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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D. C. 20523

BOLIVIA

PROJECT PAPER

REPRODUCTIVE HEALTH SERVICES
AMENDMENT NUMBER 1

AID/LAC/P-804
CR-540

PROJECT NUMBER: 511-0568

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE C (A = Add, C = Change, D = Delete) — Amendment Number 1

DOCUMENT CODE 3

2. COUNTRY/ENTITY BOLIVIA

3. PROJECT NUMBER 511-0568

4. BUREAU/OFFICE LATIN AMERICA & CARIBBEAN (LAC) 05

5. PROJECT TITLE (maximum 40 characters) REPRODUCTIVE HEALTH SERVICES

6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM 12 DD 31 YY 97

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 90 B. Quarter 4 C. Final FY 97

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY 90 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	2,000	450	2,450	19,550	0	19,550
(Grant)	(2,000)	(450)	(2,450)	(19,550)	(0)	(19,550)
(Loan)	(0)	(0)	(0)	(0)	(0)	(0)
Other U.S. 1.						
Other U.S. 2.						
Host Country		300	300		2,030	2,030
Other Donor(s)						
TOTALS	2,000	750	2,750	19,550	2,030	21,580

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) CS	510	510		1,000	0	0	0	1,000	0
(2) POP	440	440		7,155	0	10,250	0	18,550	0
(3)									
(4)									
TOTALS				8,155		10,250	0	19,550	0

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
410 | 450

11. SECONDARY PURPOSE CODE 480

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BU	BR	PVOU	PVON			
B. Amount							

13. PROJECT PURPOSE (maximum 480 characters)

To increase access and quality of reproductive health services in Bolivia.

14. SCHEDULED EVALUATIONS
Interim MM 09 YY 92 MM 11 YY 94 Final MM 05 YY 97

15. SOURCE/ORIGIN OF GOODS AND SERVICES
[X] 000 [ ] 941 [X] Local [ ] Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 24 page PP Amendment.)

This amendment 1) extends PACD by two years and three months for a total LOP of seven and a half years; 2) adds $10.25 million to the authorized amount, and 3) expands the geographic scope of project activities.

The USAID Controller has reviewed the financial procedures described herein and hereby indicates his concurrence.

Richard J. Goughnour/Controller

17. APPROVED BY
Signature
Title Carl H. Leonard, Mission Director
Date Signed MM 03 DD 24 YY 93

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION MM DD YY

AID 1330-4 (8-79)

PROJECT AUTHORIZATION

AMENDMENT No. 1

Name of Country: **Bolivia**

Name of Project: **REPRODUCTIVE HEALTH SERVICES**

Number of Project: **511-0568**

Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Reproductive Health Services was authorized on July 6, 1990. The authorization is hereby amended by restating paragraph 1 thereof as follows:

> "1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Reproductive Health Services Project (the "Project") for the Republic of Bolivia (the "Cooperating Country") and Non-Governmental Organizations in Bolivia ("NGOs") involving planned obligations of not to exceed Nineteen Million Five Hundred Fifty Thousand United States Dollars ($19,550,000) in grant funds (the "Grant") over a seven-year period from date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of the Project is approximately seven and one half years from date of initial obligation, until December 31, 1997."

Except as hereby amended, the authorization remains in full force and effect.

Carl Leonard
USAID/Bolivia Director

SA:RLA:nec - March 11, 1993

Clearances:

HHR: PHartenberger ----------
A/PD&I:MBarash ----------
RLA:SAllen ----------
A/DP:SSmith ----------
CONT:RGoughnour ----------
RCO:CBucher ----------
DD:GDavidson ----------

projaure/

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Amendment
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ACRONYMS

AID	Agency for International Development
CCH	Community and Child Health (Project)
CDC	Centers for Disease Control and Prevention
CIES	Center for Studies in Research, Education and Services
CNS	National Social Security Institute
CONAPO	National Population Council
CSM	Contraceptive Social Marketing
DAI	Development Associates
DHS	Demographic and Health Survey
FP	Family Planning
FPLM	Family Planning Logistics Management
FPMD	Family Planning Management Development
GOB	Government of Bolivia
HHR	Health and Human Resources (AID)
IDB	Interamerican Development Bank
IEC	Information, Education & Communication
IMR	Infant Mortality Rate
INE	National Statistics Institute
INOPAL	Operations Research in Family Planning and Maternal Child Health for Latin America and the Caribbean
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JSI	John Snow Inc.
MIS	Management Information System
MOH	Ministry of Health
MOP	Ministry of Planning
MPSSP	Ministry of Health
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
PAHO	Panamerican Health Organization
PCS	Population Communication Services
PMU	Project Management Unit
QUIPUS	Computer program for Logistics data and Service Statistics
RH	Reproductive Health
RHS	Reproductive Health Services
RHSP	Reproductive Health Services Project
RTI	Research Triangle Institute
SOMARC	Social Marketing for Change
STD	Sexually Transmitted Diseases
TFG	The Futures Group
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UPP	Population Policies Unit

I. Recommendation and Summary

A. Recommendation

Given the successes of the Reproductive Health Services Project to date and the increasingly favorable government attitude toward increased investment in reproductive health services, it is recommended that this Amendment be approved, thereby extending the life of project (LOP) by over two years to December 1997, and increasing project funding by 10.25 million to $19.55 million. The increase in funding and LOP would: accelerate the development of reproductive health services in the CNS and the MOH; intensify work in training, operations research, and IEC to serve both the public and non-governmental organization (NGO) sectors and to expand into additional urban and rural areas; and continue the expansion of the Contraceptive Social Marketing program.

B. Summary

This amendment to the Reproductive Health Services Project, 511-0568 (RHSP), based on recommendations from the recently completed project midterm Assessment, adds $10.25 million in project funds and over two years to the LOP. Through maintaining and intensifying the current strategy, and investments in pilot activities implemented by public sector organizations at the health district level, and the creation of direct financial relationships with several Bolivian NGOs, the funding and LOP increase will help sustain and extend project successes achieved to date.

Both this amendment and the original five year, $9.3 million RHSP seek to take advantage of the unprecedented opportunities arising from a social and political climate more accepting of investment in reproductive health services in Bolivia. This shift in attitude has been prompted by the significant potential health and economic benefits stemming from greater investment in reproductive health services. Through the RHSP, USAID has forged a partnership with the Government of Bolivia (GOB) in fostering the provision of quality reproductive health services for Bolivians.

In addition, the amended RHSP will continue to help satisfy Bolivians' high unmet demand for reproductive health services. A secondary analysis of Bolivia's 1989 Demographic and Health Survey (DHS) indicates that thirty six percent (36%) of married women desire more information on and/or access to reproductive health services. In a study of nine Latin America countries, Bolivia ranked number one in unmet demand for reproductive health services[1].

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[1]Source: Population Reference Bureau. *Chartbook: Fertility and Family Planning in Latin America: Challenges of the 1990s* (undated). For a more detailed account, see Annex B of this Amendment, *Assessment Recommendations*.

The project strategy has three elements: 1) support for the government of Bolivia's reproductive health program through assistance to the Ministry of Health, the Caja Nacional de Salud (CNS) and the Unidad de Política de Población (UPP); 2) NGO activities; and, 3) social marketing of contraceptives. Technical and financial assistance is provided through buy-ins to eleven AID centrally funded projects. The amendment continues this strategy.

Findings from the September, 1992 midterm Assessment were very positive. Some principal accomplishments include: a major effort by the CNS to provide reproductive health services throughout its network of hospitals and clinics; the establishment of training centers to train staff of various institutions in reproductive health care; production by the UPP of a series of population and reproductive health-related studies which have contributed to the more favorable climate for reproductive health; progress by several NGOs in strengthening their reproductive health services programs; and a level of contraceptive sales exceeding goals set by the Project's social marketing component. The Assessment team reinforced the need, as stated in the original Project Paper, for the provision of reproductive health services in Bolivia. The project objectives remain valid and a strategy of increased and intensive technical assistance to the three project elements continues to be appropriate.

The strategy implemented to date and expanded through this amendment draws upon lessons learned from family planning successes worldwide. The amended project continues to work with a supportive host government to employ proven training and technical assistance activities to strengthen public and private mechanisms for the delivery of reproductive health services and to increase demand for these services. Although the changes in behavior and institutional capabilities required for effective use and provision of family planning services require long time periods, projections based on the 1989 DHS indicate that contraceptive prevalence rates (CPR) are improving in Bolivia. It is expected that by the end of project, the strategy outlined in this amendment will result in a modern CPR of twenty three percent (23%), up from the 1989 baseline of twelve percent (12%).

The project management unit (PMU) within the Health and Human Resources Office (HHR) is responsible for planning, managing, coordinating, monitoring, and evaluating reproductive health activities funded under the project. HHR believes that the project pipeline as of January 1, 1993, is necessary and adequate given the project strategy, and is in full accordance with AID/W forward funding guidelines.

II. Project Goal and Purpose

The project goal is to improve family health throughout Bolivia. This is a slight modification of the original goal as stated in the Project Paper[2], and consistent with the Family Health Strategic Objective stated in USAID/Bolivia's most recent Program Objectives Document. Family health, particularly a focus on the health of women and children, is a priority for U.S. economic assistance.

The original project purpose remains the same: to increase the access and quality of reproductive health services in Bolivia. This is consistent with the GOB's desire to improve the health of women and children in Bolivia, including the integration of reproductive health services within the Ministry of Health (MOH).

Progress toward the achievement of the project goal and purpose will be measured by several performance indicators: reduced infant and maternal mortality, increased contraceptive prevalence and increased number of family planning users (see Annex C, Logical Framework). The DHS planned for 1994, will provide the information needed to verify these indicators and to provide information to the PMU to adjust project activities as necessary.

III. Project Strategy

A. Maintain and Intensify Strategy

The project strategy employs five technical assistance activities to support three elements of reproductive health services delivery. Service provision, IEC, training, research and evaluation, and policy development activities strengthen service delivery in the GOB, NGO and commercial (social marketing of contraceptives) elements of the project. The midterm Assessment recommends that this strategy be maintained and intensified, specifically by continuing support to GOB reproductive health activities and by introducing innovative activities to the project.

Findings from the September, 1992 midterm Assessment were very positive reinforcing the current strategy (see Annex B, Assessment Recommendations). Some principal accomplishments include: a major effort by the CNS to include reproductive health services throughout its network of hospitals and clinics; the establishment of training centers to train staff of various institutions in reproductive health care; production by the UPP of a series of population and reproductive health-related studies which have contributed to the more favorable climate for reproductive health; progress by several NGOs in strengthening their reproductive health

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[2]The project goal as stated in the original Project Paper is to improve maternal and child health in Bolivia.

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services programs; and a level of contraceptive sales exceeding goals set by the RHSP's social marketing component.

Another important project success deserving separate mention has been the establishment of a National Coordinating Committee for the RHSP. The purpose of this committee is to coordinate the implementation of reproductive health activities carried out by agencies participating in the project in accordance with the norms and regulations of the government of Bolivia and USAID. There are also four technical sub-committees: services, training; research, evaluation and policy development; and IEC. Membership on these committees is composed of technical representatives of the participating organizations and representatives of CAs and other donors. The coordinating committee mechanism, has clearly been an effective means for both planning activities which involve several organizations and keeping all participating institutions informed. For example, the mechanism has also ensured consistent and compatible work in such areas as IEC activities, such as development of a national logo and printed materials. (See Annex H, Summary Evaluation of National Coordinating Committee and Technical Subcommittees, January 1992). Under this amendment, these essential coordination activities will continue as a key component of the project strategy.

