

**PROPOSAL FOR TECHNICAL COOPERATION
BOLIVIA**

I. BASIC PROJECT DATA

Country/Region:	Bolivia
TC Name:	Strengthening Health Management and Promotion in Potosi
TC Number:	BO-T1153
Team Leader/Members:	Susan Kolodin (SCL/SPH), Team Leader; Julia Johannsen (SPH/CBO); Beatriz Zurita (SCL/SPH); Roberto Laguado (PDP/CBO); Zoraida Arguello (PDP/CBO); Jorge Cossio (CAN/CBO); Bernardita Saez (LEG/SGO); and Martha Guerra (SCL/SPH)
Type of Operation:	Client Support
Reference to Request:	(Request letter)
Date of TC Proposal	November 14, 2011
Beneficiary:	Government of Bolivia, Ministry of Health and Sports
Contracting entity	Social Protection and Health Division (SCL/SPH)
DB Funding Requested:	\$500,000 (80%)
Local counterpart funding:	\$100,000 (20%)
Disbursement period:	24 months
Required start date:	February 1, 2012
Types of consultants:	Individual and firm
Prepared by Unit:	SCL/SPH
Unit of Disbursement Responsibility:	SCL/SPH
Included in Country Strategy (y/n):	y
TC included in CPD (y/n):	y
GCI-9 Sector Priority:	Social Policies for Equality and Productivity (Health)

II. OBJECTIVE AND JUSTIFICATION

- 2.1 The department of Potosi is one of the poorest in Bolivia, with one of the highest rates of maternal and child death. The health sector in the department is organized into 11 health networks, with a referral system that connects patients between the primary, secondary, and tertiary care levels. However, the referral system functions poorly, because of the poor quality of primary care in rural areas, as patients prefer to go directly to the hospitals. This results in great inefficiencies, as hospitals are overused for ambulatory care, which ends up being quite expensive to provide at this level, while primary care units are under-utilized. The situation is exacerbated by the fact that primary care centers frequently lack decent infrastructure, clean water, and medical supplies. At the same time, there is a need for clear, culturally appropriate health promotion which informs people of healthy behaviors, as well as of signs and symptoms for when they should seek health care.
- 2.2 The department of Potosi has a population of 788,406 inhabitants (7.7% of the total population of Bolivia), with a large rural population¹ (65%). Of this population, the majority is Quechua (59%) or Aymará (7%).² The department has 40 municipal health services, organized into 11 functional

¹ MSD, "Anuario Estadístico En Salud 2009", Publicación 192, página 18.

² Instituto Nacional de Estadística y Viceministerio de Asuntos Indígenas, Censo 2001.

networks. In these networks, there are 330 health posts, 145 health centers (38 with beds), four basic hospitals with 129 beds in total, (all in urban areas), and one tertiary care hospital (Daniel Bracamonte in the city of Potosí, with 153 beds). All together, there are 476 primary care public health establishments, four at the secondary level, and one at the tertiary care level.³ As a result of a great effort to improve access to health services, 92% of the public sector health establishments are located in rural areas. However, in part due to overly ambitious standards for Bolivia's level of development, and in part due to lack of appropriate human resources, equipment and supplies, and poor to no maintenance, none is accredited to comply with minimum quality standards established by the Bolivian government. In 80% of the health posts, 80% has insufficient medical equipment, while 40% of the infrastructure is in poor condition. Fifty percent do not have potable water, and 26% do not have basic sanitation services.⁴ In 2010 the national statistics reported an average of between 7% and 60% of institutional deliveries, depending on the municipality. Due to lack of understanding of the signs and signals of alarm for obstetric and neonatal emergencies, as well as the weak response capacity on the part of the Ministry of Health, people postpone seeking health services, often until the situation has become acute or it is too late. In these cases, people usually bypass primary care, and go directly to the hospital, leading to inefficiencies at all levels.

