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MULTILATERAL INVESTMENT FUND

URUGUAY

**PRODUCTIVITY AND MANAGEMENT IMPROVEMENTS IN THE
URUGUAYAN HEALTHCARE SYSTEM**

(UR-M1021)

DONORS MEMORANDUM

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Proposed resolution

BASIC SOCIOECONOMIC DATA

For basic socioeconomic data, including public debt information, please refer to the following address:

<http://www.iadb.org/RES/index.cfm?fuseaction=externallinks.countrydata>

INFORMATION AVAILABLE IN THE RE1/DIV FILES

PREPARATION:

Institutional analysis
Risk analysis
MIF General Guidelines

EXECUTION:

Operating Regulations
Terms of reference
Description of the new hospital management support tools
Procurement plan

ABBREVIATIONS

ASSE	Administración de Servicios de Salud del Estado [State Healthcare Services Administration]
FEMI	Federación Médica del Interior [Medical Federation of the Interior]
FNR	Fondo Nacional de Recursos [National Resources Fund]
GDP	Gross domestic product
IAMC	Instituciones de Asistencia Médica Colectiva [Collective Medical Care Institutions]
ICT	Information and communication technologies
IT	Information technology
MIF	Multilateral Investment Fund
MSP	Ministry of Public Health
PCR	Project completion report
PPMR	Project performance monitoring report

PRODUCTIVITY AND MANAGEMENT IMPROVEMENTS IN THE URUGUAYAN HEALTHCARE SYSTEM (UR-M1021)

EXECUTIVE SUMMARY

Executing agency:	Federación Médica del Interior [Medical Federation of the Interior] (FEMI)	
Beneficiaries:	Small and medium-sized private healthcare service providers in Uruguay and their customers	
Amount and source of financing:	IDB/MIF: (nonreimbursable)	US\$1,493,000
	Local contribution:	US\$1,754,400
	Total:	US\$3,247,400
Execution and disbursement periods:	Execution period:	48 months
	Disbursement period:	54 months
Objectives:	The <i>general objective</i> of the project is to boost the management efficiency and improve the integration of small and medium-sized private healthcare service providers in Uruguay. The <i>specific objective</i> is to develop and implement tools based on information and communication technologies (ICT), in order to optimize resource use and enhance the efficiency of the small private hospitals in the FEMI network and others.	
Environmental and social review:	The operation was reviewed by the Environmental and Social Impact Review Secretariat on 30 March 2007, which made no observations. The project is classified as a category “C” operation, in accordance with the new procedures.	
Coordination with other official development institutions:	During analysis, no similar programs financed by other official development institutions were identified.	
Special contractual clauses:	As conditions precedent to the first disbursement, evidence of the following must be presented: (i) the project director has been appointed; (ii) FEMI has approved the Operating Regulations; (iii) the project coordinator has been selected in accordance with terms of reference agreed on with the Bank; and (iv) as a condition	

precedent to the transfer of funds to the individual beneficiaries, the agreements between FEMI and the public hospitals that will host the planned pilot projects have been signed and are in effect.

**Exceptions to
Bank policies:**

There are no exceptions to Bank policies.

I. BACKGROUND

- 1.1 The healthcare market in Latin America and the Caribbean is facing problems and challenges that necessitate more efficient delivery of services, increased competitiveness, greater user satisfaction, and a guarantee of coverage that reflects the epidemiological, demographic, and socioeconomic profile of the region's inhabitants. In this context, private healthcare networks are essential agents of change, offering the possibility of coverage based on user-choice mechanisms that reward the institutions that deliver the greatest satisfaction and best prices. Information and communication technologies (ICT), applied to medical care and the management of health service networks, have proven to be efficient tools for meeting these challenges, and the most common are: electronic medical records,¹ entry of records into the Management Information System (Balanced Scorecard),² electronic prescriptions, and telemedicine.³ However, these tools are just beginning to be developed and applied in Latin America and the Caribbean.⁴

A. Uruguay's healthcare market

- 1.2 Uruguay's economy embarked on a growth path in 2003, as reflected in macroeconomic indicators, which boosted the country's resiliency.⁵ Uruguay has one of the oldest, strongest healthcare systems in the region, with nearly universal coverage provided through public systems (the hospital network run by the State Healthcare Services Administration (ASSE)⁶ and municipal healthcare facilities, particularly in Montevideo) and private systems. Private providers include: (i) the

¹ This tool facilitates case management by providing healthcare teams, in real time, with all the basic information they need on patients to make the best possible decisions.

² Balanced Scorecard is a concise information system that can be used to produce reports on measures agreed upon to monitor the fulfillment of targets set at a hospital's various administrative levels. Under this system, each target is associated with one or more indicators that give hospital administration sufficient warning to correct procedural problems and prevent medical or administrative mistakes in disease management. Additional information on implementation of this approach can be obtained on the Balance Scorecard Institute's website, at <http://www.balancedscorecard.org/>.

³ This tool enables healthcare professionals to communicate more effectively, for the diagnosis, treatment, and prevention of disease, research, and evaluation. In addition, it has become a modern-day resource for providing continuing education to healthcare providers, including those with less access to major educational institutions.

⁴ Electronic medical record pilot projects have been launched, but are still in progress, in the public and private sectors in countries including Brazil (Tarjeta SUS), Argentina (Mendoza province), and Chile (for the delivery of services under Plan AUGE). Telemedicine is being used more frequently in private hospitals, but is not yet widely used in healthcare networks. Procedural tools such as clinical guidelines or protocols are mostly being used in private healthcare plans.

⁵ Real gross domestic product (GDP) and gross fixed capital formation climbed by 7.3% and 16.4%, respectively, in 2006. In addition, public finances have improved significantly, with major growth since 2004 in the nonfinancial public sector primary surplus, which came in at nearly 4% of GDP in 2006. And the public sector debt shrank considerably, from 104% of GDP in 2003 to 64% in late 2006.

⁶ At present, more than 900,000 users are registered with the ASSE.

Collective Medical Care Institutions (IAMCs),⁷ which are regulated in part by the Ministry of Public Health (MSP) and the State-run Banco de Previsión Social; and (ii) partial-insurance companies, which are minimally regulated by the government. Approximately two-thirds of Uruguayans have private coverage, and one-third depend on public coverage. All Uruguayans are protected against extraordinary healthcare expenses by the National Resources Fund (FNR).⁸

- 1.3 Healthcare spending in Uruguay is high,⁹ due to the country's demographics—it has the highest percentage of older adults in the region—and extensive healthcare coverage, as well as regulatory and management shortcomings and a highly specialized healthcare model. Problems in the national healthcare system have an impact on private providers, particularly smaller ones, to wit: (i) as a result of shrinking income streams at the IAMCs, budgetary constraints at the ASSE and the various public facilities, and frequent cost hikes due to the healthcare crisis, the IAMCs lost roughly 200,000 members; and (ii) consequently, but particularly due to the difficulty of changing the way they are managed, the IAMCs, especially those operating in Montevideo, are highly indebted.¹⁰ Private providers face the additional challenge of adapting to new trends in the healthcare market resulting from the introduction of new ICT-based technology and management models.

B. Challenges and outlooks for Uruguay's healthcare market

- 1.4 A dialogue is under way in Uruguay to reform the healthcare system.¹¹ The government, together with private actors, is working to redefine the priorities of the healthcare sector, in pursuit of the following goals: (i) *the user as the focal point of the healthcare system*, where the health of the individual and his or her family is seen as an integral part of the health of the society, taking into account other social problems that transcend and determine health; (ii) *a healthcare model that*

⁷ The IAMCs, also known as *mutualistas*, are the main pillar of Uruguay's private healthcare system, serving 47% of the population, according to a 2004 household survey. They offer individual prepaid medical plans.