The recommended expansion of project activities calls for greater depth and breadth of existing activities, especially with respect to MOH support. For example, operations research, logistics support systems and management training will improve the delivery of quality reproductive health services. Also, existing IEC and training activities and indirect NGO support will be expanded to include Tarija, Oruro, and Sucre as new project areas. Together with current efforts in La Paz, Cochabamba, and Santa Cruz, the RHSP will be operational in most of Bolivia's urban and peri-urban centers representing 89 percent of Bolivia's urban population.

The midterm Assessment team reinforced the need for the provision of reproductive health services in Bolivia concluding that a strategy of increased and intensive technical assistance to the three project elements continues to be appropriate.

B. Continue Support for GOB Reproductive Health Activities

The basic approach of the RHSP continues to be the provision of financial resources and technical assistance to the *Dirección Nacional de Atención a las Personas* (DINAP), the *Caja Nacional de Salud* (CNS), and the *Unidad de Politicas de Población* (UPP), to expand their activities during the life of the project. In addition, assistance will be provided to the MOH to facilitate its decentralization efforts.

B.1 DINAP

Resources will continue to be provided to DINAP (former MCH Division) of the MOH, to complement a national program on reproductive health services currently financed by UNFPA and executed with PAHO's technical assistance. The RHSP will continue providing operating expenses for services provision, IEC and training, and direct technical assistance through several CAs. In addition, DINAP benefits from trainings conducted via the RHSP's technical subcommittees.

B.2 CNS

Through the RHSP, the CNS is successfully providing reproductive health care services in three clinics in La Paz, and through several family doctors at polyclinics in Cochabamba and Santa Cruz. The plan through 1997 is to cover at least 15 of the 26 CNS sites. For 1993, three additional locations have been identified for project extension: Oruro, Sucre and Tarija. The RHSP will continue providing operating expenses for services provision, IEC and training, while direct technical assistance for service delivery management is provided by Pathfinder International and Management Sciences for Health (MSH). In addition, the CNS staff benefits from trainings conducted via the technical subcommissions of the project.

Creating a fully operational reproductive health unit within the CNS has been a long and arduous process that is beginning to produce results. Hence, an increase in the level of funding will be required to keep pace with the accelerated rate of implementation.

B.3 UPP (formerly CONAPO)

It is assumed that the UPP policy and research activities will maintain current implementation plans, which are to increase and strengthen awareness and support for family planning throughout Bolivia. Following the 1994 DHS, secondary analyses will be conducted to assess the impact of project activities, the state of reproductive health, and to project future trends and needs. Furthermore, the role of the UPP as the GOB advisory body in the area of population will continue, with project funding going to support policy level activities, i.e building a consensus for passing a population law; and including the effective integration of population in social and economic development policies. Funding to support these activities is estimated to stay within the planned annual amounts (see Table 1, Planned Obligations). Current ESF funding is provided to the UPP as counterpart contribution until FY 1994; after 1995 USAID will no longer be able to provide ESF currency. (see Table 2, AID and GOB Contributions).

B.4 MOH Decentralization

In order to assist the MOH with its decentralization plan, the RHSP will provide technical assistance to identify the managerial improvement needs for effective implementation of reproductive health services in five Sanitary Units: La Paz, Tarija, Chuquisaca, Potosí and Oruro. MSH will prepare an institutional diagnosis in each of these Sanitary Units, identifying the following elements:

a) State of RHS implementation (PAHO/UNFPA project)
b) Obstacles for the attainment of the project objectives;
c) Coordination between the MOH central level project management and the Units;
d) Status of project information and control systems at each of the Sanitary Units;
e) Project perspectives within each Unit.

The diagnoses would also include an evaluation of the coordination efforts among the different donor agencies assisting the MOH in the National Reproductive Health Program. Based on these diagnoses, a Management Development Plan will be developed for the National Reproductive Health Program anticipated to be implemented at each Sanitary Unit level by late 1993.

The major role of the PMU vis-a-vis these three public institutions is to monitor their activities through frequent site visits and meetings, to approve their annual workplans and budgets, and to coordinate appropriate and timely technical assistance. Periodic advances are made through vouchers which are cleared by HHR and the Controller's office. Annual external audits for the use of USAID funds are budgeted within the organizations' annual plans. A continuing relationship with GOB authorities will be required from the PMU to foster a sustained level of commitment to reproductive health activities, the main reason being frequent turnover of key GOB officials and unfamiliarity with AID procedures and regulations.

C. Introduce Innovative Activities

Two innovative activities to be added to the RHSP were identified during the midterm Assessment: (1) direct funding to local USAID registered NGOs and; (2) extension of the RHSP to Health Districts, urban or rural, directly administered by other USAID health projects, i.e. PROCOSI, Community and Child Health (CCH), and CARE, and/or other donors (World Bank, IDB, etc.) under agreements with the MOH. The purpose is to strengthen administration and provision of reproductive health services, and to contribute to cost recovery schemes.

C.1 Direct Funding to NGOS

Direct funding will cover operational expenses, equipment and materials. As in the case of the public sector institutions, beneficiary NGOs will also access technical assistance through their participation in the technical subcommissions of the project. The aim of this new assistance mode would be to institutionalize reproductive health care as a subcomponent of NGO primary health care services, and contribute to NGO cost-recovery efforts.

Direct funding will be added to PROSALUD's existing Cooperative Agreement for the provision of primary health care in several health districts in La Paz, El Alto and Santa Cruz. For the past two years, PROSALUD has provided reproductive health services in the region of Santa Cruz and since August 1992 has started reproductive health services in El Alto, through a subgrant from Pathfinder International. Likewise, since 1991 through an agreement with The Futures Group, PROSALUD is the national implementing agency of the social marketing element of the RHSP. The 1992 midterm Assessment recommended "Social marketing in general, and the CSM program in particular, should be firmly institutionalized within PROSALUD." (recommendation 15, Annex B). The institutionalization of social marketing and reproductive health services will help PROSALUD achieve its goal of financial sustainability.

Fundación San Gabriel (FSG), a local NGO which runs La Paz's Health District No. III, is being considered for a direct grant. The purpose of the grant is to institutionalize reproductive health services as part of FSG's primary health care services. FSG has submitted a proposal for a direct grant for the expansion of reproductive health care services. For the past year, through a subgrant from Pathfinder International, FSG has successfully conducted an adolescent clinic and a post-partum IUD program.

These services will contribute to FSG's cost-recovery efforts thereby helping it maintain its 100-bed hospital, nine health posts, and educational outreach activities. Presently, costs are partially met by revenues generated from FSG's printshop and bakery.

Other possibilities will be explored with NGOs as they are registered with AID following recommendation 12 of the 1992 midterm Assessment, which states: "Criteria for limited grants to selected NGOs should be established. They should include service to special target groups of interest to USAID and collaboration in operations research activities."

Additionally, other cost recovery efforts are being studied, for example the Population Council Operations Research proposal with CIES in which the main purpose is to study three strategies to

improve the financial sustainability of a Bolivian NGO family planning provider.

C.2 Work with Health Districts

Following the Assessment recommendations, a second innovative activity involves adding reproductive health services to the primary health care services being offered in Health Districts supported by other USAID health projects and other donors. The activity will provide TA, training, commodities and IEC materials to selected Districts to complement their primary health care services. For example, technical assistance will be provided to Health Districts through their participation on the technical subcommissions of the RHSP, or directly via CAs participating in the project. Depending on the pilot experiences and once the model is working, it could be extended to other Health Districts in different parts Bolivia.

The strategy will be undertaken at a pilot level in several Health Districts. To date, the following three Districts have been identified as having the potential and demand for project activities:

a. Santa Cruz Valleys, Santa Cruz

This Health District includes three provinces in the western valleys of Santa Cruz, on the border with Cochabamba, with a territorial extension of 14,810 km^2 and a population of around 65,609 inhabitants. The District is divided in four health areas: Vallegrande, Comarapa, Mairana and Samaipata with one hospital in each area, 24 health posts, a logistic network for supplies and vaccines. The District is managed and operated by a District Director, four Area Directors (all physicians) and 85 health workers including doctors, dentists, administrators, nurses, auxiliary nurses, and laboratory technicians.

With CCH assistance, the MOH is strengthening the District management and services with special emphasis in maternal-child health care. During 1992, the District recorded 575 deliveries out of the 600 planned for the period, reaching 95% of its target. The provision of reproductive health services with special emphasis in family planning is one of the main objectives in the District's annual plan for 1993. The District plans to train at least 35 of its medical/paramedical staff in family planning techniques; to achieve a 40% contraceptive user rate among women of reproductive age; and to educate 20% of the reproductive age population in reproductive health and family planning.

b. Chiquitania Sur, Santa Cruz

Chiquitania Sur is one of the largest health Districts served by the Unidad Sanitaria Santa Cruz. It covers the Chiquitos and German Busch provinces located to the east of the Department in the tropical area at the border with Brazil. The total population of the District, according to the 1992 Census, is 68,570 inhabitants highly dispersed over a wide area. The estimated WRA population is 16,456 with a total fertility rate of 6.8 children per woman and an infant mortality rate of 86/1000 live births.

c. CARE District of Iscayachi/El Puente, Tarija

CARE, with Dutch Government support, is administering the health program at these two rural districts in the Tarija Department. Due to CARE's mandate to incorporate reproductive health services into the primary health care package, and to an ever increasing demand for reproductive health activities by the communities, an agreement is being developed whereby the RHSP will assist CARE in introducing reproductive health services in the two districts, with guidance and approval from the *Unidad Sanitaria*.

Both Districts are located to the northeast of the Tarija Department at the border with Potosí, between 60 and 110 kms. from the city of Tarija. The two districts cover around 100 dispersed communities with approximately 17,900 inhabitants, 4,200 WRA and around 3,600 children below 5 years of age. There is a small 3-bed District Hospital at El Puente and ten health posts in the two districts staffed with paramedical personnel.

D. Future Considerations

Based on recommendations from the midterm Assessment and in addition to the strategy elements mentioned above, HHR is considering creating additional linkages between the RHSP and related USAID health projects as a possible future project component. Linkages with the AIDS/STD Prevention and Control project for example, could allow for effective cross pollination of activities including the measurement of incidence of STDs among women seeking reproductive health care, and/or the development of a workplace based education program for AIDS/STD/reproductive health. Decisions regarding potential projects, nature of activities, and timing of implementation will be reserved for a future date.

IV. IMPLEMENTATION PLAN

A. Project Management Unit

The RHSP includes a project management unit (PMU) within the Health and Human Resources Office (HHR). Given the management-intensive strategy of the RHSP, the PMU plays a critical role serving as the

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link between all project components. The PMU is responsible for planning, managing, coordinating, monitoring, and evaluating reproductive health activities funded under the project as well as centrally funded activities in Bolivia. The PMU is the executive secretary for the National Coordination Committee, and PMU managers attend meetings of the technical subcommittees. The PMU assesses and provides assistance to the GOB and NGO reproductive health programs, coordinates project activities within the HHR Office, and monitors the extent to which the project goal and purpose are achieved.

