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RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
EXPANDING ACCESS TO REDUCE HEALTH INEQUITIES PROJECT (APL III)—
FORMER HEALTH SECTOR REFORM - THIRD PHASE (APL III) PROJECT
CREDIT 4382-BO
APPROVED BY THE BOARD ON JANUARY 24, 2008
TO THE
PLURINATIONAL STATE OF BOLIVIA
December 10, 2012

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ABBREVIATIONS AND ACRONYMS

ENDSA	National Health Household Survey / <i>Encuesta Nacional Domiciliar de Salud</i>
FPS	Social Investment and Productive Fund / <i>Fondo Productivo y Social</i>
MSD	Ministry of Health and Sports / <i>Ministerio de Salud y Deportes</i>
PDI	Project Development Indicators
SAFCI	Intercultural, Family and Community Health / <i>Salud Familiar Comunitaria Intercultural</i>
SAFCO	System of Financial Management and Government Control / <i>Sistema de Administración Financiera y Control Gubernamental</i>
SEDES	Departmental Health Service / <i>Servicio Departamental de Salud</i>
SIAS	<i>Sistema de Información de Administración de Salud</i>
SICOF	Health Information and Financial Control System
SNIS	National Health Information System / <i>Sistema Nacional de Información en Salud y Vigilancia Epidemiológica</i>
SSPAM	Health Insurance for the Elderly / <i>Seguro de Salud para el Adulto Mayor</i>
SUMI	Maternity and Childhood Health Insurance / <i>Seguro de Salud Materno Infantil</i>
SUS	Single Health System / <i>Sistema Único de Salud</i>
UDAPE	Economic and Social Policy Analysis Unit / <i>Unidad de Análisis de Políticas Sociales y Económicas</i>

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BOLIVIA
EXPANDING ACCESS TO REDUCE HEALTH INEQUITIES PROJECT (APL III)--FORMER HEALTH SECTOR REFORM - THIRD PHASE (APL III)

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A. DATASHEET

Restructuring	Status: Draft
Restructuring Type: Level two	
Last modified on date : 12/10/2012	

1. Basic Information	
Project ID & Name	P101206: BO-Expanding Access to Reduce Health Inequities Project (APL III)
Country	Bolivia
Task Team Leader	Andre C. Medici
Sector Manager/Director	Joana Godinho
Country Director	Susan G. Goldmark
Original Board Approval Date	01/24/2008
Original Closing Date:	01/31/2014
Current Closing Date	01/31/2014
Proposed Closing Date [if applicable]	
EA Category	B-Partial Assessment
Revised EA Category	B-Partial Assessment-Partial Assessment
EA Completion Date	03/15/2007
Revised EA Completion Date	

2. Revised Financing Plan (US\$m)		
Source	Original	Revised
BORR	6.00	6.00
IDA	18.50	10.46
Total	24.50	16.46

3. Borrower		
Organization	Department	Location
GOVERNMENT OF BOLIVIA		Bolivia

4. Implementing Agency		
Organization	Department	Location
Social Investment and Productive Fund (SPF)		Bolivia
Ministry of Health and Sports (MDS)		Bolivia

5. Disbursement Estimates (US\$m)		
Actual amount disbursed as of 11/20/2012		2.81
Fiscal Year	Annual	Cumulative
2013	3.00	5.81
2014	4.65	10.46
	Total	10.46

6. Policy Exceptions and Safeguard Policies	
Does the restructured project require any exceptions to Bank policies?	N
Does the restructured project trigger any new safeguard policies? If yes, please select from the checklist below and update ISDS accordingly before submitting the package.	N

7a. Project Development Objectives/Outcomes
Original/Current Project Development Objectives/Outcomes
(i) reduce occurrence of critical risk factors affecting maternal and infant health in the target areas so that current gaps between regions are reduced; (ii) reduce chronic malnutrition among children under 2 years of age in the target areas; (iii) increase health insurance coverage in the target areas and; (iv) upgrade the National Health Information System (<i>Sistema Nacional de Información en Salud y Vigilancia Epidemiológica– SNIS</i>) to ensure its integration into the Bolivia’s new health insurance program.