⁸ The FNR provides universal, free coverage for treatment of diseases that generally require expensive procedures.

⁹ Healthcare spending equalled 8.96% of GDP in 2004. Uruguay allocates 25% of its healthcare budget to public providers and 75% to private providers, even though providers in both sectors care for virtually the same number of users. Average per-capita spending in the private sector is 264% higher than per-capita spending on ASSE users. A considerable portion of these outlays is spent on advanced technology and inputs for tertiary care, to the detriment of primary care. Source: MSP. Report of the Health Economics Division. 2004 National Health Accounts. www.msp.gub.uy. April 2006.

¹⁰ A 2000 audit of all IAMCs in Montevideo revealed serious problems, including: an accumulated debt of US\$300 million among the 14 IAMCs in Montevideo (11 months of receipts); risk of closure at several institutions, to the detriment of member services; dissatisfaction among members or shareholders; and ongoing labor disputes with doctors and officials.

¹¹ The reform calls for implementation of the National Integrated Healthcare System, which aims to ensure universal access to healthcare, equitable spending and financing, high-quality care, and system sustainability. To this end, three major changes have been proposed: a new healthcare model, a new financing model, and a new management model.

emphasizes promotion and prevention, promoting the role of family medicine, based on a close, personal relationship between the doctor and the patient, in all public and private facilities; (iii) *a demand-based approach*, through the implementation of measures to ensure that required services are provided and that all members receive the services to which they are entitled; (iv) *improved management of the FNR*, with sufficient resources to improve the early detection and treatment of diseases; (v) *the accreditation of providers*, so that a set of modern, up-to-date technical requirements is established for all healthcare facilities, and to make compliance with these requirements more transparent and evident; (vi) *the certification of professionals*, to improve the quality of health care; and (vii) *a new institutional framework*, for both the public and private sectors, with greater capacity to manage the healthcare sector. In addition, ICT should be heavily incorporated into the new healthcare, financing, and management models. As part of the reform, ASSE hospitals will be decentralized, which will require them to work as a network, operate competitively, and adopt management systems similar to those used by private IAMC hospitals in and outside Montevideo (the latter belonging to the Medical Federation of the Interior (FEMI)).

- 1.5 Prior to implementation of the reform, FEMI,¹² along with the Ministry, is interested in developing a management model that incorporates electronic medical records, integrating epidemiological (diagnostic) data with patient-related information on procedures and costs. The aim is to develop a clinical management model that would enable all healthcare establishments to be integrated into a network, so that patient information could be shared (same model for public and private healthcare entities). The use of electronic tools, such as Balanced Scorecard, will make it possible to improve management and better monitor targets and outcomes at the FEMI entities. The use of electronic prescriptions will be integrated into all these processes, for greater efficiency in the procurement, distribution, and dispensing of pharmaceuticals in the system. Similarly, the use of ICT will allow for greater diagnostic accuracy, more efficient clinical management, and savings in areas such as financial/accounting management systems and high-cost advanced medical technology.

¹² FEMI, which is promoting the project, consists of 23 IAMCs outside the capital. Collectively, these IAMCs serve 500,600 members (26% of the population outside the capital). Essentially, they provide complete medical care equally to their members, through individual or group prepaid plans. They also provide services covered by partial-insurance plans under the various modalities established by law. In addition, they provide services contracted by the MSP and other institutions. Following the healthcare reform, which will extend coverage to workers' relatives, the number of FEMI members is expected to increase by 50% over the next three years, mainly through the addition of mothers and children who are currently uninsured or who are underinsured by the public network. The 23 IAMCs that make up FEMI are present in every department in the country except Montevideo, which has the Sanatorio Americano, a facility purchased in 1993 that has been gradually reequipped with the most advanced technology. The FEMI IAMCs are newer, serve a healthier segment of the population based on demographic and epidemiological data, and are more modern and efficient than the IAMCs in the capital. Consequently, they were not affected by the crisis that lashed the IAMCs in Montevideo. Indeed, they generated a surplus that has allowed them to finance their investments with own resources.

- 1.6 This would be an enormous advantage for Uruguay's healthcare reform, compared to many countries in Latin America and the Caribbean, where the instruments of reform have been defined *a priori* (with no advance testing) and without the participation of the private sector, which damaged the competitiveness of private establishments, as reflected in the ineffective regulation, financing, and sale of healthcare services.

C. Rationale and additionality

- 1.7 ICT usage trends are part of the debate on the reform of Uruguay's health sector. The growth of the healthcare market depends, in practice, on management improvements among service providers and the increasing incorporation of information systems that allow them to provide services more efficiently and obtain information to improve management. The proposed operation will promote up to six pilot projects (four in IAMCs and two in public hospitals outside the capital) to create active networks of private and public institutions in the health sector, to benefit low-income groups and create solutions that can be replicated throughout the system. Healthcare entrepreneurs have the opportunity to positively influence the reform debate, by using pilot projects to improve their own operations, benefiting themselves and the system as a whole.
- 1.8 The **Bank** has been supporting operations that build public-sector capacity to modernize the healthcare management processes, through the use of ICT. For example, the Multiphase program for the strengthening of Chile's digital strategy (CH-L1001) seeks to bring about greater and more effective participation by Chile in the digital era, increasing access to and use of ICT as a development factor, through institutional strengthening and implementation of a series of strategic initiatives (digital health). The **Multilateral Investment Fund (MIF)** is also supporting various similar initiatives (Productivity and management tools in the Chilean hospital market (CH-M1006) and the Program for the regulation of private health plans (TC-98-08-18-2-BR)). The proposed project will pave the way for a healthcare management model in the private sector that can be replicated elsewhere in the country and the region. The MIF reserves the project's intellectual property rights, for use by the Bank. The project is consistent with the **Bank's country strategy with Uruguay (2005-2009)** and planned MIF support for the formation of public-private partnerships.

II. OBJECTIVES AND DESCRIPTION

- 2.1 The *general objective* of the project is to boost the management efficiency and improve the integration of small and medium-sized healthcare service providers in Uruguay. The *specific objective* is to develop and implement ICT-based tools, in order to optimize resource use and enhance the efficiency of the care provided by the small private hospitals in the FEMI network and others, helping them adapt to the reform under way.

- 2.2 ***Component 1 – Development of tools for innovation in private healthcare management*** (US\$870,000). Under this component, an information system and technological and management tools will be developed to gradually implement the use of electronic medical records¹³ and the Management Information System (Balanced Scorecard). The project will help FEMI to: (i) assess the characteristics of the beneficiary hospitals and the scale, nature, and status of their ICT-based management processes and corresponding needs; (ii) design an information technology (IT) plan that lays the foundation for a consolidated FEMI technology platform with interoperable systems (hardware and software) for electronic medical records, electronic prescriptions, and the management information system; (iii) devise detailed specifications for each system (electronic medical records, electronic prescriptions, and the management information system); (iv) develop a management information system¹⁴ with epidemiological and accounting data;¹⁵ (v) raise awareness about the project among interested groups, including by setting up a dedicated Internet portal on standardized solutions for implementing electronic medical records, etc. (vi) procuring computer equipment for the IAMCs, the healthcare referral center in Montevideo (Sanatorio Americano), and FEMI headquarters; and (vii) external advisory services to lay the foundation for telemedicine solutions.
- 2.3 ***Component 2 – Development of technology solutions (pilot projects and expansion) to improve customer care*** (US\$1,319,000). This component will contribute to the development of ICT-based solutions that increase the coverage and efficiency of small and medium-sized healthcare service providers, through pilot projects and activities that will help them build a larger customer base. It will support: (i) pilot projects at four IAMCs (one for each FEMI region) and two public hospitals¹⁶ in the following areas: electronic medical records, implementation of the Balanced Scorecard, and electronic prescriptions; (ii) activities that go beyond the scope of the pilot projects and benefit all FEMI-affiliated IAMCs; and (iii) the establishment of a center that provides technical assistance for implementing the technology solutions.