The PMU currently consists of three professionals (2 1/2 FTEs) and a secretary. Additionally, the HHR Office Director devotes approximately 5% of his time to the project. The Project Manager, a USDH FS-1 BS-50 Population Officer, devotes about 50% of her time to the project. She is assisted in the day-to-day project management by a professional Bolivian PSC USAID employee funded by the project. The project also funds the contract services of a full-time secretary. Since November 1991, an AID/W centrally-funded International Population Fellow from the University of Michigan has assisted in implementing this project.

In 1993, several personnel changes will affect the PMU. The current USDH Project Manager will become HHR Office Director severely limiting her time devoted to managing the RHSP. The Bolivian PSC will continue to coordinate project activities to be supervised by the HHR Office Director and/or her designee. The contract for the International Population Fellow expires in October 1993, however the PMU is exploring the possibility of either an extension with the University of Michigan or a project funded PSC position. (See Planned Obligations, Table 1, for planned funding of PMU personnel.)

The RHSP contains funding to support management activities to the project components. To date these funds have been accounted for within the public sector element. In order to improve planning and expenditure accountability, management support will be considered as a separate project element (See Tables 1, Planned Obligations, and 3, Pipeline Analysis).

In addition to the PMU, management support includes the following:

1. Contraceptive Procurement. Contraceptive commodities are ordered from R&D/POP/CPSD through established procedures for worldwide procurement of condoms, pills, and IUDs. Project funds cover commodity costs, shipping, customs clearance and some distribution costs.

2. Evaluation and Audit. The PMU planned and funded the September 1992 midterm Assessment. Another mid-project formative assessment is planned for late 1994 and a final evaluation is planned six months prior to the PACD. (See

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Annex G for full details regarding the PMU's Data Collection, Monitoring and Evaluation Plan.)

3. AID Logistical Support. The project reimburses USAID for logistical expenses in support of PMU personnel such as communication expenses, travel and local transportation costs, office supplies and materials, and office equipment.

It is clear that a variety of factors affect or constrain the quality of services delivered. These include policies, financial and technical resources, management information systems, coordination, and training. In the early stages of project implementation, the PMU managers were most concerned with functioning enabling systems which influence the quality of services. The PMU focusses on the following enabling systems: 1) collaboration; 2) coordination; 3) management; 4) administration; and, 5) on-going monitoring and evaluation.

1. Collaborative efforts, particularly with international donors, have been made with PAHO, UNFPA and IPPF. For example, the initial RHSP was designed to augment the overall PAHO project in support of the MOH. A major recommendation of the recent project assessment is to strengthen reproductive health services in selected districts that are receiving support from other donors. PMU staff have begun to explore the possibilities with an enthusiastic response to date, as discussed in Section C.2.

2. Coordination has been a major PMU activity. The Project Paper identified and established a National Coordinating Committee for the project. The purpose of this committee is to coordinate the implementation of reproductive health activities carried out by agencies participating in the project in accordance with the norms and regulations of the government of Bolivia and USAID. In coordinating project activities, the PMU works closely with the four technical subcommittees: services; training; research, evaluation and policy development; and IEC.

3. The PMU staff spend most of their time in Management. The basic approach of the RHSP is to provide financial resources and technical assistance to organizations which can significantly expand their provision of reproductive health services. USAID continues to be the largest source of funds for reproductive health activities in Bolivia. The situation is unlikely to change. The fragile economic situation in Bolivia means that the financial resources necessary for the development of quality reproductive health services are extremely limited. There is consequently a dependency on U.S. intermediary organizations for project funding. The government of Bolivia is reluctant to allow multilateral funds to be utilized in the private (NGO) sector, and other bilateral

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donor agencies have not demonstrated any interest in funding reproductive health activities.

Currently, the PMU directly manages public sector activities which receive direct financial assistance from the RHSP. By 1993, the PMU will also manage the direct funding to NGOs. In addition, the PMU manages the process to obtain specific technical assistance from CAs and contractors to work with the GOB and Bolivian NGOs to increase their level of activity. To manage the above, the PMU develops PIO/Ts, reviews annual budgets and workplans, drafts PILs and amendments, and monitors financial documents.

Annex I describes in detail the centrally-funded projects that provide technical support to the RHSP. The description highlights overall project purpose, central PACD and central funding. The description also details the role (to date, 1990-1992, and planned, PACD 1997) of each CA within the RHSP in Bolivia.

4. The PMU directly <u>administers</u> contraceptive commodities. With planning assistance from JSI/FPLM, R&D/POP/CPSD, and the QUIPUS MIS (Logistics and Service Statistics) the PMU plans, orders, funds, and coordinates the crucial distribution of contraceptive commodities to the private sector in Bolivia. The same will occur on an occasional basis for project equipment, such as IUD kits.

5. The PMU <u>monitors</u> projects daily. For example, the PMU staff: a) conducts regular staff meetings; b) coordinates overlapping concerns with other HHR activities; c) meets weekly with local CA representatives; d) conducts briefings and debriefings with CA consultants, an average of seven per month; e) communicates regularly with AID/W regarding CA activities in Bolivia; f) conducts informational meetings for a variety of interested parties; g) reviews technical reports; and, h) travels to conduct site visits.

B. Financial Plan

The Financial Plan for this amendment is shown in Table 1, Planned Obligations. This amendment puts the total LOP cost at $19.55 million drawn entirely from the population account. Table 1 also highlights the distribution of funds by project element.

B.1 Support for GOB activities

Over the life of project, $2.2 million will be disbursed directly to the government of Bolivia for activities within project supported public agencies: UPP, CNS and DINAP. The mechanism for disbursement will be project amendments obligating funds to the

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TABLE 1
PLANNED OBLIGATIONS (000s)
REPRODUCTIVE HEALTH SERVICES PROJECT
PACD 12/31/97

	DESCRIPTION	FY 90	FY 91	FY 92	Total To Date	FY 93	FY 94	FY 95	FY 96	FY 97	TOTAL
I.	Support for GOB Activities										
	1. UPP (ex-CONAPO)	400	0	0	400	0	0	0	75	75	550
	2. CNS	450	0	0	450	0	0	150	150	100	850
	3. MOH/DINAP	250	0	0	250	0	100	200	150	100	800
	Subtotal	1,100	0	0	1,100	0	100	350	375	275	2,200
II.	Technical Assistance Activities										
	1. JHU/PCS	0	134	820	954	0	250	250	200	200	1,854
	2. Pathfinder	200	200	666	1,066	500	300	250	250	250	2,616
	3. MotherCare/New CA	300	300	300	900	0	150	150	150	150	1,500
	4. Population Council	0	150	200	350	350	300	200	150	0	1,350
	5. DAI	125	0	225	350	100	250	250	100	100	1,150
	6. JHPIEGO	0	0	250	250	0	200	100	100	100	750
	7. MSH/FPMD	0	150	450	600	150	200	150	150	0	1,250
	8. TFG/RAPID IV	150	0	300	450	0	150	150	150	0	900
	9. TFG/Options	0	0	150	150	0	100	0	0	0	250
	10. MACRO/DHS/CPS	0	0	450	450	0	0	0	0	550	1,000
	Subtotal	775	934	3,811	5,520	1,100	1,900	1,500	1,250	1,350	12,620
III.	Contraceptive Social Marketing										
	1. TFG/SOMARC	250	150	150	550	300	200	150	100	100	1,400
	2. PROSALUD					0	200	175	150	50	575
	Subtotal	250	150	150	550	300	400	325	250	150	1,975
IV.	Direct Funding										
	1. CCH					150	100	100	75	75	500
	2. FSG					100	50	50	50	25	275
	Subtotal					250	150	150	125	100	775
V.	Management Support										
	1. AID/PMU	150	162	175	487	0	100	100	250	100	1,037
	2. Audit	0	54	49	103	0	0	0	75	0	178
	3. Commodities	0	175	100	275	0	120	0	150	0	545
	4. Logistic Support	0	105	15	120	0	50	0	50	0	220
	Subtotal	150	496	339	985	0	270	100	525	100	1,980
TOTAL		2,275	1,580	4,300	8,155	1,650	2,820	2,425	2,525	1,975	19,550
Total Obligations since start of project		2,275	3,855	8,155		9,805	12,625	15,050	17,575	19,550	

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government. The funds with the public agencies are based on yearly workplans and budgets; an audit is built into their funding.

In addition, the government of Bolivia must contribute 25% of the estimated $6 million cost of project components which involve direct and indirect assistance to the GOB, or at least $1,500,000. This requirement is met by GOB budgetary and in-kind contributions of $1,670,000 and $360,000 in local currency from ESF accounts, totalling $2,030,000, exceeding the 25% requirement. The 25% GOB contribution is not required for the other elements. Table 2 highlights AID and GOB contributions by subcomponent.

B.2 Technical Assistance

Over the life of project, $12.62 million will be distributed to AID/W central cooperating agencies and contractors for technical assistance activities. These U.S.-based organizations have been identified to provide specialized technical assistance to both private and public sector institutions. The mechanism to access this TA is by PIO/T to provide buy-in or add-on funds. As mentioned in Annex I, the HHR office has considerable experience in successfully procuring technical assistance through central cooperative agreements and contracts. Table 1 also highlights the procurement plan for technical assistance by fiscal year.

B.3 Contraceptive Social Marketing

Over the life of project, $1.975 million is planned for social marketing activities. $1.4 million will be disbursed by PIO/T to the central contract with The Futures Group to buy-in to the SOMARC project. Additionally, funding will be added to the Cooperative Agreement with PROSALUD for social marketing activities to encourage cost recovery efforts. As previously mentioned, PROSALUD is registered with USAID/Bolivia.

B.4 Direct Funding to NGOs

New to the project is $775,000 planned for direct funding to other Bolivian NGOs capable of managing USAID resources. For example, the *Fundación* San Gabriel is registered with USAID/Bolivia and has recently submitted a direct funding proposal requesting support for its planned reproductive health activities. Additional support is planned to provide complementary reproductive health services to ongoing primary health care activities managed by USAID projects (i.e. CCH, CARE, PROCOSI) and other donors at the health district level (see section C.2).