7b. Revised Project Development Objectives/Outcomes [if applicable]
Not applicable. The project restructuring did not change Project Development Objectives or Outcomes.

**EXPANDING ACCESS TO REDUCE HEALTH INEQUITIES PROJECT (APL III)
FORMER HEALTH SECTOR REFORM - THIRD PHASE (APL III)
P101206 - CREDIT 4382**

RESTRUCTURING PAPER

A. SUMMARY

1. The major changes to the Project and rationale are the following:
 - (a) Reduce the scope of Project components;
 - (b) Adjust the results framework to reflect changes in components;
 - (c) Cancel SDR 4.85 million of the total Credit amount of SDR 11.7 million of which SDR9.8 million remain undisbursed; and
 - (d) Reallocate funds among categories consistent with the reduced scope of the Project and reduced Credit amount.

2. The restructuring maintains the original Project Development Objectives (PDO) and should allow the Project to achieve its targets by the expected closing date, provided that it benefits from a minimum stability in terms of the client's fiduciary and technical teams.

B. PROJECT STATUS

3. The Project was approved by the Board of Executive Directors of the World Bank on January 24, 2008 and became effective in June 19, 2009. The Project Closing Date is January 31, 2014, and the current disbursement rate is 15%. The Project has never been restructured.

4. The Project Development Objectives are to: (i) reduce occurrence of critical risk factors affecting maternal and infant health in the target areas so that current gaps between regions are reduced; (ii) reduce chronic malnutrition among children under 2 years of age in the target areas; (iii) increase health insurance coverage in the target areas and; (iv) upgrade the National Health Information System (*Sistema Nacional de Información en Salud y Vigilancia Epidemiológica– SNIS*) to ensure its integration into the Bolivia's new health insurance program. The Project finances four components: Component 1 – Stewardship Role of Health Authorities – Essential Functions in Public Health (US\$ 7.7 million: US\$ 4 million IDA plus US\$3.7 million Government); Component 2 – Family, Community and Intercultural Health (US\$ 11.6 million: US\$ 9.9 million IDA plus US\$ 1.7 million Government); Component 3 – Health Insurance (US\$4.2 million: US\$3.2 million IDA plus US\$ 1 million Government) and Component 4 – Project Administration (US\$ 2.2 million: US\$ 0.9 million IDA plus US\$ 1.3 million Government).

5. The Project overall implementation progress is unsatisfactory. After three years of implementation, the Project has implemented a small number of the proposed activities as

the Bolivian health reforms did not progress as much as expected; and the Project has disbursed only 15% of the Credit amount, making unlikely the full disbursement of the remaining funds by the Closing Date.

6. However, a number of Project activities have been already completed, such as: (i) the preparation of normative and justifications to launch the Single Health System (*Sistema Único de Salud – SUS*) and the implementation of the Intercultural, Family and Community Health (SAFCI) policy, which are the main pillars of the new health sector strategy in Bolivia to extend coverage and improve equity in access to health care; (ii) increased readiness to enroll population to be covered by the SUS¹; (iii) the assessment of health networks; (iv) the development of specifications for health care provision at different levels; (v) the generation of better data and sector analysis for the decision making process in the health sector; (vi) the mapping of health network issues at the national and regional levels; (vii) the improvement of the health networks management with better trained staff; and (viii) an increased coordination between the Ministry of Health and Sports (*Ministerio de Salud y Deportes – MSD*) and the local governments, especially in relation to the increases in local contributions to the health sector budget. The complete list of activities already implemented by Component is detailed in Table 1 below.