¹³ This tool's integration of epidemiological and accounting data will make it possible to assess the health status and morbidity burden of various groups, determine the weighting and ranking of the different health problems, and perform the subsequent analysis through research using cost-effectiveness criteria, based on years of life lost to disability or premature mortality.

¹⁴ This system will be conceived as a balanced scorecard to support management-level decisions.

¹⁵ Collection and analysis based on IT sources and manuals; software for interactive analysis of information (Data Warehousing system); and trained personnel to process the information. Uruguay has successful experiences with integrated health information systems. For example, a perinatal data system that records all births in the country has been in use since it was developed over 12 years ago with the support of the Pan American Health Organization.

¹⁶ Pilot projects to implement the aforementioned technology solutions will be carried out at institutions where the medical teams are already aware of the solutions and where the conditions are conducive to producing quick results and building learning capacity, so that the experiences can be extended to the rest of FEMI institutions.

- 2.4 The participating hospitals will be selected using the eligibility criteria set forth in the Operating Regulations, which require, *inter alia*, that the hospitals: (i) have the technology needed for connectivity with the FEMI computer system and the IT support center; (ii) employ an IT specialist; and (iii) assign medical and administrative personnel to implement the electronic medical records, electronic prescription, and management information systems. The hospitals will sign performance contracts with FEMI. The proposed operation will cover the costs associated with implementing the technology solutions at the four IAMCs and the two public hospitals. In order to participate in the pilot project, the public hospitals will contribute counterpart resources consisting of the technical and administrative staff, facilities, and equipment needed to implement the new technology solutions. The implementation of pilot projects at these public hospitals will support the development of technology standards for the modernization of the national healthcare market and build the capacity of the IT support center created under this project to provide assistance to private and public hospitals.
- 2.5 In support of the initiative, the MSP will make available the database of users outside the capital who are listed on its consolidated healthcare coverage registry, the FNR database, and the database of electronic records of mother and children in the perinatal information system. Arrangements with the public hospitals that will participate in the pilot projects will be formalized in an agreement between FEMI and the MSP.
- 2.6 This component will provide financing for: (i) technical assistance to reengineer organizational processes and workflows at FEMI to adapt them to the new business model; (ii) the creation of an IT support center specialized in the design and implementation of technology solutions that boost the efficiency of healthcare institutions, to be staffed primarily by the project coordination unit (paragraph 4.4), as well as a medical professional and an IT specialist whose fees will be charged against the local counterpart contribution; (iii) personnel training in the use of the new tools and promotion of the Internet portal among health personnel; (iv) assistance for implementing the electronic medical records system in six pilot hospitals and for developing a manual and the steps and procedures needed to implement the system; (v) certification of the process; (vi) assistance for implementing the management information system in six pilot hospitals; (vii) assistance for implementing the electronic prescription system in six pilot hospitals; (viii) evaluation and testing of pilot projects; and (ix) technical assistance to lay the groundwork for implementing the technology solutions in the remaining FEMI-affiliated IAMCs.
- 2.7 ***Component 3 – Monitoring, evaluation, and dissemination*** (US\$67,000). Under this component, a monitoring and evaluation system will be implemented that will lay the foundation for processing and disseminating the experience. To this end, the following activities are planned: (i) development of a system to monitor implementation of the service for gathering information on the efficiency and effectiveness of the technology solutions; (ii) cost-effectiveness studies of project

- experiences, to document the savings obtained; (iii) project evaluations; (iv) an event in Uruguay to present and discuss outcomes, and presentations at international events.
- 2.8 ***Expected outcomes.*** The operation is expected to bring down administrative costs, boost the efficiency of care provided by FEMI-affiliated institutions, and increase user satisfaction, through: (i) more efficient management through the use of the tools described in this document, and new management capacities for the private hospital network and some public hospitals, to facilitate implementation of the healthcare reform; (ii) a specialized Internet portal for the health sector that contains information on electronic medical records, telemedicine, and electronic prescriptions; (iii) six pilot projects for electronic medical records, Balanced Scorecard, and electronic prescriptions; (iv) the creation of an IT support center to disseminate the solutions; and (v) training for healthcare professionals in the use of the new solutions.
- 2.9 ***Sustainability.*** Project sustainability is based on the following factors: (i) the participation of FEMI will guarantee an institutional framework and infrastructure for management of the project (specialized IT unit, equipment, security systems, technical and maintenance service); (ii) the project will generate solutions to lower operating costs and improve the efficiency of healthcare systems, i.e., better technological support is expected to lead to the automation of processes, which will make them more efficient, generate savings, and allow resources to be redistributed throughout the value chain; (iii) healthcare reform will lead to an expansion of the private healthcare market in Uruguay; and (iv) the creation of an IT support center for hospitals will guarantee the continuity of the ICT-based management process in network hospitals and generate revenue through the sale of equivalent services to hospitals outside the network. To reinforce project sustainability, a sustainability plan will be prepared at least one year prior to the end of project execution. Representatives from the Bank and the executing agency will take part in devising a plan that ensures the continuity of activities once the project funds have been expended.

III. COST AND FINANCING

- 3.1 The project will have a total cost of US\$3,247,400, of which US\$1,493,000 (46%) will be contributed by the MIF in nonreimbursable resources. FEMI¹⁷ will contribute the remaining US\$1,754,400 (54%) in local counterpart resources, which include contributions from the hospitals participating in the pilot projects and the member hospitals. Up to 50% of the counterpart resources may be contributed in kind (budget presented in Annex II).

¹⁷ FEMI guaranteed the counterpart resources at a meeting of its member entities, which agreed to contribute up to US\$3.00 per insured person during the execution period.

Table III-1 – Table of costs (in US\$)

Cost categories	MIF	FEMI	MSP	TOTAL
<i>Component 1</i>	415,000	455,000	-	870,000
<i>Component 2</i>	529,500	790,200	150,000(*)	1,469,700
<i>Component 3</i>	67,000	-	-	67,000
<i>Executing unit</i>	370,800	359,200	-	730,000
<i>Contingencies</i>	58,700	-	-	58,700
<i>Audits</i>	20,000	-	-	20,000
<i>Impact evaluation (0.05%)</i>	7,000	-	-	7,000
<i>ICT cluster</i>	25,000	-	-	25,000
TOTAL	1,493,000	1,604,400	150,000	3,247,400

(*) Expenses associated with personnel fees, equipment, and facilities included in the MSP's recurrent budget.