B.5 Management Support

With this amendment, funding for management support is identified as a separate category. In the original Project Paper management support was subsumed within funds allocated to the government of

TABLE 2
AID and GOB CONTRIBUTIONS by ELEMENT
($000)

	DESCRIPTION	Total AID Contribution	Percent to GOB (%)	AID Contribution to GOB	GOB Contribution (US$)	GOB Contribution from ESF	Total GOB Contribution
I.	Support for GOB Activities						
	1. UPP (ex-CONAPO)	550	100	550	200	360	560
	2. CNS	850	100	850	1,200	---	1,200
	3. MOH/DINAP	800	100	800	270	---	270
	Subtotal	2,200		2,200	1,670	360	2,030
II.	Technical Assistance Activities						
	1. JHU/PCS	1,854	20	371			
	2. Pathfinder	2,616	30	785			
	3. MotherCare/New CA	1,500	0	0			
	4. Population Council	1,350	15	203			
	5. DAI	1,150	10	115			
	6. JHPIEGO	750	40	300			
	7. MSH/FPMD	1,250	25	313			
	8. TFG/RAPID IV	900	50	450			
	9. TFG/Options	250	30	75			
	10. MACRO/DHS	1,000	40	400			
	Subtotal	12,620		3,012			
III.	Contraceptive Social Marketing						
	1. TFG/SOMARC	1,400	0	0			
	2. PROSALUD	575	0	0			
	Subtotal	1,975		0			
IV.	Direct Grants						
	1. CCH	500	45	225			
	2. FSG	275	10	28			
	Subtotal	775		253			
V.	Management Support						
	1. AID/PMU	1,037	40	415			
	2. Audit & Evaluation	178	25	45			
	3. Commodities	545	15	82			
	4. Logistic Support	220	0	0			
	Subtotal	1,980		542			
TOTAL		19,550		6,007	1,670	360	2,030

Contrib.wk1

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Bolivia making it very difficult to plan and account for expenditures. Management support has four funding categories: 1) management personnel; 2) audits and evaluations; 3) commodities; and, 4) logistic support. PIO/Ts and PIO/Cs are the mechanisms for external procurement of services and commodities.

The two contracts for the PSCs (professional project coordinator and a secretary) need to be renewed and refunded by FY 96. Funds have been added starting in FY 94 for an additional professional PSC.

Currently there are sufficient funds to cover a planned midterm formative Assessment planned for late 1994. Funds have been added to account for the final evaluation planned six months prior to the PACD.

Funding in the commodities category covers the cost, shipping, customs clearance and some distribution costs for contraceptives and equipment needs within the project. About 75 percent of contraceptives brought into Bolivia to date were paid by an OYB transfer in 1991. Currently USAID/Bolivia is in debt to R&D/POP/CPSD for the difference. However, the HHR Office was formally notified in January 1993, that CY 94 contraceptive needs (and the debt because it is small compared to other DA assisted countries) will be covered by central funds. It is unclear whether this generous position will continue beyond 1994. In addition, the United States Food and Drug Administration recently approved a new contraceptive (Norplant) that may be particularly appropriate for the Bolivian context once introduction studies are concluded. Funds are planned to accommodate the anticipated growth in contraceptive needs and the expansion of methods offered.

Funding for logistic support entails internal administrative costs such as communications, logistic support from the Mission, travel support, and office supplies and materials.

C. Pipeline Analysis

Table 3 highlights the current state of project funding and expenditures. As of December 31, 1992, the third year of project implementation, eighty eight percent (88%) of planned funding had been obligated. By the end of 1992, accrued expenditures accounted for fifty two percent (52%) of obligated funds, leaving a pipeline of almost $4 million or forty eight percent (48%) of obligated funds. It is anticipated that the burn rate will increase this year reflecting the accelerated pace of implementation. Consequently, the pipeline will cover expenditures for the next eighteen months. This is in accordance with AID/W forward funding guidelines as outlined in State 402820, which identifies an excessive pipeline as that which will require more than two years to expend.

TABLE 3

PIPELINE ANALYSIS
REPRODUCTIVE HEALTH SERVICES PROJECT

ELEMEN	DESCRIPTION	TOTAL LOP PLANNED (PP)	TOTAL OBLIG. TO DATE FY90–FY92	COMMIT TO DATE 9/30/92	DISBURSE –MENTS 12/31/92	ACCRUALS as of 12/31/92	PIPELINE as of 1/1/93
I.	Support for GOB Activities						
	1. UPP (ex–CONAPO)	400,000	400,000	160,622	95,874	36,214	267,912
	2. CNS	450,000	450,000	239,930	106,940	47,387	295,673
	3. MOH/MCH	250,000	250,000	133,546	25,300	61,095	163,605
	4. Management Support @	800,000	985,352	387,545	219,096	95,790	670,466
	a. AID/PMU						
	b. Audit & Evaluation						
	c. Commodities						
	d. Logistic Support						
	Subtotal	1,900,000	2,085,352	921,643	447,210	240,486	1,397,656
II.	Support for NGO Activities *						
	1. JHU/PCS	1,788,000	954,000	954,000	134,000	290,000	530,000
	2. Pathfinder	1,000,000	1,065,984	1,065,984	366,005	400,995	298,984
	3. MotherCare	700,000	900,000	900,000	570,552	283,986	45,462
	4. Population Council	700,000	350,000	350,000	75,436	224,564	50,000
	5. DAI	350,000	350,000	350,000	30,597	144,403	175,000
	6. JHPIEGO	500,000	249,664	249,664	0	25,000	224,664
	7. MSH/FPMD	500,000	599,886	599,886	116,618	170,864	312,404
	8. TFG/RAPID IV	450,000	450,000	450,000	147,432	102,568	200,000
	9. TFG/Options	172,000	150,000	150,000	0	10,000	140,000
	10. IRD/DHS	300,000	450,000	0	0	0	450,000
							0
	Subtotal	6,460,000	5,519,534	5,069,534	1,440,640	1,652,380	2,426,514
III.	Contraceptive Social Marketing						
	1. TFG/SOMARC	940,000	549,750	549,750	381,202	38,798	129,750
TOTAL		9,300,000	8,154,636	6,540,927	2,269,052	1,931,664	3,953,920

@ Includes $120,000 OYB transfer for commodities, 5/91
* All R&D/POP and R&D/H CAS funded/funding activities with central funds

Source: MX Report MP19, dated 1/8/93
Pipeline.wk1 1/21/93

C.1 Element One - Support to the GOB

Twenty six percent (26%) of total project funds were obligated directly to the public sector in 1990, by an amendment signed by the Secretary General of the MOH. Although obligated for the full five years up front, public sector institutions receive funds based on annual workplans. Thus funds are only committed yearly distorting the pipeline figure for Element One. To date, the public sector has only received forty four percent (44%) of funds obligated to that sector.

C.2 Element Two - Technical Assistance

Sixty eight percent (68%) of obligated funds have been committed through buy-ins to U.S.-based cooperating agencies for technical assistance activities benefitting both the public and private sector. Once committed, expenditures under these PIO/Ts are managed centrally in AID/W. In order to monitor CA expenditures, the HHR Office receives copies of monthly or quarterly vouchers sent to AID/W. In turn a copy is sent to USAID/B Controllers office to accrue project expenditures under Element Two. There is a time lag of close to nine months for the same information to reach the Mission from AID/W. As a result, HHR maintains the most accurate and up-to-date accounting of CA expenditures.

As Figure 1 shows, there is also a considerable time lag between the earmarking of project funds and the obligation of these funds. As a result, it is necessary for CAs to maintain an adequate pipeline to finance ongoing operations and the multitude of sub-obligations. For example, in FY 1992 funds were authorized in two tranches, early January, and May 19. Of the first tranche the final buy-in was not obligated until June 26. Of the second tranche the final buy-in was not obligated until Sept 30. It takes an average of three months for buy-ins to be processed in AID/W. It is almost an entire year before current FY project funds are received and fully obligated and eligible for project implementation. Therefore the nature of project activities and funding lags make the existing pipeline essential for timely implementation.

D. Additional Funding

Although a pipeline analysis of expenditures indicates ample margins currently, additional funds need to be allocated for the following reasons:

1. The start-up phase of the project has ended and many of the activities (e.g. the CNS, IEC, training, and social marketing activities will be accelerating their expenditure rates in the second half of the project).

FIGURE 1

A YEAR IN THE LIFE OF PROJECT FUNDING
FY 1992 Funding for the Reproductive Health Services Project
(511–0568)

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
FY 1992 Begins	1											
First Tranche of POP Funds ($1,950)				?								
PIO/T #1					14			14				
PIO/T #2					19		6					
PIO/T #3					25				1			
PIO/T #4					25		9					
PIO/T #5					26			14				
PIO/T #6						13		13				
PIO/T #7						26			26			
Second Tranche of POP Funds ($2,350)								19				
Amendment #2									9--22			
PIO/T #8									8			8
PIO/T #9									8		28	
PIO/T #10									8			8
PIO/T #11									8			1
PIO/T #12									8			30
PIO/T #13									8	29		
PIO/T #14									8		28 (dereserved)	
Amendment #3												22–30
PIO/T #15									12			30
PIO/T #16									12		3	
FY 1992 Ends												30

NOTES: Start date = date PIO/T sent to AID/W
End date = date PIO/T obligated

timeline.wk1

2. By appropriately seizing targets of opportunity, the project managers have invested beyond the original planned amounts in priority activities such as services, training, management, and project coordination carried out by Pathfinder International, Mothercare, and FPMD.

3. New opportunities are opening up, particularly in public sector health services, which warrant greater investment.

ANNEX A

APPROVALS

A.1 State 222833
A.2 Semi Annual Report, 4/92 - 9//92
A.3 GOB Approval

Rec'd 7/13

ACTION: AID-1
INFO: ECON0-1 DCM-1 AMB-1

File: PRM

DISTRIBUTION: AID
CHARGE: AID

Action: DP 2
Info: D/DD
EXO
PD&I
CONT
RF
SF
C

VZCZCLPO993
PP RUEHLP
DE RUEHC #2833/01 1940148
ZNR UUUUU ZZH
P 120143Z JUL 92
FM SECSTATE WASHDC
TO AMEMBASSY LA PAZ PRIORITY 0294
BT
UNCLAS SECTION 01 OF 04 STATE 222833

Reply due 7/20

AIDAC

Action tkn_____

E.O. 12356: N/A
TAGS:
SUBJECT: BOLIVIA FY 1993-7 PROGRAM OBJECTIVES DOCUMENT (POD) AND FY 1993-4 ACTION PLAN

1. THE FOLLOWING USAID BOLIVIA DOCUMENTS WERE REVIEWED IN A DAEC MEETING ON APRIL 1, 1992, CHAIRED BY AA/LAC JAMES MICHEL: ESF PAAD - FY 1992 BALANCE OF PAYMENTS CASH TRANSFER PROGRAM (511-0604); 1993-97 PROGRAM OBJECTIVES DOCUMENT (POD); AND 1993-94 ACTION PLAN (AP). USAID BOLIVIA WAS REPRESENTED AT THE DAEC BY MISSION DIRECTOR CARL LEONARD, PROGRAM OFFICER WAYNE TATE AND PROJECT DEVELOPMENT OFFICER LEWIS LUCKE. SEPTEL WILL ADDRESS DECISION-MAKING WITH REGARD TO THE FY 1992 PAAD. THIS CABLE WILL SUMMARIZE DECISIONS MADE ON THE POD AND AP IN THE DAEC, AS WELL AS IN THE TWO ISSUES MEETINGS ON THE POD AND AP RESPECTIVELY WHICH PRECEDED THE DAEC.