Table 1 - Activities and Outputs of the Project Already Completed by Component

Components	Activities and Outputs
<p>Component 1 – Strengthening of stewardship role of health authorities and essential functions of public health</p>	<ul style="list-style-type: none"> ▪ Preparation of the draft for the General Law of Health; ▪ Assessment of the information needs and tools required for the public health system; ▪ Preliminary design of the National Health Household Survey (ENDESA) 2012; ▪ Development and validation of the software to gather information at the regional and local levels, such as vital statistics, health human resources registration, primary health care and clinical electronic protocols; ▪ Development of baseline studies for the Project Impact Evaluation; ▪ Ten studies in health economics, mainly related to updating the Expenditure of National Accounts and Health Financing for 2003-2008; ▪ Design and pilot testing of a national form to enroll families in SUS (Family Health Record - <i>Carpeta Familiar</i>); ▪ Implementation of the Nutritional Surveillance Community Network of the Zero Under-nutrition Program; ▪ Implementation of the First Census of Health Human Resources; ▪ Design of the health quality regulatory framework, including standards and norms for clinical protocols, infrastructure and equipment requirements for health units (hospitals and

¹ The Bolivian Single Health System (*Sistema Unico de Salud – SUS*) should be classified as a decentralized National Health Service. However, the Government refers to it as public health insurance. Families are registered by the Municipal Health Services through a family form (*Carpeta Familiar*) and receive a SUS registration number.

	<p>ambulatories);</p> <ul style="list-style-type: none"> ▪ Database of multilateral and bilateral cooperation at the national, regional and local levels; ▪ Training of health human resources, including seven workshops on the implementation of the Law 1178 (SAFCO) for health networks and health offices in Santa Cruz, Beni, Cochabamba, La Paz and Tarija (417 health workers trained).
Component 2 – Family, Community and Intercultural Health	<ul style="list-style-type: none"> ▪ Assessment of health networks by Department and at national level; ▪ Proposal for restructuring the Integrated Health Networks by Department; ▪ Norm defining the functions and roles of primary and secondary levels of care and referral and counter-referral in Integrated Health Networks; ▪ Registration of 1,200 traditional medicine workers at Department Level; ▪ Development of maps and geo-referenced cartographic registration of health units and health networks at the regional level.
Component 3 – Health Insurance	<ul style="list-style-type: none"> ▪ Agreement letters between the municipal governments and the MSD (Ministry of Health of Bolivia) to allocate 15% of funds to financing SUS implementation; ▪ Development and implementation of software for the administrative and financial management of the public health insurances (SUMI and SSPAM) at the municipal level (Health Information and Financial Control System – SICOE); ▪ Training of municipal health staff on administrative and financial management of the health public insurances (SUMI and SSPAM): 674 health staff trained (two per municipality); ▪ Training of operational staff to manage information tools (SIAS) in 337 municipalities to enroll population on the Health Insurance for the Elderly (SSPAM) as part of the SUS platform; ▪ Purchase and distribution of IT equipment for health units in 9 health regions (SEDES): 25 sets of equipment were acquired and distributed.

C. PROPOSED CHANGES

7. Project restructuring follows changes in health policy in Bolivia during the last two years, and reflect the need to monitor and evaluate the support provided to mother and child health care, and carry out a social public consultation (*Cumbre de Salud*²) about

² The *Cumbre de Salud* is the first participatory consultation process in the health sector promoted by the Ministry of Health in Bolivia. The *Cumbre the Salud* will be organized in a bottom-up process, where the Departments will organize regional conferences, with broad participation of the municipal health authorities, providers and citizens on the definition of local priorities. These instances will select the delegates to participate in the *Cumbre de Salud*, which is scheduled to the first semester of 2013.

SUS, which implementation was delayed due to the lack of an agreement regarding its institutional framework between the Executive and Legislative branches. The restructured Project will focus on increasing the MSD capacity to improve health outcomes and monitor and evaluate processes, strengthening the National Information System (SNIS), setting health quality standards, and training human resources for health management at the local level. The restructured Project will also continue to support the improvement of health services (infrastructure and equipment) in some vulnerable health care networks that have already been identified, in the country's poorest areas, and already have complete design and architecture plans, according to technical criteria defined in the Project guidelines.