IV. EXECUTION

- 4.1 **Executing agency.** The Medical Federation of the Interior (FEMI)¹⁸ is a private institution in Uruguay composed of 23 IAMCs located outside the capital. The IAMCs are nonprofit organizations authorized to provide services by the MSP. They are located throughout the country's 19 departments and, together with the country's other healthcare collectives, constitute an integrated, collective-based healthcare system. Most of the IAMCs have established Institutos de Medicina Altamente Especializada [Institutes of Highly Specialized Medicine]¹⁹ (Law 16,343 of 24 December 1962), at which procedures are financed by the FNR. In 1975, when Decree Law 14,407 was enacted, creating the Banco de Previsión Social's social health insurance division, the FEMI-affiliated IAMCs expanded their field of activity. The incorporation of new activities into the social health insurance system enabled the IAMCs to expand their membership base.
- 4.2 FEMI finances its operations with own resources from the sale of services to the public and private sectors. It provides services in virtually all medical specialties, with a proven record of excellence, state-of-the-art technology, and experience in the production and use of electronic clinical guidelines. In addition, it runs a center for advanced medicine in Montevideo (Sanatorio Americano). It has demonstrated capacity for carrying out group initiatives with its member companies. For example, it created a procurement cooperative to handle purchases for all FEMI institutions, in order to take advantage of economies of scale, and it recently purchased the Sanatorio Americano in Montevideo to provide services in highly specialized medicine and support the 23 IAMCs outside the capital.
- 4.3 **Execution mechanism.** Project execution will be handled at three levels. *Strategic management level.* The FEMI Executive Committee,²⁰ which consists of five

¹⁸ FEMI was established in May 1966 as an association of physicians working outside Uruguay's capital.

¹⁹ FEMI-affiliated IAMCs provide services contracted by the MSP.

²⁰ Executive Committee members are elected by FEMI-affiliated doctors by secret ballot.

members (president, secretary, treasurer, and two directors), will be responsible for project management. It will chart the project's overall strategic course and rigorously coordinate and supervise fulfillment of the strategy. The Committee will meet at least twice a year with a representative from the MSP, to coordinate activities and report on the status of the project.

- 4.4 *Operational coordination level.* The project coordination unit, created by a resolution of the Executive Committee, will be responsible for the operational coordination and execution of the project. The unit consists of: a project director (member of the Executive Committee), a project coordinator – medical advisor, an interagency coordinator, an operations specialist, an administrative/financial specialist, an IT specialist, and an administrative assistant.²¹ Project financing will cover the fees of the project coordinator, operations specialist, administrative/financial specialist, and IT specialist for the first three years. The coordination unit's technical personnel will staff the IT support center planned as part of component 2.
- 4.5 *Execution level.* This will consist of the project units for each FEMI-affiliated IAMC and at least two public beneficiary hospitals. Every project unit will have a medical director, an administrative/financial specialist, and an IT specialist.
- 4.6 The participation of public hospitals in the pilot projects will be formalized in an agreement with the MSP. The specific terms for each participating hospital will be governed by a performance contract signed by the respective parties, which will set forth hospital eligibility criteria; establish FEMI's commitment to implement, through the IT support center, the various solutions; set an execution timetable; and establish the parties' commitment to disseminate project outcomes.
- 4.7 **Procurement.** FEMI will procure project goods and services according to the semiannual procurement plan approved by the Bank, the "Policies for the Procurement of Goods and Works financed by the Inter-American Development Bank" (document GN-2349-7), the "Policies for the Selection and Contracting of Consultants financed by the Inter-American Development Bank" (document GN-2350-7), and the MIF guidelines of 8 August 2006. The Bank may retroactively recognize against the local counterpart contribution up to US\$200,000 in expenses (computer equipment and licenses – component 1) incurred between 22 March 2007 and the date of approval of the operation, provided the procurement procedures used are substantially analogous to those established in the technical-cooperation agreement. The revolving fund will be equivalent to 10% of the MIF contribution.

²¹ The functions of the project director, project coordinator, interagency coordinator, operations specialist, administrative/financial specialist, and computer engineer are described in detail in the Operating Regulations.

V. MONITORING AND EVALUATION

- 5.1 **Progress reports.** The project coordination unit will prepare and deliver to the Bank's Country Office in Uruguay semiannual progress reports within 30 days after the end of each six-month period and a final report within 30 days after the last disbursement. Every year, it will deliver an annual work plan, to be adjusted every six months. These reports will be prepared according to a format previously agreed on with the Bank and will cover project activities, financial performance, and outcomes, as measured against the indicators identified in the logical framework. The Bank will use these reports to supervise progress and draft a project completion report in the three months after the last disbursement.
- 5.2 **Audits and evaluations.** Project audits will be performed annually by an external auditor contracted with the no objection of the Bank and will be financed with MIF resources. The Bank, drawing on the MIF contribution, will hire independent consultants to conduct two evaluations of the project; terms of reference will be previously agreed on with the executing agency. A midterm evaluation will be performed once 50% of the Bank's contribution has been disbursed or halfway into the execution period, whichever occurs first. Based on the midterm evaluation, the Bank, together with the project team, will determine if the operation should be continued, modified, or suspended or cancelled. A final evaluation, to be conducted within three months after the end of the execution period, will measure fulfillment of the project's purpose against the baseline, the level of satisfaction among final beneficiaries, the project's degree of sustainability, and lessons learned and best practices. The items to be considered in each evaluation are described in the Operating Regulations.

VI. RISKS

- 6.1 The main risks to this operation are as follows: (i) the direct beneficiaries (doctors, administrative personnel, and patients) do not make proper use of the new tools because they see them as drastically altering the practice of medicine; and (ii) healthcare institutions do not have the capacity to adapt the new management models and tools, the financial resources needed to procure the equipment required by the project, or the cash to cover the cost of training in the new management capacities. To mitigate these risks, the project calls for the following activities: (1) a communications plan that will include courses, workshops, manuals, and awareness-raising campaigns, so that the concerns of the various beneficiaries are addressed; and (2) eligibility criteria will be used to select the partner and pilot hospitals, to eliminate the risk of choosing institutions with insufficient technical capacity or resources to adopt the new tools.

VII. SOCIAL AND ENVIRONMENTAL STRATEGY

- 7.1 The proposed operation will not have any direct environmental or social effects, as it will focus on the development and use of ICT-based hospital management models in the participating hospitals. It will support the procurement of necessary equipment and the development of the skills needed to manage the technology. The project aims to promote the delivery of quality healthcare services in remote areas, which have inadequate supply and are generally home to the poorest segments of society, facilitating access by the latter to healthcare services.

LOGICAL FRAMEWORK
PRODUCTIVITY AND MANAGEMENT IMPROVEMENTS IN THE URUGUAYAN HEALTHCARE SYSTEM
(UR-M1021)

Narrative summary of objectives	Indicators	Means of verification	Assumptions
GOAL			
To boost the management efficiency and improve the integration of small and medium-sized private healthcare service providers in Uruguay	<p>One year after project completion:</p> <p>All the FEMI-affiliated IAMCs and at least two public hospitals have implemented one of the three IT clinical solutions (electronic medical records, electronic prescriptions, and telemedicine) promoted by the project.</p> <p>All the FEMI-affiliated IAMCs are using the Balanced Scorecard to monitor management.</p> <p>The 24 FEMI institutions have adopted a common technology platform by project completion, and the IT support center is successfully providing support services to FEMI and third parties.</p> <p>User satisfaction has increased due to shorter wait times. (Baseline obtained from the customer service offices of the 24 institutions at project startup)</p>	<p>Ministry of Public Health (MSP) records monitoring implementation of the reform of the National Integrated Healthcare System, to be pursued as part of the reform</p> <p>Minutes of meetings of the FEMI Executive Committee</p> <p>Records generated by the project's monitoring and evaluation system</p> <p>Final evaluation and the project completion report (PCR)</p> <p>User satisfaction survey</p>	<p>Public-private relations are strengthened, to meet and surpass the targets set for Uruguay's new healthcare system.</p> <p>Public authorities continue to prioritize the reform of the national integrated healthcare system according to the established timelines.</p> <p>Public institutions agree on and adopt the standards that emerge from the project.</p> <p>Records documenting user satisfaction are completed in all the institutions and continually updated.</p>