- 2.3 The **objective** of this Technical Cooperation Project is to support the Bolivian Ministry of Health and Sports (MHS) departmental office in Potosi to develop a model program to improve their planning and management capacity in the area of obstetric and neonatal emergencies, and ability to promote health, particularly in the Department of Potosi. Given the high numbers of Quechua and Aymara people who live in Potosi, special attention will be paid to ensuring socio-cultural adequacy of health services. Once established, the model program will contribute to improve planning and management capacity in the health sector overall.
- 2.4 The **specific objectives** of the operation are to provide technical assistance to the Bolivian Ministry of Health and Sports, Departmental Office in Potosi to improve strategic, human resources, and supplies and medications planning and logistics, on the basis of adjusted quality standards and norms. Also, the TC will fund pre-investment in infrastructure and equipment in 5 health networks in Potosi.

III. DESCRIPTION OF ACTIVITIES

- 3.1 **Technical assistance to support** the Departmental level Ministry of Health (**SEDES**) **Potosi to prepare and execute a department wide strategic plan** to ensure capacity to resolve obstetric and neonatal emergencies; will include participatory planning that aligns key actors and stakeholders; will include specific emphasis to ensuring adequate attention to socio-cultural aspects of supply and demand in health.
- 3.2 **Technical assistance to review and adjust quality standards** to ensure their applicability and feasibility in the short and medium term; work with the General Department of Health Services (DGSS in Spanish) and SEDES Potosi to develop intermediate standards, ensure communication and application at appropriate levels.

³ The integration of networks implies a reclassification of 140 service units, increasing to 476 the number of units in service, according to the National Health Information System (SNIS). The last information was published by the MSD "Anuario Estadístico En Salud 2009", Publicación 192, página 27 y 54 reporting 459 units in Potosi.

⁴ H. Espinoza del Villar, "Informe Técnico Analítico – Estudio de Brechas y de Redes", Febrero 2010, página 26 y los resultados del Diagnóstico Rápido de las Redes de Salud Potosí, Marzo 2011.

- 3.3 **Technical assistance to support SEDES Potosi to estimate and resolve current and future Human Resource needs** for primary and secondary levels of care, particularly to strengthen capacity to resolve obstetric and neo-natal emergencies; includes an analysis of various restrictions (legal, institutional, financial, personal) and plans to overcome these restrictions; will emphasize optimization of current human resources (HHRR), and planning for and obtaining priority HHRR in medium term.
- 3.4 **Technical assistance to support SEDES Potosi to improve capacity to plan, purchase, and deliver medical supplies** to health establishments, especially in remote rural areas;
- 3.5 **Carry out Analysis of Gaps in infrastructure, equipment, and human resources**, in five Health Networks in Potosi in which data have not yet been collected;
- 3.6 **Technical assistance to develop and carry out health promotion activities in key maternal and child health areas;**
- a. Carry out analysis to identify gaps in health knowledge and behavior around key maternal and child health areas (i.e. pregnancy and delivery; newborn and peri-natal care; childhood infectious diseases; childhood malnutrition);
 - b. Review available knowledge on barriers to seeking health services, and update where necessary;
 - c. Ensure that all health promotion activities are developed on the basis of gender and socio-culturally appropriate interventions;
 - d. Coordinate with other actors in the department to gather pertinent information and materials;
 - e. Develop additional materials and messages, with socio-culturally appropriate content;
 - f. Accompany local actors to carry out health promotion programs;
- 3.7 Expected Results (Outputs): The results of this Technical Cooperation project will be:
- 3.8 A **strategic plan for the Department of Potosi** that enables the rationalization of the functional health networks. The plan will enable decision making for closing under-utilized primary and secondary health care establishments, or opening new ones in areas of increased demand. Additionally, the plan will enable the prioritization for deployment of human resources. The strategic plan will be executed in the context of the loan operation 2614/BL-BL, Strengthening Health Networks in Potosi.
- 3.9 **Quality standards** that correspond to current reality and that can be applied in the short and medium term in the department of Potosi, to ensure adequate quality of care. These adjusted quality standards will enable the MHS to plan investments in infrastructure, equipment and HHRR in accordance with norms that realistically correspond to the Bolivian health sector.
- 3.10 Rural Primary and Secondary care centers will have improved access to **regular adequate medical supplies**.
- 3.11 Reliable and consistent **pre-investment information** regarding infrastructure, equipment, and human resources requirements for five Health Networks of Potosi.
- 3.12 **Population informed** about obstetric and child health emergencies, and when and where to seek care.