2. OPENING REMARKS:

A. AMBASSADOR MICHEL COMMENDED THE MISSION FOR AN EXCEPTIONALLY THOUGHTFUL AND COMPREHENSIVE POD AND AP, AND EXPRESSED APPRECIATION FOR SUPERB WORK BY THE ENTIRE MISSION STAFF NOT ONLY ON THIS PLANNING EXERCISE BUT THROUGHOUT THE PAST YEAR WITH REGARD TO PROGRAM MANAGEMENT

AND IMPLEMENTATION. HE STATED THAT THE MISSION CAN BE VERY PROUD OF ITS EFFORTS. HE ALSO SAID THAT HE WOULD BE EXAMINING WHETHER THE POD/AP EXERCISE COULD BE MADE LESS OF A BURDEN FOR THE FIELD, AND INVITED MISSION COMMENTS AND RECOMMENDATIONS.

B. MISSION DIRECTOR LEONARD, IN BRIEF OPENING REMARKS, HIGHLIGHTED MAJOR CHARACTERISTICS OF THE PROGRAM AND THANKED THE AA FOR HIS ACTIVE SUPPORT - AND FOR THE

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RESPONSIVENESS OF LAC BUREAU STAFF - THROUGHOUT THE YEAR.

C. LEONARD DREW ATTENTION TO THE PROGRAM CONCENTRATION AND FOCUS REFLECTED IN THE FIVE STRATEGIC OBJECTIVES OF THIS POD/AP. THE MISSION HAS LIMITED THE NUMBER OF STRATEGIC OBJECTIVES TO FIVE DURING 1993-94. (NOTE: USAID BOLIVIA'S PROGRAM CONCENTRATION, AS MEASURED IN AN ANALYSIS CONDUCTED BY LAC/DPP, IS ABOVE THE BUREAU AVERAGE, ATTRIBUTABLE IN LARGE PART TO THE CONCENTRATION OF RESOURCES ON THE COUNTERNARCOTICS SUB-OBJECTIVE.)

D. LEONARD REPORTED THAT THE MISSION TEAM, LAC/DPP, LAC/DR AND LAC/SAM HAD HELD DISCUSSIONS ON POD AND AP STRATEGIES, TARGETS AND PERFORMANCE INDICATORS IN TWO ISSUES MEETINGS PRIOR TO THE DAEC. AS A RESULT OF THOSE MEETINGS, THERE WAS AGREEMENT THAT THE VARIOUS OBSERVATIONS AND QUESTIONS ON STRATEGIC OBJECTIVES, TARGETS AND PERFORMANCE INDICATORS WOULD BE BETTER ADDRESSED BY THE MISSION OVER THE COMING YEAR, WITH TECHNICAL ASSISTANCE AS NEEDED PROVIDED BY LAC/DPP. (FOR EXAMPLE, AMONG OTHER ISSUES RAISED REGARDING USAID BOLIVIA STRATEGIC OBJECTIVES AND INDICATORS, LAC/DPP NOTED THAT CONSIDERABLE OVERLAP EXISTS BETWEEN THE STRATEGIC OBJECTIVES RELATING TO ALTERNATIVE DEVELOPMENT AND TRADE AND INVESTMENT.) LEONARD WELCOMED THE DIALOGUE WHICH WOULD RESULT FROM LAC/DPP TECHNICAL ASSISTANCE, WHICH COULD HELP THE MISSION STATE STRATEGIC OBJECTIVES AND PROGRAM INDICATORS EVEN MORE PRECISELY THAN AT PRESENT. AMB. MICHEL CONCURRED WITH THIS APPROACH TO BE PURSUED BY THE MISSION AND LAC/DPP, AND NOTED THE CONGRUENCE BETWEEN USAID BOLIVIA AND LAC BUREAU OBJECTIVES. HE INDICATED THE BUREAU'S SUPPORT FOR THE MISSION'S STATEGIC FRAMEWORK.

FOR SPECIFIC AID/W COMMENTS ON OBJECTIVES AND INDICATORS, MISSION SHOULD REFER TO ATTACHMENT 2 ("AGENDA FOR DISCUSSION OF OBJECTIVES AND INDICATORS") TO THE UNDATED INFORMATION MEMORANDUM TO THE AA/LAC FROM BLOOM AND ZALLMAN, SUBJECT: REVIEW OF THE USAID/BOLIVIA PROGRAM OBJECTIVES DOCUMENT/ACTION PLAN AND NEW PROJECT

DESCRIPTIONS FOR FY 1993-1994, PREPARED FOR THE DAEC. AN ADDITIONAL COPY IS BEING SENT TO THE MISSION.

E. MISSION REPRESENTATIVES DREW ATTENTION TO THE NEED TO PLAN FOR PROGRAM FUNDING REQUIREMENTS FOLLOWING THE 1994 CONCLUSION OF NSD-18 ESF AVAILABILITY. AA/LAC MICHEL STATED THAT THIS IMPORTANT ISSUE WOULD BE ADDRESSED IN CONCERT WITH THE STATE DEPARTMENT AND OTHER USG AGENCIES IN OTHER FORA.

3. POD ISSUES:

A. ISSUE 1: SHOULD USAID BOLIVIA TAKE STEPS TO DEVELOP

THE LONG-TERM SUSTAINABILITY OF BOLIVIA'S AGRICULTURAL RESEARCH AND EXTENSION, BEYOND THE LIFE OF THE PROJECT THAT NOW SUPPORTS TECHNOLOGY GENERATION AND TRANSFER? SHOULD USAID BOLIVIA CONSIDER EXPANDING ITS AGRICULTURAL SECTOR DEVELOPMENT PROGRAM?
UNCLAS SECTION 02 OF 04 STATE 222833

AIDAC
E.O. 12356: N/A
TAGS:
SUBJECT: BOLIVIA FY 1993-7 PROGRAM OBJECTIVES DOCUMENT (POD) AND FY 1993-4 ACTION PLAN

DISCUSSION: THE MISSION TEAM STATED THAT SUSTAINABILITY OF AGRICULTURAL RESEARCH AND EXTENSION HAS BEEN ADDRESSED, BUT WITH PARTICULAR FOCUS ON THE COCHABAMBA DEPARTMENT AND THE TROPICS. DISCUSSIONS ARE UNDERWAY TO ENCOURAGE GREATER WORLD BANK SUPPORT FOR THE SUSTAINABILITY OF AGRICULTURAL RESEARCH. THE CHAPARE REGIONAL DEVELOPMENT PROJECT AND THE NEW COCHABAMBA REGIONAL DEVELOPMENT PROJECT ARE ALSO CONCENTRATING ON GETTING PRIVATE SECTOR ASSOCIATIONS MORE INVOLVED IN TAKING UP THE RESULTS OF AGRICULTURAL RESEARCH THROUGH EXTENSION, THUS CONTRIBUTING TO SUSTAINABILITY. OVER TIME, IT WILL BE POSSIBLE TO CLEARLY SEE THE RESULTS OF AID'S ALTERNATIVE DEVELOPMENT EFFORTS - THAT IS, INCREASED PRODUCTION AND INVESTMENT. HOWEVER, MORE BOLIVIANS ARE LIVING IN THE BENI AND ELSEWHERE IN THE COUNTRY NOT REACHED BY AID PROGRAMS.

AMBASSADOR MICHEL POINTED OUT THAT AID HAS A SHRINKING RESOURCE BASE AND CANNOT DO EVERYTHING AND BE EVERYWHERE. THEREFORE WE MUST ENCOURAGE OTHERS TO BE INVOLVED IN THIS ISSUE AND DEVELOP A JOINT APPROACH.

DECISION: THIS ISSUE WILL BE BROUGHT BEFORE THE NEXT PARIS CONSULTATIVE GROUP MEETING TO ENCOURAGE OTHER DONOR SUPPORT.

B. ISSUE 2: SHOULD USAID/BOLIVIA'S ENVIRONMENTAL OBJECTIVE FOCUS MORE ON SOIL AND WATER RESOURCE CONSERVATION?

DISCUSSION: THE MISSION STATED THAT IT FULLY INTENDS TO ADDRESS SOIL AND WATER RESOURCES IN THE ACTIVITIES THAT COMPRISE THE ENVIRONMENTAL OBJECTIVE.

DECISION: USAID/BOLIVIA HAS A STUDY UNDERWAY TO HELP THEM DEVELOP A MORE ELABORATED STRATEGY IN THE ENVIRONMENTAL AREA-THE STRATEGY WILL BE REFLECTED IN NEXT YEAR'S ACTION PLAN.

4. AP ISSUES:

A. ISSUE 1: HOW DOES THE MISSION PLAN TO ADDRESS THE DA FUNDING SHORTAGE OF ABOUT US DOLS 9.0 MILLION FOR FY 1993?

DISCUSSION: MISSION TEAM MEMBERS STATED THAT, ON ARRIVAL IN WASHINGTON, THEY WERE INFORMED THAT THE BUDGET FOR THE FY 1993 CONGRESSIONAL PRESENTATION IS ABOUT DOLS 9.0 MILLION LESS THAN THE BUDGET PRESENTED IN THE SUBJECT AP. THE FUNDING REDUCTION STEMS FROM TWO FACTORS: 1) A 16 PERCENT BUREAU-WIDE BUDGET CUT RESULTING FROM OMB PASS-BACK LEVELS, WHICH REDUCED THE DOLS 4 MILLION ADDITIONAL POPULATION FUNDS PROPOSED TO THE USAID AT THE LEVEL OF THE ABS CYCLE AND A DECISION TO ALLOCATE US DOLS 3.0 MILLION OF USAID BOLIVIA ARDN FUNDS TO USAID EL SALVADOR. AS A RESULT OF THE FUNDING SHORTFALL, THE MISSION TEAM WAS TOLD THAT IT MUST DECIDE HOW IT WISHES TO MANAGE ITS FY 1993 DA PORTFOLIO, ESPECIALLY THE ARDN, POPULATION AND CHILD SURVIVAL PROJECTS WITHIN THIS FUNDING CONSTRAINT. MISSION DIRECTOR LEONARD NOTED THAT THE FUNDING SHORTFALL HIT POPULATION PARTICULARLY HARD.

ON LEARNING OF THE FUNDING SHORTFALL FRIOR TO THE DAEC, LEONARD HAD REQUESTED AND RECEIVED INFORMATION FROM USAID BOLIVIA WHICH NARROWED THE AMOUNTS REQUIRED FOR FY93. HE REPORTED THAT, AS A RESULT OF PRE-DAEC DISCUSSIONS, LAC/DR AND LAC/DPP HAD IDENTIFIED DOLS 1.0 MILLION IN ADDITIONAL RESOURCES WHICH WOULD COVER THE MISSION'S REVISED FY93 REQUIREMENTS.

DECISION: LAC/DR AND LAC/DPP COMMITTED THE REQUISITE ADDITIONAL FUNDING OF DOLS 1.0 MILLION, WHICH WILL EITHER BE AVAILABLE FROM R&D CENTRAL RESOURCES OR THROUGH LAC BUREAU RESOURCES. BOTH OFFICES STATED THAT THEY WOULD FOLLOW UP ON THIS ISSUE AND KEEP THE MISSION INFORMED.