Narrative summary of objectives	Indicators	Means of verification	Assumptions
PURPOSE			
<p>To develop and implement tools based on information and communication technologies (ICT), in order to enhance the efficiency of the small private hospitals in the FEMI network and others</p>	<p>By month 36:</p> <ol style="list-style-type: none"> 1. At least 200 workstations have been equipped with electronic medical record and prescription solutions. 2. The six institutions implementing pilot projects (four FEMI-affiliated IAMCs and two public hospitals) are using telemedicine solutions (and have enhanced efficiency and quality, and scored at least 100%). <p>By project completion:</p> <ol style="list-style-type: none"> 3. The cost of transfers has fallen 20% due to the implementation of telemedicine procedures and techniques. 4. At least 50% of administrative personnel and 50% of physicians trained under the project consult the FEMI website with the project applications on a monthly basis. 5. The IT support center has signed support agreements with at least three new institutions. 	<p>Records generated by the project's monitoring and evaluation system</p> <p>The project's monitoring and evaluation system will include a checklist with performance indicators relating to efficiency and quality (electronic medical record, electronic prescription, and telemedicine applications) to be evaluated and scored.</p> <p>Transfer records from participating institutions</p> <p>Records from FEMI online portal</p> <p>Evidence of signed agreements</p> <p>Final evaluation and the PCR</p> <p>Progress reports</p>	<p>FEMI executive and management officials remain committed to developing technology solutions for greater efficiency at FEMI and providing services to third parties.</p> <p>The MSP finances the investments for project applications at its hospitals.</p> <p>Training programs for physicians and personnel in the FEMI network are held on schedule.</p>

Narrative summary of objectives	Indicators	Means of verification	Assumptions
COMPONENTS			
<p><i>Component 1 – Development of tools for innovation in private healthcare management</i></p> <p><i>Activities:</i></p> <ol style="list-style-type: none"> 1. Market study on characteristics of FEMI institutions, use of ICT-based management processes, and institutional needs 2. IT plan in association with a consolidated technology platform 3. Development of the electronic medical records system, incorporating epidemiological and accounting information 4. Development of the Balanced Scorecard and integration with the electronic medical records 	<p>By month 6, the results of the study for FEMI institutions and MSP pilot projects on the healthcare market and technology use have been presented.</p> <p>By month 24, the market study has been cited or used as a reference in at least 10 publications or studies on the health sector in Uruguay. By month 36, the new IT plan is being implemented at FEMI, confirming implementation of a common standard throughout the FEMI network.</p>	<p>List of publications.</p> <p>Studies or research on Uruguay's health sector</p> <p>Documents showing presentation, consensus, and approval of the plan by the Assembly FEMI institutions</p>	<p>The MSP provides the information and databases needed to conduct the studies and defines its pilot projects together with FEMI.</p> <p>Implementation of the new healthcare system proceeds according to expectations and schedule.</p> <p>FEMI and MSP authorities continue to give priority and financial support to the development of ICT-based management tools.</p>

Narrative summary of objectives	Indicators	Means of verification	Assumptions
<p>5. Dissemination of the project</p> <p>6. Preparation of manuals for implementing electronic medical records</p> <p>7. Certification of quality of the new electronic medical records and prescriptions processes</p> <p>8. Design and development of an Internet portal with standardized solutions for implementing electronic medical record systems and other solutions</p> <p>9. Computer equipment for the 24 IAMCs and FEMI headquarters</p>	<p>By month 24, 100 manuals on how to access to use the new, project-supported technology solutions through the FEMI portal have been distributed.</p> <p>By month 36, 50% of participating medical and administrative personnel report knowledge of and access to the FEMI online portal and some of the applications developed under this project. (Baseline: 0)</p> <p>By month 48, the epidemiological/ accounting information system and Balanced Scorecard have been implemented in the 24 IAMCs and personnel have been trained in their use.</p>	<p>Tally of website hits and conclusions from the user survey</p> <p>Opinion polls of a random sampling of FEMI physicians and personnel</p> <p>Electronic medical record model approved by the FEMI Executive Committee agreed on by FEMI and the MSP</p> <p>Progress reports and the Project Performance Monitoring Report (PPMR)</p> <p>Midterm evaluation report</p>	

Narrative summary of objectives	Indicators	Means of verification	Assumptions
<p><i>Component 2 – Development of technology solutions (pilot projects) to improve customer care</i></p> <p><i>Activities:</i></p> <ol style="list-style-type: none"> 1. Reengineering of organizational processes and workflows at FEMI, for certification of medical records procedures 2. Creation of an IT support center 3. Training of personnel in the use of these tools, and promotion of the Internet portal 4. Implementation of electronic medical record and prescription solutions 5. Implementation of the Balanced Scorecard 	<p>By month 24, the proposed reengineering of organizational processes and workflows for the participating institutions has been implemented at the six pilot institutions, and by month 48, it has been implemented at all institutions.</p> <p>By month 24, an implementation plan for the IT support center has been developed, and by month 36, the center is in operation.</p> <p>By month 24, all personnel involved in the pilot projects have been trained (200).</p> <p>By month 18, electronic medical record and prescription software has been developed, and by month 36, 100 physicians have been trained in the use of the software.</p> <p>By month 24, Health Level Seven protocols have been developed and implemented.</p> <p>By project completion, 60% of patients have electronic medical records and receive their prescriptions electronically (as part of the reform of Uruguay's healthcare system, FEMI is expected to have approximately 500,000 members by 2008).</p>	<p>Annual evaluation reports from the project coordinator, endorsed by the project director. Approved consultant's report.</p> <p>Annual evaluation reports from the project coordinator.</p> <p>Approved consultant's report.</p> <p>Record of attendance at training activities</p> <p>Baseline benchmark data (At project startup, there are a few instances of use of electronic medical records; no use of electronic prescriptions has been documented.)</p> <p>Annual evaluation reports from the project coordinator, endorsed by the project director and FEMI Executive Committee</p> <p>Progress reports and the PPMR</p> <p>Midterm evaluation report</p> <p>Final evaluation and the PCR</p>	<p>There is interest within the private healthcare market in using the IT tools, and resources are allocated to implement them.</p> <p>FEMI and MSP authorities continue to give priority and financial support to the development of ICT-based management tools.</p> <p>Physicians and administrative personnel in the health sector express interest in promoting innovation in the management of the healthcare system.</p> <p>The databases for the electronic medical record and prescription systems are continually updated.</p>

Narrative summary of objectives	Indicators	Means of verification	Assumptions
<p><i>Component 3 – Monitoring, evaluation, and dissemination</i></p> <p><i>Activities:</i></p> <ol style="list-style-type: none"> 1. Development of a project monitoring system 2. Cost-effectiveness studies 3. Processing of the experience through the production of illustrative materials, implementation manuals, and publications 4. International event to present and discuss project outcomes 	<p>By month 6, the monitoring system has been designed.</p> <p>By month 36, a plan to replicate the project at the regional level has been developed, and at least two hospitals in the region have requested assistance from the IT support center.</p> <p>By month 36, dissemination materials (manuals, pamphlets, posters, etc.) have been designed, printed, and distributed to the IAMCs and other institutions in the country.</p> <p>By month 48, a manual containing information on the healthcare management innovations (electronic medical records, electronic prescriptions, and Balanced Scorecard) and their implementation and use is available.</p> <p>By month 48, at least one international seminar has been held to disseminate the project.</p> <p>In the last year of the project, support scheduled by month 36 has been delivered, resulting in at least one international commitment.</p>	<p>Semiannual progress report and final report prepared by the executing agency</p> <p>Midterm and final evaluations prepared by an external consultant; reports from financial/ accounting and technical inspections; and the PPMR</p> <p>Tally of number of manuals distributed and results of the questionnaire for evaluation of the manual</p> <p>Record of participants, evaluations of event content</p> <p>Press releases</p> <p>Evidence of printing and distribution</p> <p>Document of expression of interest/commitment from a hospital in the region</p>	<p>The IT support center is up and running, and its administrative and financial operations are sustainable.</p> <p>Institutions in the region express interest in receiving support from the IT support center.</p>