(a) Reduce the scope of Project components

8. The Government has requested changes to Components 1 and 2, and the cancellation of activities not yet implemented under Component 3. The main changes proposed in Component 1 will improve the operational capacity of the SNIS. Changes in Component 2 will contribute to improving maternal and child health, and decreasing chronic malnutrition among children in the target areas by focusing the Project on expansion of health services (infrastructure and equipment), organization of health networks, and improvement of staff skills. Component 3 will contribute to increase population registration in the Family Health Record (*Carpeta Familiar*). The revised Components and Subcomponent Activities are presented below and detailed in Annex 1.

9. **Component 1 - Stewardship Role of Health Authorities.** Under Subcomponent 1.a Strengthening the SNIS, two new activities will be included: (i) development of an index to follow up the progress of mothers and children during the two first years of life; and (ii) support the organization and consolidation of the *Cumbre de Salud*; and three activities will be cancelled: (i) monitoring and evaluation of the Government's Sector Development Plan for 2006-2010 as the Plan was not implemented by the Ministry of Health; (ii) the establishment of a National Health Research System as the Government has not supported health research under the Project; and (iii) the Demographic and Health National Survey 2011, as there were delays in data collection under the 2010 Census. Under Subcomponent 1.b Regulation, Results-based Management and Culture of Accountability, (i) *Cumbre de Salud*, which will be carried out in close coordination with bilateral and multilateral donors, will replace the activity strengthening of the coordination of international and multilateral donors; and (ii) Project evaluation will not require Project resources, as a Government agency (UDAPE), is leading an impact evaluation of this and other Bank-financed Projects (Bono and Zero Malnutrition Program). Finally, Subcomponent 1.c Development and Implementation of a National Program of Quality will be integrated into Component 2, to ensure that it will be implemented in close coordination with the investments on health networks.

10. **Component 2 - Family, Community and Intercultural Health.** Under Subcomponent 2.a Development and Strengthening of Intercultural Maternal and Infant Health Referral Network, the following activities will remain: (i) study to analyze and define health networks in target areas; and (ii) renovation of public health facilities and the carrying of FPS financial audits and the financing of the FPS operating costs. However, the scope and financing of this last activity will be reduced; and four activities

will be cancelled: (i) financing of expanded human resources; (ii) design of a program of regular continuing education for each referral network; (iii) financing of expenses of operational research; and (iv) creation of three regional equipment maintenance centers. Activities (i) and (ii) were already implemented with Government funds; and the Government will not implement activities (iii) and (iv). The Government also requested the cancellation of Subcomponent 2.b Strengthening of Local Management and Community Participation activities, as there has not been any progress on community participation under the management agreements between the Regional Departments and the MSD. As previously mentioned, activities planned under Subcomponent 1.3 Development and Implementation of a National Program of Quality, will be included in Component 2 to ensure close coordination with investments in health networks; the following activities will be included under this Subcomponent: (i) development of capacity in quality management; and (ii) development and implementation of quality management standards and instruments for the provision of health care; activities related to licensing, certification and monitoring of health facilities will be cancelled.

11. **Component 3 - Health Insurance.** The Government requested the cancellation of the activities in Subcomponents 3.a, Strengthening of the SUS enrollment system and 3.b, Development and Strengthening of the M&E Management Capacity in the National Unit for Technical and Financed Management and Departmental units. A new Subcomponent to support the rollout of a universal health insurance program record system will be included to ensure training of key personal and forms to enroll the population in the Family Health Record (*Carpeta Familiar*). This would contribute to the achievement of the PDO that addresses coverage of health insurance in the target areas and the increase of the population enrollment in the SUS. Some Component 3 activities related to strengthening the MSD capacity to plan, manage and carry out monitoring and evaluation of health coverage have already been implemented (Table 1). An activity related to the design of a monitoring and evaluation system for health insurance based on data collected in the *Carpeta Familiar* will be implemented in the restructured project.