B. ISSUE 2: WHAT WILL THE MISSION DO IN THE EVENT THAT IT DOES NOT RECEIVE THE AIDS FUNDS IT HAS REQUESTED?

DISCUSSION: WHILE IT IS RECOGNIZED THAT BOLIVIA HAS A SERIOUS STD PROBLEM, ITS RELATIVELY LOW HIV INFECTION RATES DO NOT QUALIFY AS A PRIORITY COUNTRY FOR AIDS FUNDING. THE MISSION MAY NOT RECEIVE ALL THE AIDS FUNDING IT REQUESTED TO FINANCE ITS STDS/HIV PREVENTION AND CONTROL PROJECT. MISSION DIRECTOR LEONARD NOTED THAT THIS WOULD BE A PROBLEM SINCE THE PROJECT IS ALREADY UNDERWAY AND A LONG-TERM ADVISER HAS ARRIVED IN COUNTRY. (NOTE: SUBSEQUENT TO THE DAEC, THE HEALTH AND POPULATION OFFICER IN USAID BOLIVIA POINTED OUT THAT AID/W HAD PARTICIPATED IN THE DECISION TO BEGIN THE PROJECT AND THAT ALMOST DOLS 2 MILLION OF THIS DOLS 4 MILLION PROJECT HAD ALREADY BEEN OBLIGATED THROUGH A PASA AND OTHER MECHANISMS.)

DECISION: LAC/DR/HPN WILL TRACK THE AVAILABILITY OF AIDS AND ALTERNATIVE HEALTH FUNDING AND WILL KEEP THE MISSION

UNCLAS SECTION 03 OF 04 STATE 222833

AIDAC
E.O. 12356: N/A
TAGS:
SUBJECT: BOLIVIA FY 1993-7 PROGRAM OBJECTIVES DOCUMENT (POD) AND FY 1993-4 ACTION PLAN

INFORMED. MISSION DIRECTOR LEONARD SAID THAT IF IT IS DETERMINED THAT AIDS FUNDING WILL NOT BE MADE AVAILABLE TO NON-PRIORITY COUNTRIES AND ALTERNATIVE HEALTH FUNDS CANNOT BE FOUND TO REPLACE AIDS FUNDING, THE MISSION WILL DROP ITS ONGOING STDS/AIDS PREVENTION PROJECT.

5. POD AND AP CLARIFICATIONS:

A. THE EARLIER ISSUES MEETING ON THE POD HAD DRAWN ATTENTION TO THE OMISSION OF PROGRAM PERFORMANCE TARGETS FOR THE POD PERIOD - FIVE TO SEVEN YEARS. LEONARD AND PROGRAM OFFICER TATE COMMITTED THE MISSION TO DEVELOPING AND SUBMITTING POD PROGRAM TARGETS TO AID/W, AS A SUPPLEMENT TO THE POD, SUBSEQUENT TO PROGRAM WEEK.

B. STATE/HA EXPRESSED A CONCERN THAT THE MISSION'S DEMOCRATIC INITIATIVES PROGRAM MIGHT MORE FULLY ADDRESS PUBLIC PARTICIPATION IN DEMANDING GOOD GOVERNMENT BETWEEN ELECTIONS, AS WELL AS HUMAN RIGHTS. STATE/HA ALSO EXPRESSED CONCERN THAT THE MISSION'S APPROACH TO IMPROVING THE EFFECTIVENESS OF DEMOCRATIC INSTITUTIONS MAY LACK NEEDED FOCUS ON TRAINING AND EDUCATION.

THE MISSION STATED THAT THE RECENT MUNICIPAL ELECTIONS WERE SAID TO BE THE MOST DEMOCRATIC AND TRANSPARENT IN BOLIVIA'S EXPERIENCE AND THAT, WHILE THE QUALITY AND DEPTH OF THE JUDICIARY AND ITS JUDGMENTS WAS STILL A MAJOR ISSUE, THE MISSION'S DEMOCRATIC INITIATIVES AND ADMINISTRATION OF JUSTICE PROJECTS COVERED MAJOR U.S. CONCERNS. AID'S CO-FUNDING OF THE SAFCO PROJECT WITH THE WORLD BANK IS ADDRESSING ISSUES OF FINANCIAL INTEGRITY IN GOVERNMENT AND CORRUPTION. OTHER ELEMENTS OF THE PORTFOLIO EMPHASIZE INCREASING COMMUNITY AND PRIVATE

VOLUNTARY ORGANIZATION PARTICIPATION IN DEVELOPMENT DECISION-MAKING, FOR EXAMPLE, ON ENVIRONMENTAL ISSUES.

THE MISSION PROJECT DEVELOPMENT OFFICER STATED THAT MISSION STAFF HAD CHOSEN TARGETS OF OPPORTUNITY VERY CAREFULLY. THE MISSION AND THE COUNTRY TEAM HAD TO APPLY "A REALITY CHECK" AND NOT LET THEMSELVES BE OVERWHELMED WITH TOO MANY TARGETS OF OPPORTUNITY. HE ALSO CLARIFIED THAT STRUCTURAL REFORMS WILL NOT BE IGNORED IN THE DEMOCRATIC INSTITUTIONS PROJECT AMENDMENT AND WILL ALSO BE CONSIDERED IN THE DESIGN OF THE FOLLOW ON ADMINISTRATION

OF JUSTICE PROJECT. FURTHER, TRAINING AND EDUCATION ACTIVITIES ARE INCLUDED IN THE MISSION'S STRATEGY TO MAKE THE JUDICIAL SYSTEM MORE EFFICIENT AND TRANSPARENT. AS FOR HUMAN RIGHTS VIOLATIONS, HE STATED THAT BOLIVIA HAS NOT BEEN SINGLED OUT BY STATE AS A COUNTRY IN WHICH GROSS VIOLATIONS ARE OCCURRING. IT WAS AGREED THAT THE MISSION WILL CONSULT WITH LAC/DI, AND THE U.S. EMBASSY AND STATE DEPARTMENT, AS IT CONTINUES TO DEVELOF ITS STRATEGY FOR STRENGTHENING DEMOCRATIC INSTITUTIONS.

C. TO MORE COMPLETELY UNDERSTAND THE TOTAL RESOURCES AID IS INVESTING IN BOLIVIA AND THE EXTENT TO WHICH THEY ARE HELPING ACHIEVE COUNTRY GOALS AND OBJECTIVES, THE AP GUIDANCE REQUESTED INCORPORATION OF ALL AID ACTIVITIES INTO THE MISSION PROGRAM AS APPROPRIATE AND REPORTING ON ALL FUNDING SPIGOTS. ALTHOUGH THE AP PRESENTS SOME OF THIS INFORMATION, THE LAC BUREAU REQUESTS DETAIL REGARDING THE STATUS OF CENTRALLY-FUNDED ACTIVITIES IN BOLIVIA. THE MISSION, LAC/DR AND THE LAC/SAM BOLIVIA DESK WILL WORK TOGETHER TO DEVELOP THAT INFORMATION TO APPEND TO THE AP.

D. THE BUREAU WILL ENSURE THAT, IN THE CONTINUING DISCUSSION ON FTES, THE MISSION REQUEST FOR AN ADDITIONAL FTE TO SUPPORT THE DEMOCRATIC INITIATIVES STRATEGIC OBJECTIVE WILL BE CONSIDERED AND PRESENTED TO THE AA/LAC FOR FINAL DECISION.

E. IF A CENTRAL SHIPPING FUND IS ESTABLISHED FOR FINANCING TRANSPORT OF PL 480 COMMODITIES, USAID BOLIVIA'S TITLE III PROGRAM WILL BE RE-EXAMINED AS TO THE ADEQUACY OF APPROVED FUNDING FOR TRANSPORT. UNLESS AND UNTIL SUCH A FUND IS SET UP, SHIPPING COSTS MUST BE FINANCED OUT OF EXISTING PL 480 TITLE III FUNDS.

F. SUBJECT TO OVERALL AVAILABILITY OF FUNDS, THE MISSION INTENDS TO PROVIDE SUPPORT TO THE NEW CABINET-LEVEL GENERAL SECRETARIAT FOR THE ENVIRONMENT (SEGMA), WHICH IS DEVELOPING A MAJOR BOLIVIAN ENVIRONMENTAL ACTION PLAN.

G. THE FREQUENCY OF REPORTING UNDER THE ALTERNATIVE DEVELOPMENT MANAGEMENT INFORMATION SYSTEM WILL BE REEXAMINED BY AID/W IN OCTOBER, WITH SERIOUS CONSIDERATION GIVEN TO A SEMI-ANNUAL RATHER THAN QUARTERLY REQUIREMENT.

H. USAID/BOLIVIA WILL CONTINUE ENCOURAGING THE IMPROVEMENT OF BASIC EDUCATION IN BOLIVIA THROUGH SUPPORT, UNDER THE MISSION'S POLICY REFORM PROJECT, FOR THE BANK'S BASIC EDUCATION ASSESSMENT. THE MISSION ADVISED THE DAEC
UNCLAS SECTION 04 OF 04 STATE 222833

AIDAC
E.O. 12356: N/A
TAGS:

SUBJECT: BOLIVIA FY 1993-7 PROGRAM OBJECTIVES DOCUMENT (POD) AND FY 1993-4 ACTION PLAN

THAT IT MAY REQUIRE TDY SUPPORT FROM THE LAC BUREAU IN PROVIDING THIS ASSISTANCE.

I. IT WAS SUGGESTED THAT USAID BOLIVIA CONSIDER NARROWING ITS APPROACH IN EXPORT PROMOTION TO FOCUS ON A FEW SPECIFIC COMMODITIES. THE MISSION'S CURRENT APPROACH IS TO CONCENTRATE ITS EFFORTS ON ASSISTING COMPANIES WHICH HAVE THE NECESSARY EXPERTISE AND ARE PREPARED TO EXPORT. FOLLOWING DISCUSSION, THERE WAS A CONSENSUS THAT THE MISSION'S APPROACH IS A PRACTICAL APPROACH AND THAT, IN ANY CASE, MARKET CONDITIONS TEND TO ENCOURAGE CONCENTRATION ON A LIMITED NUMBER OF COMMODITIES.

6. NEW PROGRAM INITIATIVES:

RESULTS OF THE NEW PROJECT DESCRIPTIONS REVIEW ON MARCH 26, 1992, CONFIRMED AT THE ACTION PLAN REVIEW, ARE PROVIDED BELOW:

PROJECT NUMBER	PROJECT NAME	INCREMENT ($000)	LOP ($000) AP?	RECOMMENDATION
FY 1992				
511-0621	SUSTAINABLE FORESTRY MANAGEMENT	2,050	15,000	APPROVE - DELEGATE
511-0594	COMMUNITY & CHILD HEALTH (AMENDMENT)	NA	20,000	APPROVE - DELEGATE
511-0610	DEMOCRATIC INSTITUTIONS (AMENDMENT)	1,300	3,000	APPROVE - DELEGATE
FY 1993				
511-0566	REPRODUCTIVE HEALTH (AMENDMENT)	NA	14,000	APPROVE - DELEGATE
511-0584	TRAINING FOR DEVELOPMENT (AMENDMENT)	1,500	12,000	APPROVE - DELEGATE
511-0605	BALANCE OF PAYMENTS	66,000	66,000	APPROVE - CONCEPT PAPER TO

AID/W

FY 1994

511-0627	ENVIRONMENTAL AWARENESS	1,000	5,000	INCLUDE IN ABS
511-0628	MUNICIPAL DEMOCRATIC INITIATIVES	1,000	4,000	INCLUDE IN ABS
511-0606	BALANCE OF PAYMENTS	66,000	66,000	INCLUDE IN ABS

COMBINES THE NATURAL RESOURCES MANAGEMENT AND FORESTRY MANAGEMENT PROJECTS LISTED IN ANNEX B OF THE USAID BOLIVIA FY 1992-1993 ACTION PLAN.