Itemized Budget (UR-M1021)

N°	Cost categories	TOTAL	COUNTERPART			
			MIF			
				Cash	In kind	Total Counterpart
1	Component 1 - Development of tools for innovation in private healthcare management					
1.1	Assessment of ICT use in management of FEMI hospitals	45,000	45,000			
1.1.1	Technical assistance to assess ICT use	45,000	45,000			
1.2	IT plan and specifications for the systems	105,000	105,000			
1.2.1	Preparation of IT plan	45,000	45,000			
1.2.2	Technical assistance to develop specifications for the systems (electronic medical records, electronic prescriptions, Balance Scorecard)	60,000	60,000			
1.3	Development of an information system, with epidemiological and accounting data	70,000	70,000			
1.3.1	Technical assistance to develop an epidemiological/accounting information system	40,000	40,000			
1.3.2	Licenses for Balanced Scorecard software	30,000	30,000			
1.4	Project launch	20,000	20,000			
1.4.1	Design and development of the project portal	5,000	5,000			
1.4.2	Promotion and launch	10,000	10,000			
1.4.3	Development of a FEMI website user's manual	5,000	5,000			
1.5	Computer equipment and licenses	615,000	160,000	455,000		455,000
1.5.1	Hardware for workstations to access the information system (database for electronic medical records and prescriptions - 250 workstations)	220,000		220,000		220,000
1.5.2	Software licenses (220 workstations)	110,000		110,000		110,000
1.5.3	Equipment for servers (applications and backup)	70,000		70,000		70,000
1.5.4	Database and operating system licenses for IAMC servers	160,000	160,000			
1.5.5	Equipment for IT support center	20,000		20,000		20,000
1.5.6	Database and operating system licenses for IT support center	35,000		35,000		35,000
1.6	Technical assistance for assessment and recommendations on telemedicine procedures and working methods	15,000	15,000			
	Total - Component 1	870,000	415,000	455,000		455,000
2	Component 2 - Development of technology solutions (pilot projects) to improve customer care					
2.1	Reengineering of organizational processes and workflows at FEMI	20,000		20,000		20,000
2.1.1	Technical assistance for assessment and recommendations on procedures and methods	20,000		20,000		20,000
2.2	Creation of IT support center	111,000	15,000	96,000		96,000
2.2.1	Technical assistance to develop an action plan and training	15,000	15,000			
2.2.2	Medical coordinator to support incorporation of ICT in healthcare settings	48,000		48,000		48,000
2.2.3	IT coordinator to support incorporation of ICT in healthcare settings	48,000		48,000		48,000
2.3	Training in the use of electronic medical records and the portal	97,000	82,000	15,000		15,000
2.3.1	Fees of instructors for electronic records/prescriptions training for healthcare personnel (average of 10 healthcare providers per institution)	50,000	50,000			
2.3.2	6 regional workshops to raise awareness	12,000	12,000			
2.3.3	Development of electronic records/prescriptions manuals	20,000	20,000			
2.3.4	Travel and per diem, lodging, and rental of space for training	15,000		15,000		15,000
2.4	Electronic medical records	495,000	255,000	240,000		240,000
2.4.2	Technical assistance to develop departmental tax software for electronic medical records	75,000	35,000	40,000		40,000
2.4.3	Technical assistance to develop software for electronic medical records	75,000	75,000			
2.4.4	Ready current systems for use of Health Level Seven standards	60,000	60,000			
2.4.5	Training experiences to learn about experiences in other countries	25,000	25,000			

Itemized Budget (UR-M1021)

N°	Cost categories	TOTAL	COUNTERPART			
			MIF			
				Cash	In kind	Total Counterpart
2.4.7	Install electronic medical records and prescriptions software, and training	240,000	40,000	200,000		200,000
2.4.8	Develop a manual and certify the quality of electronic medical records system	20,000	20,000			
2.5	Assistance for implementing the Balanced Scorecard model	30,000	30,000			
2.5.1	Install Balanced Scorecard software; training	30,000	30,000			
2.6	Electronic prescriptions	48,500	32,500	16,000		16,000
2.6.1	Develop software for electronic prescriptions	16,000		16,000		16,000
2.6.2	Develop interface with electronic medical records software	15,000	15,000			
2.6.3	Develop interface with hospital information system	7,500	7,500			
2.6.4	Training for 120 personnel	10,000	10,000			
2.7	Communications plan	100,000	100,000			
2.7.1	Design of communications strategy and plan	20,000	20,000			
2.7.2	Implementation of communications strategy	80,000	80,000			
2.8	Evaluation and validation of pilot project and proposed change	15,000	15,000			
2.9	Coordination units at each institution	403,200		403,200		403,200
2.10	Implementation at two public hospitals (pilot project)	150,000			150,000	150,000
	Total - Component 2	1,469,700	529,500	790,200	150,000	940,200
3	Component 3: Monitoring, evaluation, and dissemination of the experience					
3.1	Dissemination of the experience	25,000	25,000			
3.1.1	Presentation of experiences at international events	10,000	10,000			
3.1.2	International seminar in country	15,000	15,000			
3.2	Cost-effectiveness studies	10,000	10,000			
3.3	Monitoring and evaluation. Sustainability.	32,000	32,000			
3.3.1	Evaluations	15,000	15,000			
3.3.2	Baseline, design of system for monitoring and revising logical framework indicators	8,000	8,000			
3.3.3	Sustainability plan	6,000	6,000			
3.3.4	Sustainability and closing workshop	3,000	3,000			
	Total - Component 3	67,000	67,000			
	Executing unit					
	Project director (member of the Executive Committee)	96,000		96,000		96,000
	General project coordinator (full time)	144,000	108,000	36,000		36,000
	Interagency coordinator (part time)	72,000		72,000		72,000
	Operations specialist (part time)	96,000	72,000	24,000		24,000
	Administrative/financial specialist (full time)	120,000	90,000	30,000		30,000
	IT specialist (full time)	134,400	100,800	33,600		33,600
	Administrative assistant (part time)	24,000		24,000		24,000
	Furniture	10,000		5,000	5,000	10,000
	Offices, services, communications, mail, Internet, etc.	33,600		19,200	14,400	33,600
	Total - Executing unit	730,000	370,800	339,800	19,400	359,200
	Total COMPONENTS 1, 2, 3, and executing unit	3,136,700	1,382,300	1,585,000	169,400	1,754,400
	Contingencies (2%)	58,700	58,700			
	Audit	20,000	20,000			
	Impact evaluation (0.05%)	7,000	7,000			
	ICT CLUSTER	25,000	25,000			
	PROJECT TOTAL	3,247,400	1,493,000	1,585,000	169,400	1,754,400
	PARI PASSU		46%			54%