(b) Modifications to the Results Framework

12. The Results Framework has been revised to reflect changes in Project Subcomponents and reduction in the scope of the Components. Due to the delay in finalizing the legal framework and administrative mechanisms necessary to enroll the population on the Single Health System (SUS), the Government has proposed to eliminate two PDIs: percentage of target population enrolled in the Project areas; and health insurance management module reports. Project restructuring does not change the original targets of the remaining four PDIs and intermediate indicators. Annex 2 presents the revised Project Results Framework.

(c) Partial Credit Cancellation

13. In line with changes in project scope, the Government has asked the Bank to cancel SDR 4,850,000 (approximately US\$7.0 million). Table 2 shows the status of Project financing by Component.

Table 2 - Project Financing in SDR (08-31-2012)

Components	Current Amount of Credit (1)	Disbursed (2)	Not Disbursed (3)=(1)-(2)	Credit Proposed to be Cancelled (4)	New Amount of Credit (5)= (1)-(4)	New Amount to be Disbursed after Restructuring (6)=(5)-(2)
Component 1	2,500,000	645,384	1,854,616	990,000	1,510,000	864,616
Component 2	6,300,000	193,031	6,106,969	1,600,000	4,700,000	4,509,969
Component 3	2,000,000	127,761	1,872,239	1,872,239	127,761	0
Project Management	600,000	266,883	333,117	87,761	512,239	245,356
No Allocated	300,000	0	300,000	300,000	0	0
TOTAL	11,700,000	1,233,059	10,466,941	4,850,000	6,850,000	5,619,941

(d) Reallocation of Credit Proceeds

14. Table 3 shows the allocation of Project resources after the partial cancellation of funds.

Table 3 - Credit Reallocation in SDR

Category of Expenditure		Allocation		% of Financing	
Current	Revised	Current	Revised	Current	Revised
Component 1 - Goods, consultant services, Training and MSD Operating Costs	(1) Component 1 - Goods, consultant services, Training and MSD Operating Costs	2,500,000	1,510,000	21%	22%
Component 2 – (a) Goods, consultant services, training and MSD Operating Costs for Part 2 of the Project except for Part 2(a) (ii); (b) Works, goods and consultant services (including audits) under Part 2(a) (ii) of the Project and (c) FPS Operating Costs under Part 2 of the Project	(1) Component 2 - (e) Goods, consultant services, training and MSD Operating Costs for Component 2 of the Project except for Component 2.i(b);	3,200,000	400,000	27%	6%
	(f) Works, goods and consultant services (including audits) under Component 2.i(b) of the Project and;	2,900,000	4,100,000	25%	60%
	(g) FPS Operating Cost and Component 2 of the Project	200,000*	200,000*	2%	3%
Component 3 - Goods, Consultant Services, Training and MSD Operating Costs for Part 3 of the Project	Component 3 - Goods, Consultant Services, Training and MSD Operating Costs for Component 3 of the Project	2,000,000	127,761	17%	2%
Project Management - Goods, consultant services (including audits) and MSD Operating Costs for Part 4 of the Project	Project Management - Goods, consultant services (including audits) and MSD Operating Costs for Project Management	600,000	512,239	5%	7%

Category of Expenditure		Allocation		% of Financing	
Current	Revised	Current	Revised	Current	Revised
Unallocated	Unallocated	300,000	0	3%	-
Total Amount		11,700,000	6,850,000	100%	100%

* 5% of the total cost of the works, goods and services under the FPS management.

15. **Safeguards and Institutional Arrangements.** The Project restructuring does not require changes in the safeguards and institutional arrangements as described in the original Project Appraisal Document and Financing Agreement.