IN ADDITION TO THESE NINE NPDS, AID/W RECENTLY APPROVED THE FOLLOWING TWO NPDS SUBMITTED BY USAID: A DOL 2,415,000 AMENDMENT TO THE PVO SUPPORT PROJECT FOR FY 1992; AND AN DOLS 8 MILLION ADMINISTRATION OF JUSTICE PROJECT FOR FY 1992.

BAKER

BT

#2833

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PROJECT STATUS REPORT
April 01, 1992 - September 30, 1992

Rating: A

I. Background Data

Project Title:	Reproductive Health Services
Project Number:	511-0568
Date of Authorization:	original 06/27/90
Date of Obligation:	original 07/31/90 amended 05/15/92
PACD:	original 09/30/95
Implementing Agencies:	M.P.S.S.P. (Ministry of Health); Caja Nacional de Salud (Social Security); Unidad de Política Social y de Población
Major Contractors:	Pathfinder International; MotherCare/JSI; Johns Hopkins/PCS; JHPIEGO; MSH/FPMD; Population Council; Futures Group (SOMARC, RAPID IV, OPTIONS II); Development Associates
AID Project Managers:	Sigrid Anderson
AID Project Coordinator:	Elba Mercado; Jennifer Macias
AID Project Advisor:	John Skibiak; Bill Bower; Sandra Wilcox; Alfredo Ariñez; Liza Howard-Grabman; Luis Beltran
Status of CPs/Covenants:	All have been met. Covenants: FAA 104(f) and PD3 listed in PGA.
Date of Last Evaluation:	09/15/92 Next Evaluation: 09/20/94
Date of Last Audit:	none Next Audit: 09/15/93

Yearly Non-federal Audit of Recipients

Planned: 3 Contracted: 0 Completed: 0

II. Financial Data ($1,000)

Amount Authorized:	DA Grant: original	$9,300		
Amount Obligated:	DA Grant: original	$2,275	Amended to	$8,155
			DA Grant	$5,880
Amount Committed:	Period:	$3,833		
	Cumulative:	$6,541		
Accrued Expenditures:	Period - Projected:	$1,189		
	Period - Actual:	$839		
	Period - Next:	$1,000		
	Cumulative:	$2,732		
Pipeline:		$5,423		
Counterpart Contribution:	Planned LOP:	$1,397		
	Period - Projected:	$360		
	Period - Actual:	$262		
	Period - Next:	$0		
	Cumulative:	$391		
	% of planned LOP:	28%		

% LOP Elapsed:	42%
% of Total Auth. Oblig.	88%
% of Total Oblig. Exp.	33%
% of Total Auth. Exp.	29%

PROJECT STATUS REPORT
April 01, 1992 - September 30, 1992

III. Project Goal/Mission Strategic Objective

The project goal is the same as the Family Health Strategic Objective which is to improve family health throughout Bolivia.

IV. Project Purpose

To increase access and quality of reproductive health services in Bolivia.

V. Project Description

The five-year $9.3 million program supports reproductive health services of the GOB, NGOs, and social marketing. $1.9 million were obligated in the PGA for GOB. Remaining funds for NGOs and social marketing will be obligated by buy-ins and add-ons to existing AID/W central CAs and contracts. These organizations will provide family planning services, information and education about reproductive health, and training, research, and policy development.

VI. Project Status

A. Purpose Indicators/EOPS	Planned				Accomplished		
	LOP	Period	Cum.	Next Period	Period	Cum.	% LOP
1. Increase modern contraceptive prevelance from 12% to 17%	17	0	12	0	0	12	71
2. Increase number of active users: Total FP acceptors	0	0	0	0	0	0	0
3. Increase number of active users: Modern FP acceptors	0	0	0	0	0	0	0
4. Proportion of babies fully breastfed not decline	0	0	0	0	0	0	0

INDICATORS NOTES:

1. Too early, DHS planned for 1993.

2/3. First two quarterly reports received: 16,061 new acceptors of modern FP methods, Jan-July, 1992.

4. Too early, DHS planned for 1993.

B. Major Outputs	Planned				Accomplished		
	LOP	Period	Cum.	Next Period	Period	Cum.	% LOP
1. No. of facilities providing RHS in project areas: MOH	12	6	12	6	0	8	67
2. No. of facilities providing RHS in project areas: CNS	15	3	8	5	2	4	27
3. No. of facilities providing RHS in project areas: NGO	155	106	212	23	0	112	72
4. No. of RHS patients seen by: MOH	167,000	0	20,000	40,000	6,000	24,000	14
5. No. of RHS patients seen by: CNS	127,000	0	0	1,000	150	1,100	1

PROJECT STATUS REPORT
April 01, 1992 - September 30, 1992

6. No. of RHS patients seen by: NGO	124,000	0	31,480	15,630	11,000	51,396	41
7. SOMARC - Number of Contraceptive Pills sold	222,000	0	0	0	83,880	249,880	113
8. SOMARC - Number of Condoms sold	342,000	0	0	0	547,875	743,071	217

C. Other Accomplishments and Overall Status

1. The first reproductive health logistics management workshop with about 30 participants was successfully conducted in July 1992. Other major workshops planned for this period were also completed. They included an interpersonal communication workshop (April 1992) and a National Training of Traineers Workshop (April 1992).

2. JSI/MotherCare, JHU/PCS, and the Pathfinder Fund assigned Representatives to Bolivia in order to better implement project activities; related to provision of quality services and communications.

3. In the information, education, and communication (IEC) component, the SOMARC/PROSALUD Project launched ten TV spots on reproductive health, including STDs and AIDs in the three major cities (May-June 1992), an in August 1992 JSI/MotherCare in Cochabamba launched a continuing IEC reproductive health campaign in print, radio, and TV, beginning with prenatal care and breastfeeding.

4. In July 1992, the Caja Nacional de Salud (CNS) initiated reproductive health services in Cochabamba and Santa Cruz.

5. A four-person team completed the mid-term evaluation of the Reproductive Health Services Project in September 1992. This evaluation report will be used to analyze and to amend the existing project. Two key preliminary recommendations were to increase the LOP to 1997 and increase funds by $7.2 million.

D. Problems and Delays

1. The 1992 Census results have forced baseline data changes in project population projections.

2. Continue to experience implementation delays in the public sector mainly due to weak internal administrative systems which cannot easily respond to AID's rules and regulations.

3. Due to financial reporting delays from AID/W and U.S. based cooperating agencies, cum ulative expenditures are estimated to be closer to $4,700.

E. Major Activities or Corrective Actions During the Next Six Months

1. Review assessment recommendations and conduct project planning and amendment exercise, Nov-Dec, 1992.

2. Secondary Analyses of DHS (Nos. 2, 3, and 4) published.

3. Second Logistics Management Workshop conducted (public sector), October 1992.

4. Pathfinder International Representative on site in La Paz.

5. Receive results from evaluation of printed materials.

6. Family Planning curriculum revised and one course conducted within an Auxiliary Nursing school.

PROJECT STATUS REPORT
April 01, 1992 - September 30, 1992

7. IUD Kits purchased shipped and distributed.

8. Mass media campaign launched, Spring 1993.

9. Send 6 Bolivians to Regional Conference "El Simposio Latino Americano de Planificación Familiar", in Mexico, December, 1992.

10. Reconcile pipeline figure and discrepancies with accrued expenditures.

N° 1058 HHR

Cite Nº .....

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MINISTERIO DE PREVISION SOCIAL Y SALUD PUBLICA
Bolivia

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La Paz 8 de Febrero de 1993

Sr. Carl Leonard
Director de USAID/Bolivia
Presente

De mi consideración:

Asunto: Enmienda al Proyecto de Servicios de Salud Reproductiva (511-0568)

Me es grato dirigirme a usted para ratificarle oficialmente el interés del Gobierno, a través del Ministerio de Previsión Social y Salud Pública, de que se apruebe la Enmienda citada en el rubro.

Como es de su conocimiento, la División de Salud y Recursos Humanos de USAID, ha preparado la documentación en base a las recomendaciones de la Misión de Evaluación de medio término del proyecto realizada en septiembre de 1992. La recomendación principal de esta evaluación, como se indica en el resumen adjunto a esta carta, fue la de incrementar el financiamiento hasta 19.5 millones de dolares y extender el tiempo de duración del proyecto hasta 1997 para continuar con la estrategia original de trabajo en los sectores público y privado. Se recomienda también extender las actividades del proyecto a otras áreas urbanas y algunos Distritos de Salud en áreas rurales que sean priorizados por el Ministerio de Previsión Social y Salud Pública.

Las actividades que desarrolle el Proyecto de Servicios de Salud Reproductiva de USAID/Bolivia es considerada como un valioso apoyo al Plan Nacional de Supervivencia/Desarrollo Infantil y Salud Materna que constituye una estrategia fundamental de la política oficial en el sector salud.

Con este motivo, saludo a usted muy atentamente,

Dr. Carlos F. Dabdoub A.
MINISTRO DE PREVISION SOCIAL Y SALUD PUBLICA

Adj. Doc. Resumen y Recomendaciones

1 FEB 1993

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demográficos y en salud reproductiva que han contribuído a crear un clima favorable para ésta; el progreso realizado por varias ONGs en el fortalecimiento de sus servicios de salud reproductiva; y un nivel de ventas de anticonceptivos que exceden las metas fijadas para el componente de mercadeo social. El equipo de evaluación enfatizó la necesidad de la provisión de servicios de salud reproductiva en Bolivia. Los objetivos del proyecto original continúan siendo válidos al igual que continúa siendo apropiada la estrategia de asistencia técnica incrementada e intensificada a los tres elementos del proyecto.

La estrategia ejecutada hasta la fecha, ampliada a través de esta enmienda, se fundamenta en lecciones aprendidas en programas de salud reproductiva exitosos a nivel mundial. El proyecto enmendado continuará trabajando con el gobierno en actividades de asistencia técnica y de capacitación para fortalecer los mecanismos del sector público y del privado para la provisión de servicios de salud reproductiva y para incrementar la demanda de los mismos. A pesar de que los cambios en comportamientos y en capacidades institucionales requieren grandes lapsos de tiempo, la información estadística disponible más confiable indica que las tasas de mortalidad materna e infantil se están reduciendo y que la tasa de prevalencia de la planificación familiar está aumentando en Bolivia.

La Unidad Gerencial de Proyecto dentro de la Oficina de Salud y Recursos Humanos de USAID/Bolivia, es responsable de la coordinación, monitoreo y evaluación de las actividades en salud reproductiva financiadas por el proyecto.