**ANEXO III – TABLE OF SIMILAR MIF AND BANK PROJECTS
UR-M1021**

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	%DISB	COMMENTS
ATN/ME-7956-RG-1 24-Jul-02	ICT Innovation Program for E-Business and SME Development LABORATORIO NACIONAL \$525,479	24-Jul-02 54 6	81%	At this stage of Program implementation, the fulfillment of the stipulated development objectives looks promising. The project is on track with the work plan and there is a great deal of interest in the project as evidenced by the large number of pilot project proposals received for the first and second selection processes.
ATN/ME-7956-RG-2 24-Jul-02	Integrated System for quality management of Veracruz Coffee - Mexico ICT4BUS PILOT PROJECT (ME) - LANIA VERACRUZ COFFEE LABORATORIO NACIONAL DE INFORMATICA AVAN \$368,700	15-Ago-03 30 13	99%	Project to support the activities for certification, quality control, and marketing of Veracruz coffee. Project is in its final phase and execution has been highly satisfactory.
ATN/ME-7956-RG-3 24-Jul-02	New technologies for the development of SMEs exporting quality meats - TRAZ.AR project ASOCIACIÓN CULTURAL PARA EL DESARROLLO INTEGRAL - ARGENTINA ICT4BUS Pilot Project (AR) - ACDI Meat Exportation \$490,000	28-Jul-03 30 10	100%	Project to boost the competitiveness of Argentine meat in the international market through the development of a traceability system. Project is in its final phase and execution has been highly satisfactory.
ATN/ME-7956-RG-4	Technological innovation to improve	1-Mar-04	85%	Project to help SMEs improve their competitiveness

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
1-Mar-04	management ICT4BUS Pilot Project (CH) - CCS Web Services CAMARA DE COMERCIO DE SANTIAGO \$302,000	30 7		and productivity through access to innovative technological tools for logistical and business management. To date, activities are proceeding as planned.
ATN/ME-7956-RG-5 1-May-03	Strengthening the business model of SMEs in the pharmaceutical sector through the use of ICT ICT4BUS Pilot Project (VE) FUNDES Pharmacy Sector FUNDACION PARA EL DESARROLLO SOSTENIBLE \$229,000	18-Jun-03 30 16	87%	Project to strengthen the business model and competitiveness of independent SMEs in the pharmacy sector through an Internet-based platform. Project had problems in the startup phase because of political instability in Venezuela. Actions have been taken to ensure that targets will be achieved.
ATN/ME-7956-RG-6 1-May-03	ICT4BUS Pilot Project (BR) - FAT Electronic Commerce ICT4BUS Pilot Project (BR) - FAT Electronic Commerce FUNDACION ANDRES TOSELLO \$435,000	4-Jun-03 30 0	20%	Promotes competitiveness of SMEs through the introduction of ebusiness.
ATN/ME-7956-RG-7 1-May-03	Development of a supply and logistics system for neighborhood stores ICT4BUS Pilot Project (CO) - FUNDECOMERCIO Virtual	16-Jun-03 30 9	100%	Internet-based platform aimed at improving supply chain processes of small retailers (neighborhood stores or small supermarkets). Project is in its final phase and execution has been highly satisfactory.

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
	Provisioning and Logistics FUNDACION CENTRO PARA EL DESARROLLO TECN \$411,000			
ATN/ME-7956-RG-8 16-Jul-04	ICT4BUS Pilot Project: Inca Homeland Project: Access to the Tourism Market ASOCIACIÓN CIVIL KHIPU \$197,150	16-Jul-04 30 6	75%	Project to improve the competitiveness of tourism SMEs in the Machu Picchu tourism area. Some administrative problems have already been resolved and the project is now being executed in a satisfactory manner.
ATN/ME-7956-RG-9 6-Ago-04	SME Metasys FUNDEP ICT4BUS Pilot Project: Fundacao de Desenvolvimento da Pesquisa FUNDACAO DE DESENVOLVIMENTO DA PESQUISA \$351,733	6-Ago-04 30 0	94%	Project for the development of low-cost systems for SMEs based on open code. The project is being executed in a satisfactory manner.
ATN/ME-7956-RG-10 24-Jul-02	ICT4BUS Pilot Project: External Trade Facilitation and Development ASOCIACION GREMIAL DE EXPORTADORES NO \$436,000	30-Mar-05 30 12	20%	Project began recently with only counterpart support.
ATN/ME-7956-RG-11 18-Jun-04	PYME Creativa ICT4BUS Pilot Project: Creative SMEs	18-Jun-04 30 16	89%	Project to create new business models based on ICT for SMEs in the manufacturing sector. The project is currently being executed in a satisfactory manner.

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
	INSTITUTO TECNOLOGICO DE MONTERREY \$413,700			
ATN/ME-7956-RG-12 1-Jul-04	ICT4BUS Pilot Project: 'Productive E-Chain' Project UNIVERSIDAD DE GUADALAJARA \$320,400	1-Jul-04 30 10	89%	Project to improve the individual competitiveness of SMEs and integrate their value chain using ICT. The project is being executed in a satisfactory manner.
ATN/ME-7956-RG-14 10-Ago-04	ICT platform to support SME competitiveness in the digital economy ICT4BUS Pilot Project: ICT Platform CENTRO DE PRODUCTIVIDAD INDUSTRIAL \$370,096	10-Ago-04 30 16	100%	Project to improve the efficiency, management capacity, and cost structure of SMEs and help them to form associations and productive linkages. To date, activities are proceeding as planned.
ATN/ME-7978-CO 7-Ago-02	Support Business Performance through the Use of Information & Co.Technologies CONFEDERACION COLOMBIANA DE CAMARAS DE C \$1,000,000	10-Oct-02 42 0	100%	Project to enhance the performance of Colombian SMEs by promoting the establishment of business communities through the application of information technology and e-commerce. Execution thus far has been highly satisfactory.
ATN/ME-8081-PN 30-Oct-02	Development of e-business Electronic Commerce Support CAMARA DE COMERCIO Y INDUSTRIAS	9-Ene-03 42 15	43%	Project to make Panamanian SMEs more competitive through access to e-commerce. Project is being executed in a satisfactory manner.

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
	\$622,300			
ATN/ME-8431-BO 10-Sep-03	Developing E-Commerce Opportunities for SMEs in the Santa Cruz Region CAMARA DE INDUSTRIA Y COMERCIO \$626,000	2-Dic-03 42 12	62%	Project classified S/P. Favorable execution prospects; to date, activities are proceeding as planned.
ATN/ME-8586-HA 18-Dic-03	On-Line Networks for Culture, Tourism and Commerce in Haiti PEOPLINK, HAITI \$470,400	28-Ene-04 30 0	Cancelado	Project suspended. Executing agency is being reassigned.
ATN/ME-8762-AR 7-Jul-04	Improving productivity for SMEs in the metallurgy sector through the use of ICTs ICTs Application for SMEs in Metalurgic Sector ASOCIACIÓN DE INDUSTRIALES METALÚRGICOS \$910,000	6-Oct-04 42 0	38%	Project to help improve productivity for Argentine SMEs in the metallurgy sector through the use of ICT tools. To date, activities are proceeding as planned
ATN/ME-9031-GU 17-Dic-04	Support for E-Commerce Development CAMARA DE COMERCIO DE GUATEMALA \$403,750	10-Ene-05 42 0	46%	Project to make SMEs in Guatemala more productive and efficient through the deployment of ICT tools. Project is being executed in a satisfactory manner.

