and commitment on the part of stakeholders, there is cautious optimism that the objectives of the operation will be achieved. Provide there are no further delays, the objectives will be achieved within the current disbursement period.

IV. OVERVIEW OF PROJECT PERFORMANCE ISSUES

Check key reasons for Unsatisfactory/Very Unsatisfactory IP Classification or Low Probability/Improbable DO Classification

[ ] Legislative approvals	**[ ] Consultant performance**	**[ ] Environmental issues**
[ ] Borrower / executing agency commitment	**[ ] Inter-agency coordination**	**[ ] Cost overrun**
[ ] Counterpart funding shortfall	**[ ] Supplier/contractor performance**	**[ ] Qualified external audit**
[x] Executing agency institutional capacity	**[ ] Project/component design**	**[ ] Policy changes**
[ ] Organizational changes in executing agency	**[ ] Contract condition compliance delays**	**[ ] Organizational changes**
[ ] Community/political opposition	**[ ] Bank efficiency (response delays)**	**[x] Executing agency personnel changes**
[ ] Executing agency staff deficiency	**[ ] Procurement difficulties**	**[ ] Other (see Issues, Section VI)**

V. PROJECT STATUS

Progress to date in implementing each component (Include reference to IP assumptions, if applicable)

After a recent change of leadership of the Project Monitoring Unit, the Unit is again at its original staffing level and making every effort to proceed expeditiously with implementation so as to avoid further delays.

The Executing Agency has combined all the (12) proposed individual consultancies and will hire one firm to provide all the services. Expressions of Interest were invited in March 2001 and are being reviewed. It is projected that the selection of the firm will be completed so that the delivery of services will commence in October 2001. Based on an estimated 18-month execution period for the consultancy, the operation will be executed within the disbursement period if there are no serious delays. The implementation timetable will be reviewed for each component and updated as soon as the consultants are hired.

This TC and the Health Sector Reform loan (BL-0014) are mutually complementary and the execution schedule of the MIF activities have been integrated into the Initial Report of the loan. Some activities under the MIF technical cooperation depend on inputs from the loan, which was signed only recently (April 10, 2001); the PMU has advanced the implementation of these activities in the loan and will ensure adequate coordination.

Current Status of each Assumption related to DO

1. **The execution plan of the loan has been prepared and implementation of activities related to the MIF TC has commenced. The preparation of the Operating Manual for the loan (BL-0014) has been completed and integrates the activities of the MIF TC. The DO assumptions will shortly be reviewed, and if any issues related to the assumptions arise, they will be discussed with the authorities..**
2. **There is ongoing consultation with the private practitioners, and concerns are addressed and clarifications provided as necessary. However, this process has been more complicated than initially anticipated.**
3. **The Karl Heusner Memorial Hospital has been legally constituted as an autonomous entity since April 01, 2001. The selection of consultants for institutional strengthening (under the loan) is advanced; the hospital authorities eagerly anticipate the support from the consultants.**

Timeliness of Compliance with contractual conditions (If applicable)

Not yet applicable

"Qualified opinions" of external auditors

Not applicable

Reformulation (If applicable): Date of last reformulation not applicable Briefly describe: n.a.

Lessons learned (If applicable):

Potential Problems (If applicable):
(1) There will be further delays if PMU staff is diverted to other MOH activities, so that they are unable to focus adequately on administration of the loan and MIF TC.

VI. ISSUES AND ACTIONS

Issue	Action	Responsible Unit	Date Action to be taken	Completed
1 The Head of the PMU recently resigned and the Policy Analysis and Planning Unit (PAPU) is presently understaffed; this situation may affect execution if not addressed soon.	MOH to find a replacement for the PMU Head and increase the staff complement of the Policy Analysis and Planning Unit	Ministry of Health	Mid-January 2001 to avoid delays	Another Head of the PMU was appointed on January 02, 2001, but other necessary PAPU staff have not yet been appointed.
2 Periodic management meetings with the National Program Manager that were anticipated, based on the Operation Manual, have not been held. These meetings would ensure ongoing direction and timely decision-making on the part of the beneficiary	The National Program Manager (who is also the Permanent Secretary) should conduct periodic meetings as set out in the Operation Manual.	Ministry of Health	MOH has decided to meet regularly as of June 2001.	

3 Another health service improvement project for the Southside Belize City, conducted by the Social Security Board and the MOH, has the potential to diffuse the efforts of the Ministry in a manner that affects the execution of the operation.	**CBL to maintain dialogue with the MOH regarding regular meetings between the PMU and the National Program Manager to ensure that senior level decisions on key issues are taken in a timely manner.**	**MOH**	**Mid-June 2001**	