RESULTS MATRIX

Indicators	Base line	Intermediate Targets		Final Target	Expected Completion Date
		Year 1	Year 2		
Outcome Indicator					
Model program for strengthening Departmental level health management	0	Strategic Plan Developed; Gap Analysis carried out	Practical Quality Standards developed and applied	Model program developed, systematized, and communicated with other departments	December 2012
Deliverables (outputs) Indicators					
A strategic plan for the Department of Potosi that enables the rationalization of the functional health networks.	0	Participatory Strategic Plan developed at department level	Health Establishments re-classified according to utilization and needs; HHRR assigned according to need	one department level strategic plan developed in participatory manner, including HHRR	December 2012
Quality standards that correspond to current reality and that can be applied in the short and medium term in the department of Potosi	0	Participatory process to define intermediate quality standards	Application of intermediate quality standards for infrastructure, equipment and RRHH procurement	Intermediate quality standards applied in the department of Potosi for pre investment	December 2012
Rural Primary and Secondary care centers with regular adequate medical supplies	0	Consultant contracted; diagnosis prepared	Actions Implemented for improved purchasing and delivery of medical supplies in Rural Health centers	Rural Health Centers with adequate medical supplies on a regular basis	December 2012
Reliable pre-investment information regarding infrastructure, equipment, and human resources requirements for 5 Health Networks of Potosí.	5 Networks	Gap Analysis carried out in five Health Networks in Potosi	Complete information available for pre-investment infrastructure, equipment, and human resources requirements for five Health Networks of Potosí.	Complete information available for pre-investment infrastructure, equipment, and human resources requirements for five Health Networks of Potosí.	December 2012
Population informed about obstetric and child health emergencies, and when and where to seek care	0	Consultants contracted to develop materials and programs for working with communities	Culturally appropriate information and Communication programs implemented to improve local use of health services	Increased utilization of health services in Potosi	December 2012

IV. BUDGET⁵

Name of Output	Itemization	TC Funds	Counterpart Copntribution
Technical assistance to support SEDES Potosi to prepare and execute a department wide strategic plan	2 International Consultants, Travel and Per Diem X 50 days	\$50,000	\$15,000
Technical assistance for development of intermediate applicable standards	International and national consultants; workshops, materials, diffusion and communication	\$65,000	\$10,000
Technical assistance for HHRR analysis	2 International Consultants Travel and Per Diem X 50 days	\$50,000	\$15,000
Technical assistance for improved capacity to plan, purchase, and deliver medical supplies	1 International Consultant Travel and Per Diem X 40 days	\$25,000	\$15,000
Carry out Analysis of Gaps in infrastructure, equipment, and human resources, in five Health Networks in Potosi	1 Firm, including all field work, travel, per diem expenses	\$150,000	\$15,000
Technical assistance to develop and carry out culturally relevant health promotion activities	International and national consultants; workshops; materials; Travel and Per Diem	\$120,000	\$20,000
Monitoring and Dissemination of Good Practices	Equipment, Software, materials, workshops, media, consultants	\$40,000	\$10,000
TOTAL		<u>\$500,000</u>	<u>\$100,000</u>