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
ATN/ME-9076-AR 2-Feb-05	Government E-Procurement Support for SMEs - B2G ASAMBLEA DE PEQUEÑAS Y MEDIANAS EMPRESAS \$696,281	1-Jul-05 42 0	41%	Regional project in its initial stages.
ATN/ME-9077-CH 2-Feb-05	Government E-Procurement Support for SMEs - B2G CÁMARA NACIONAL DE COMERCIO DE CHILE \$707,207	18-Jul-05 42 0	31%	Regional project in its initial stages.
ATN/ME-9078-PE 2-Feb-05	Government E-Procurement Support for SMEs - B2G CÁMARA NACIONAL DE COMERCIO DE PERÚ \$490,831	12-Abr-05 42 0	30%	Regional project in its initial stages.
ATN/ME-9669-BO 23-Ene-06	Improving the Strategic Management & Productivity of SMEs through ICT FUNDACION PARA EL DESARROLLO SOSTENIBLE \$472,595	31-Mar-06 42 0	9%	The project is being executed according to plan,. and Businesses and consultants selected, the project is classified as satisfactory.

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
ATN/ME-9733-RG-1 22-Mar-06	ICT Innovation Program for E-Business and SME Development ICT4BUS-II INTER-AMERICAN DEVELOPMENT BANK \$750,000	22-Mar-06 66 0	3%	The project continues in motion according to the time limit predicted. 10 Projects have been selected and are to be approved by the Donors Committee. The first project of Technological Transfer has been approved also.
ATN/MT-8127-CH 4-Dic-02	Program to Strengthen Chilean E-Commerce Security and Trust CAMARA DE COMERCIO DE SANTIAGO \$1,000,000	1-Abr-03 42 11	74%	Project to develop services and applications of security and self-regulation mechanisms establishment and the use of good practices on the Internet. To the date, the activities are being executed according to planned.
ATN/MT-9120-CH 9-Mar-05	Development of Electronic Invoicing System and Tax Portal for Micro and SMEs SERVICIO DE IMPUESTOS INTERNOS \$1,279,000	9-Abr-05 42 0	15%	The program is being executed with normality and to this date has not foreseen difficulties for the compliance of the objectives of development.
ATN/ME-10088-UR 3-Nov-06	Innovative Solutions for Small Food Retailers CENTRO DE ALMACENEROS MINORISTAS \$498,000	7-Mar-07 42 0		Contract has been signed.
ATN/ME-10478-UR	Virtual Cite – Tecnical Innovation virtual Centers LABORATORIO TECNOLÓGICO DEL URUGUAY – LATU			The project will implement a logistics and traceability platform which will implement GS1 standards, a promotional platform with product catalogues and B2B functionalities, complemented by a GIS service to monitor the evolution of crop of affiliated SMEs,

PROJECT NUMBER/APPROVAL DATE	PROJECT TITLE, EXECUTING AGENCY, AND AMOUNT	DATE OF SIGNATURA AND ORIGINAL DISBURSEMENT PERIOD	% DISB	COMMENTS
	\$558.800			online technical training aimed at SME owners and collaboration tools.
ATN/ME-10484-EC	Electronic Bill for SMEs affiliated to CAPEIPI CAMARA DE PEQUENA INDUSTRIA DE PINCHICHA (CAPEIPE) \$536.600			The project will introduce the electronic bill in Ecuador, based on international open standards, which will also serve for tax filing processes. The introduction of electronic bills will bring several benefits to SMEs in terms of improved efficiency, tax filing accuracy and costs, and financial management, and access to advanced markets were electronic documents may be required.
ATN/ME-10477-CO	E-Commerce for SME located in Medellin Vulnerable Areas INCUBADORA DE ANTIOQUIA DE MEDELLÍN \$438.053			Implementation of an online strategy for small businesses in marginal areas of the city of Medellín, integrated with logistics and other services. This will result in the development of a “social market”, and value chain bringing together sellers and buyers that otherwise live and work in parallel worlds.
ATN/ME-10480-BR	Mecanica WEB SINDICATO DA INDUSTRIA DE REPARAÇÃO DE VEÍCULOS E ACESSÓRIOS DO ESTADO DE SÃO PAULO – SINDIREPA \$559,200			The project will develop a platform that will enable customer relationship and marketing by auto repair shops in Brazil, as well as managing their service orders (through a CRM, or Customer Relationship Management system) and enterprise resources, such as inventory and finances (Enterprise Resource Planning, or ERP). The system will also allow interaction with auto insurance companies. Finally a portal will offer a knowledge base on technical, legal and business aspects of interest to the members of Sindirepa.
ATN/ME-10482-ME	Fill Rates improvement for SME in Mexico and the Region through the application CAMARA NAACIONAL DE LA INDUSTRIA ELECTRONICA DE TELECOMUNICACIONES E			The project will develop a supply chain management system with different modules, including warehousing, logistics, online orders, catalogues, customer relationship, and order tracking. The system will use RFID devices and adopt international standards (UCC) for product classifications

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	INFORMATICA (CANIETI) \$909,012			
ATN/ME-10483-BR	Competitive Intelligence System for SME of the building and remodeling sectors FEDERAÇÃO DO COMERCIO DO ESTADO DO RIO DE JANEIRO \$678,000			The project will implement a platform for Competitive Intelligence (CI), which will include information on market trends, technical up-dates, online bulletins, as well as services such as bundling of material purchases, interactive forums, business partner search and other business services.
ATN/ME-10481-AR	Applied ICT for the Environmental Management for SME of the fruit sector ASOCIACIÓN CITICULTORES DE CONCORDIA \$655,015			The project will develop an information system for the collection, management and distribution of on site data regarding climate, diseases and other factors affecting the production of citrus in the region of Concordia. The data will be collected through existing or new meteorological stations and other devices to be made available to farmers. The system will generate phytosanitary, climate, and production bulletins and alerts.
ATN/ME-10486-CR	ICT Innovations for the Development of Agricultural and forest Eco-Enterprises in Central America CENTO AGRONOMICO TROPICAL DE INVESTICACION Y ENSEÑANZA (CATIE) \$515,500			The general goal of the project is to strengthen the competitiveness of agricultural and forest eco-enterprises in Central America through increased access to and more opportune use of internet-based ICT tools and services. Towards this goal, the project will work directly with at least 82 eco-enterprises in Guatemala, Honduras, Nicaragua and Costa Rica to improve their overall business performance and integration in international value chains.
ATN/ME-10485-BR	Networked Community for Organic Producers' Market Access (OrganicsNet) SOCIEDADE NACIEAL DE			The project objective is to improve Brazil's organic production chain and to increase small producers' competitiveness and market penetration. To this end, the project will deploy an ICT-Based platform to support and boost SME's production,

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	AGRICULTURA \$367,000			commercialization and delivery of organic products in Brazil and abroad.
ATN/ME-10479-PE	Development of an ICT Platform to Support the Textile Handicraft Cluster ASOCIACIÓN PARA EL DESARROLLO DE ETORNO \$251,500			Develop a supply chain platform for the cluster of textile handicraft producers in Puno. The system will be based on the SCOR model (Supply Chain Operations Reference), which will include providers of raw materials, service providers (including logistics) and commercialization agents. The platform will facilitate tracking of the production process through existing quality and production supervisors who will enter data and images through a mobile device. A VoIP system will allow communication between producers and commercialization agents. Finally, training will be delivered through a “blended learning” approach, that mixes in-class and e-learning sessions.
ATN/ME-10542-ES	Government Procurement Support Program for MSMEs COMISION NACIONAL DE LA MICRO Y PEQUENA \$1,000,000			