ANNEX 1

Current and New Project Activities BOLIVIA: EXPANDING ACCESS TO REDUCE HEALTH INEQUITIES PROJECT (APL III)--FORMER HEALTH SECTOR REFORM - THIRD PHASE (APL III)

Current Project Structure			New Proposed Structure			
Components	Sub-Components	Activities	Components	Sub-Components	Activities	
Component 1 - Stewardship Role of Health Authorities	1.1 – Strengthening the SNIS	1.1.1 – Design and Adaptation of technical standards and processes of the SNIS in epidemiological surveillance	Component 1 - Stewardship Role of Health Authorities	1.1 – Strengthening the SNIS	1.1.1 – Design and Adaptation of technical standards and processes of the SNIS in epidemiological surveillance (previous 1.1.1).	
		1.1.2 - Monitoring and Evaluation, related to the oversight of the Government’s Sector Development Plan for 2006-2010 at national (eliminated)		1.2 – Strengthening the capacity of the MSD and Departmental and Local Health Authorities	1.2.1 – Provision of technical assistance to develop standard practices and management tools (previous 1.2.1).	
		1.1.3 – Development of a National System for Health Research (eliminated)			1.2.2 – Dissemination of Health Results Achieved through community meetings, workshops and publications (previous 1.2.4).	
		1.1.4 – Financing for the Demographic and Health National Survey 2011 (eliminated)			1.2.3 – Strengthening of the MSD’s Human Resources Policy (previous 1.2.5).	
	1.2 – Strengthening the capacity of the MSD and Departmental and Local Health Authorities	1.2.1 – Provision of technical assistance to develop standard practices and management tools				1.2.4 – Development of an Index to follow up the Progress of Mothers and Children during the first two years of life (new activity).
		1.2.2 – Strengthening the Coordination of International and Multilateral Donors (eliminated)				
		1.2.3 – Carrying out of the Project Evaluation (eliminated)				
		1.2.4 – Dissemination of Health Results Achieved through community meetings, workshops and publications				
		1.2.5 – Strengthening of the MSD’s Human Resources Policy				

Current Project Structure			New Proposed Structure		
Components	Sub-Components	Activities	Components	Sub-Components	Activities
	1.3 - Development and Implementation of a National Program of Quality	1.3.1 – Development of capacity in quality management concepts 1.3.2 – Development and implementation of standards and instruments of quality management in the provision of health services			1.2.5 – Support to the <i>Cumbre de Salud</i> (new activity).
Component 2 – Family, Community and Intercultural Health	2.1 - Development and Strengthening of Intercultural Maternal and Infant Health Referral Network	2.1.1 – Study on the status of resources and capacities on health networks in target areas	Component 2 – Family, Community and Intercultural Health	2.1 - Development and Strengthening of Intercultural Maternal and Infant Health Referral Network	2.1.1 – Study on the status of resources and capacities on health networks in target areas
		2.1.2 – renovation of public health facilities and medical equipment and FPS financial audits and operating costs			2.1.2 – renovation of public health facilities and medical equipment and FPS financial audits and operating costs
		2.1.3 – Financing of Expanded Human Resources (eliminated)			
		2.1.4 - Design of a Program of Regular Continuing Education for Referral Networks (eliminated)			
		2.1.5 – Financing of Expenses of Operational Research (eliminated)			
		2.1.6 – Creation of three regional equipment maintenance centers (eliminated)			
	2.2 - Strengthening of Local Management and Community Participation	2.2.1 – Workshops on maternal and child mortality and chronic malnutrition for local social organizations and community leaders (eliminated)		2.2 - Development and Implementation of a National Program of Quality (old 1.3)	2.2.1 – Development of capacity in quality management concepts (previous 1.3.1)
		2.2.2 – Training for health workers, organizations and community leaders on analyzing health data (eliminated)			2.2.2 – Development and implementation of standards and instruments of quality management in the provision of health services (previous 1.3.2)
		2.2.3 – Dissemination of community intersectoral health strategies and results (eliminated)			
		2.2.4 – collaborative preparation of health promotion materials (eliminated)			
	2.2.5 – Training of the DILOS for increased capacity on manage local health (eliminated)				