V. EXECUTING AGENCY AND EXECUTION STRUCTURE

- 5.1 This TC program will support the Ministry of Health and Sport's departmental office in Potosi, to carry out various analyses and activities to strengthen their management capacity. In particular, the TC program will build on good practices that have been developed in other countries in Latin America. The activities to be carried out represent innovations in the Bolivian context, and thus require the identification and contracting of international consultants with the appropriate expertise in the various areas of assistance. Additionally, the activities of the program aim at strengthening the management capacity of the Ministry of Health and Sport's departmental office in Potosi. Taking into consideration the lack of institutional knowledge of the Ministry of Health and Sport in this innovative area, and in the interest of guaranteeing an adequate and efficient implementation of the program, it is necessary that the Bank be responsible for the selection and hiring of consulting services in accordance with its policies and procedures. For this reason, the Ministry of Health and Sports, via the Ministry of Planning for Development, has requested that the IDB serve as the contracting agent for this technical cooperation program (see attached Aide Memoire and Letter of Request). All activities will be carried out in strict and continuous coordination with the Government of Bolivia, both in La Paz and in Potosí.

VI. COLLABORATION WITH JAPANESE AGENCIES IN BOLIVIA

- 6.1 The project team has established contact with JICA in Bolivia, and found opportunities for collaboration. In particular, JICA expressed interest in working with the project in preparation and dissemination of communication materials, an area in which JICA has ample experience in the sector. The team will work closely with JICA to modify communication materials to ensure their

⁵ For detailed budget see [Budget Assumptions](#) and [Procurement Plan](#) for additional details.

cultural relevance for Potosí, for eventual dissemination in the context of this TC. The project team also will coordinate with JICA for dissemination of project results and good practices.

VII. RISKS

- 7.1 The principal risk associated with this technical cooperation project is that the work will be carried out in the department of Potosí. This department is poor and remote, (which is why the Bank has prioritized working there), with a complicated topographical and socio-political structure. The Bank will mitigate this risk by strengthening the Departmental level Ministry of Health (SEDES) office to be better able to carry out and monitor its strategic and operational plans, as well as to purchase and deliver supplies, and to carry out health promotion activities. The risk will be doubly mitigated by the fact that the objective of the TC itself is to strengthen the institutional capacity of the Department level Ministry of Health. The Government of Bolivia has requested that the Bank be the contracting agent, thereby mitigating risks regarding execution and procurement. There are no environmental or social risks to this project. The project will have positive social effects on the population, as it will improve health services in such a way as to be compatible with socio-cultural norms and values of the population.

VIII. ENVIRONMENTAL AND SOCIAL CLASSIFICATION

- 8.1 The project has a classification of “C”: indicating that there are minimal or no environmental risks ([IDBDOCS-#36518489-Safeguard Policy Filter Report](#), [IDBDOCS-#36518460-Safeguard Screening Form](#)). The project will have positive social effects on the population, as it will improve health services in such a way as to be compatible with socio-cultural norms and values of the rural and largely indigenous population.

**STRENGTHENING HEALTH MANAGEMENT
AND PROMOTION IN POTOSI**

BO-T1153

CERTIFICATION

I hereby certify that this operation was approved for financing under the Japan Special Fund (JSF) through a communication dated December 2, 2011 submitted by Mr. Yasushi Kinoshita, Director-General of the International Bureau, Ministry of Finance of Japan. Also, I certify that resources from the Japan Special Fund (JSF) are available for up to US\$500,000 in order to finance the activities described and budgeted in this document. This certification reserves resources for the referenced project for a period of 6 (six) calendar months counted from the date of signature below. If the project is not approved by the IDB within that period, the reserve of resources will be cancelled, except in the case a new certification is granted. The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, for which the Fund is not at risk.

(Original firmado)

12/7/2011

Marguerite S. Berger
Chief
Grants and Co-Financing Management Unit
VPC/GCM

Date

APPROVAL

Approved : *(Original firmado)*

12/8/2011

Ferdinando Regalia
Division Chief
Social Protection and Health Division
SCL/SPH

Date