Current Project Structure			New Proposed Structure		
Components	Sub-Components	Activities	Components	Sub-Components	Activities
Component 3 – Health Insurance Program	3.1 – Enrollment of Families and Individuals	3.1.1 – Training on the use of the enrollment system (eliminated)	Component 3 – Health Insurance Program	3.1 - Support the rollout of a universal health insurance program record system for the enrollment of families and individuals	3.1.1 - the carrying out of training in use of the enrollment system for key personnel, operational personnel and community leaders; and
		3.1.2 – Implementation of a communication and social marketing strategy to health insurance enrollment (eliminated)			3.1.2 - the design, printing and distribution nation-wide of a family health enrollment form (“ <i>Carpeta Familiar</i> ”).
		3.1.3 – Printing and distribution of the enrollment forms nationwide (eliminated)			
	3.2 – Strengthening MSD’s capacity to plan, manage and carry out monitoring and evaluation of health coverage	No activities were listed. Most activities on this component were implemented previously to the restructuring proposed by the Government. (eliminated)		3.2 – Development of a Monitoring and Evaluation System for Health Insurance.	3.2.1 - Conceptual design of a monitoring and evaluation system for health insurance according the data collected in the <i>Carpeta Familiar</i> .
	3.3 – Development of a Monitoring and Evaluation System for Health Insurance	No activities were listed			

ANNEX 2

Results Framework and Monitoring BOLIVIA: EXPANDING ACCESS TO REDUCE HEALTH INEQUITIES PROJECT (APL III)--FORMER HEALTH SECTOR REFORM - THIRD PHASE (APL III)

Project Development Objectives (PDO): (i) Reduce occurrence of critical risk factors affecting maternal and infant health in the target areas so that current gaps between regions are reduced; (ii) Reduce chronic malnutrition among children under 2 years of age in the target areas; (iii) Increase health insurance coverage in the target areas and; (iv) Upgrade the National Health Information System (<i>Sistema Nacional de Información en Salud y Vigilancia Epidemiológica– SNIS</i>) so that it will be integrated in the Bolivia's new health insurance program.												
PDO Level Results Indicators*	Core		Unit of Measure	Baseline (2006)	Cumulative Target Values					Frequency	Data Source/ Methodology	Responsibility for Data Collection
					Target (T)	Observed (O)	No data (ND)	2009	2010			
Ratio between the percentage of pregnant women receiving four prenatal care in the areas of Project intervention and the rest of the country	<input checked="" type="checkbox"/>	Maintain	Ratio	0.66	0.90 (O)	0.86 (O)	1.03 (O)	0.80 (T)	0.85 (T)	Yearly	SNIS	Ministry of Health and SNIS
Ratio between the percentage of institutional deliveries in the areas of Project intervention and the rest of country	<input checked="" type="checkbox"/>	Maintain	Ratio	0.68	0.84 (O)	0.83 (O)	0.94 (O)	0.80 (T)	0.85 (T)	Yearly	SNIS	Ministry of Health and SNIS
Percentage of 2 year old children with a height over -2Z scores in the intervention areas of the Project	<input checked="" type="checkbox"/>	Maintain	Percentage	37.6	37.0 (T) ND	32.5 (T) 33.5 (O)	28.5 (T) 32.4 (O)	25.0 (T)	22.0 (T)	Yearly	SNIS	Ministry of Health and SNIS
Percentage of children receiving exclusively breast feeding at 6 months in the Project areas	<input checked="" type="checkbox"/>	Maintain	Percentage	51.0	54.0 (T) ND	56.0 (T) ND	59.0 (T) ND	62.0 (T)	65.0 (T)	Yearly	SNIS	Ministry of Health and SNIS
Percentage of target population enrolled in the Project areas	<input checked="" type="checkbox"/>	Drop	Percentage	0	32 (T) ND	54 (T) ND	74 (T) ND	80 (T) ND	-	Yearly	SNIS	Ministry of Health and UGTFN
Health insurance management module reports include information about production	<input checked="" type="checkbox"/>	Drop	Number of Reports	0	20 ND	40 ND	60 ND	80 ND	-	Yearly	SNIS	Ministry of Health and UGTFN

INTERMEDIATE RESULTS

Project restructuring will maintain the 12 intermediate indicators included in the PAD.