B. Recomendación

Dados los logros del proyecto a la fecha y la actitud crecientemente favorable del gobierno hacia una inversión incrementada en servicios de salud reproductiva, se recomienda que esta Enmienda sea aprobada, extendiendo mediante la misma la duración del proyecto por dos años hasta diciembre de 1997, y aumentando sus fondos en $10.5 millones adicionales hasta un total de $19.5 millones. La ampliación en tiempo y en financiamiento buscaría: acelerar el desarrollo de servicios de salud reproductiva en la CNS y en el MPSSP; intensificar el trabajo en capacitación, investigación operativa e información, educación y comunicación al servicio de los sectores públicos y privados; ampliar las operaciones en áreas urbanas adicionales; y continuar con la expansión del programa de mercadeo social de anticonceptivos.

I. Resumen y recomendación

A. Resumen

Esta enmienda al Proyecto de Servicios de Salud Reproductiva (511-0568), basada en las recomendaciones de una reciente evaluación a medio término del proyecto, añade $10.5 millones a los fondos del proyecto y lo extiende por dos años adicionales. A través de inversiones en actividades piloto ejecutadas por organizaciones ligadas al sector público a nivel de distritos de salud, y el financiamiento directo a varias organizaciones no-gubernamentales locales (ONGs), el incremento en fondos y en tiempo ayudarán a mantener y ampliar los actuales logros del proyecto. La meta y el propósito del proyecto no varían de lo indicado en el Documento Original del Proyecto.

Tanto esta enmienda como el proyecto original de $9.3 millones buscan aprovechar las oportunidades sin precedentes que se presentan a consecuencia de un clima social y político más favorable hacia la inversión en servicios de salud reproductiva en Bolivia. Este cambio de actitud ha sido desencadenado por los significativos beneficios económicos y en salud que se derivan de una mayor inversión en servicios de salud reproductiva (ver Anexo E, Análisis Económico). A través de este proyecto, USAID en coordinación con el Gobierno de Bolivia atraves del Ministerio de Previsión Social y Salud Pública, auspicia la provisión de servicios de salud reproductiva de calidad para la población boliviana.

La meta del presente proyecto de cinco años es mejorar la salud materna e infantil en Bolivia. La estrategia del proyecto se compone de tres elementos: (1) apoyo al programa de salud reproductiva del Gobierno de Bolivia mediante asistencia al Ministerio de Previsión Social y Salud Pública, a la Caja Nacional de Salud (CNS) y a la Unidad de Políticas de Población (UPP) del Ministerio de Planeamiento y Coordinación; (2) asistencia a activides de ONGs; y (3) mercadeo social de anticonceptivos. Se proporciona asistencia técnica y financiera a través de subcontratos con once proyectos de AID a nivel central ejecutados por ocho Agencias de Cooperación. La enmienda continúa con esta misma estrategia.

Los hallazgos de la misión evaluadora de medio término de setiembre de 1992 fueron muy positivos. Algunos de los logros encontrados incluyen: un mayor esfuerzo de la CNS para incluir servicios de salud reproductiva en toda su red de hospitales y clinicas; el establecimiento de centros de capacitación para capacitar personal de varias instituciones en atención en salud reproductiva; producción por la UPP de una serie de estudios

ANNEX B

RECOMMENDATIONS FROM ASSESSMENT OF THE BOLIVIA REPRODUCTIVE HEALTH SERVICES PROJECT, POPULATION TECHNICAL ASSISTANCE PROJECT, SEPTEMBER, 1992

Recommendations

General

1. Given the initial success of the Reproductive Health Services Project, expansion of activities, particularly in the public sector, is warranted. The project should be extended by at least two years. The overall funding should be increased by $7.2 million for a total of $16.5 million. Although a pipeline analysis of expenditures indicates ample margins currently, additional funds need to be allocated for the following reasons:

   a. The start-up phase of the project has ended and many of the activities (e.g., the CNS, IEC, training, and social marketing activities) will be accelerating their expenditure rates in the second half of the project.

   b. By appropriately seizing targets of opportunity, the project managers have invested beyond the planned amounts in priority activities such as services, training, management, and project coordination carried out by Pathfinder International, Mothercare, and FPMD.

   c. New opportunities are opening up, particularly in public sector health services, which warrant greater investment. An implementation unit and an increased level of buy-ins to centrally funded projects will need to be funded immediately to take advantage of these opportunities.

Public Sector

Ministry of Health

2. The Reproductive Health Services Project should be amended to provide support to strengthen reproductive health services in selected districts which are receiving support for improved service delivery from the World Bank, IDB, the Community and Child Health (CCH) project,[1] and other donors. Priority should be on urban and peri-urban areas, but a few rural districts should be included. Required support should be determined on the basis of detailed diagnosis and planning carried out collaboratively with district and *unidad* authorities and the relevant donor agency. The project could support several districts initially with expansion to additional districts as experience warrants. Criteria should be developed for selection of districts to participate in the project. Criteria could include committed leadership in reproductive health at the district level; commitment to maintain key staff in place for at least two years; support from the *unidad* level; selection of two districts from a given *unidad* to facilitate exchange of experience between districts and to make training and other interventions more cost effective. In order to implement this recommendation, it would be necessary for the USAID Health and Human Resources Office to identify or create an implementing entity.

3. Project management should explore with the MOH unit responsible for reproductive health what additional support is needed (e.g., IEC, training centers, etc.) to strengthen the ministry's reproductive health work and how the CAs that participate in the project could best assist. Support to the MOH should be designed so as to reinforce the development of reproductive health service capability in the selected districts.

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[1]This is a USAID-funded effort to strengthen, among other things, primary health care and water supplies in six rural health districts.

National Social Security Institute

4. Support for this activity as currently designed should be continued with increased attention to training, management (including clinic management), IEC, and quality of care. Pathfinder is in a particularly strong position to provide continued technical assistance for improved clinic management.

5. Support should be provided for detailed diagnosis and planning for expansion of the reproductive health program to a national scale by 1993. FPMD is the appropriate CA to provide this assistance.

Population Policies Unit

6. The Reproductive Health Services Project should maintain a flexible position with respect to support in the area of policy. If the political/governmental climate is favorable, support to UPP should be continued at current levels for additional studies and analyses. If the climate is less favorable, the project should support UPP at a reduced level and should seek ways of funding studies at such Bolivian research institutions as the Development Corporation of Santa Cruz (CORDECRUZ), the Center for Population Studies, San Simon University (CEP), and Population Research and Action Service (SIAP).

<u>Non-Governmental Sector</u>

Non-Governmental Organizations

7. Major assistance under the Reproductive Health Services Project should be confined to those NGOs that can have a substantial impact on reproductive health.

8. Direct support should be provided to PROSALUD to facilitate the rate of clinic expansion in El Alto and La Paz and to test a health clinic franchising concept. Indirect support of PROSALUD should be continued and expanded appropriate to the institution's absorptive capacity.

9. Support for Fundacion San Gabriel should be increased to extend reproductive health services to its outreach clinics and networks.

10. Management support for CIES, through FPMD, should continue contingent upon a strong commitment on the part of CIES and rapid progress toward self-sufficiency.

11. Other NGOs active in reproductive health that are committed to self-sustainability and willing to provide service statistics should continue to receive limited indirect assistance such as training and access to commodities (which must be sold rather than given away).

12. Criteria for limited grants to selected NGOs should be established. They should include service to special target groups of interest to USAID and collaboration in operations research activities.

Private Physicians

13. A study should be undertaken to determine the current volume and pricing structure of reproductive health services supplied by private physicians, the extent of underemployment in this group, and the feasibility of utilizing this resource to reach under-served groups.

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The Contraceptive Social Marketing Program

Coordination between the CSM Program and Other Components of the Reproductive Health Services Project

14. SOMARC should use the remaining planned buy-in funds over the proposed extended life of project (until September 1997) for technical assistance. An additional $900,000 should be provided directly through the appropriate funding mechanism to PROSALUD for management and implementation of the CSM program, including salaries.

15. Social marketing, in general, and the CSM program, in particular, should be firmly institutionalized within PROSALUD. The current program manager and the additional staff scheduled to come on board in 1993 should all become full-fledged PROSALUD employees.

16. The CSM program should expand its product mix. Funds to PROSALUD for CSM should be front-loaded so that the program can make a serious push towards acquiring new contraceptive and other products essential to increasing its potential for cost-recovery and eventual self-sustainability.

17. USAID should continue to provide pills and condoms for the CSM program. As mentioned above, the CSM program should maintain a low-priced pill and condom in its product mix.

18. An effort should be made toward greater coordination between the CSM program and NGOs. A CSM program staff member should try to attend IEC subcommittee meetings once quarterly. The CSM program manager should market the CSM program — the social marketing approach as well as the program's products — to the NGOs and other providers of reproductive health services.

19. The role of the CSM program should be expanded to include supplying the NGOs with commodities. By 1995/96, the CSM program should be carrying the same mix of products currently offered by NGOs in their clinics and through community-based distribution, i.e., IUDs, pills, condoms, and spermicides. By that time, all USAID-assisted NGOs should be charging clients for family planning commodities.

Cross-Cutting Issues

Priority Target Groups

20. The project should retain its focus on urban and peri-urban populations with selected rural activities that provide knowledge and experience for reaching this group.

21. Through existing mechanisms (NGOs, the CNS, etc.) and expanded MOH activities, Tarija, Oruro, and Sucre should be added to La Paz, Santa Cruz, and Cochabamba as target areas for the project. With the addition of these secondary cities, the project will be operational in most of Bolivia's major urban and peri-urban centers, representing 89 percent of Bolivia's urban population.

22. Men should be included as a special target group, given their importance in reproductive health decision making. Also, young adults should be a special target group because of their predominance in the population.

23. Given the potential health impact of a strengthened public sector and the growth potential of the commercial sector (CSM), the balance of project support should be tilted more toward those sectors, without neglecting NGOs.

IEC Activities

24. Future IEC products should include greater professional communication input into the process.

25. The current strategy should be modified to accelerate development of messages for key audiences, such as peri-urban and rural women and men from all segments of Bolivian society.

26. The PCS project should coordinate closely with Mothercare and PROSALUD/SOMARC, which have moved into television and radio, and should collaborate with UPP to support policy initiatives.

27. The PCS project should expand the breadth of its current activities to include Tarija, Oruro, and Sucre as services become available.

Training

28. JHPIEGO should assess the needs of the identified six training centers and work with each of them until they are fully functional and operating.

29. The project should arrange a major buy-in to the PAC IIb project (Development Associates) to help develop and implement a project-wide training strategy for both pre- and in-service training.

Research

30. The buy-in to The Population Council should be increased to add an additional research/project management professional plus support staff to the INOPAL project to enable it to provide more technical assistance, carry out more studies, and provide managers with timely information to improve operations.

Logistics

31. The Reproductive Health Services project should hire a full-time person, located within the proposed implementing entity, to focus on logistics issues. This person would be responsible for making commodity projections, ordering commodities, and clearing and distributing commodities to the appropriate service providers until the contraceptive social marketing program takes over these responsibilities. He/she would provide continuous, hands-on assistance to NGOs and the CNS in the use of the QUIPUS system. Furthermore, this person would coordinate a to-be-established logistics subcommittee attached to the services subcommittee. The logistics specialist could also help the MOH in terms of monitoring the availability of commodities at the district level. The logistics specialist should maintain linkage with the FPLM project or could perhaps be contracted through a buy-in to that project.

32. All NGOs should, for purposes of improved logistics management and cost recovery, sell USAID-donated commodities rather than distribute them free of charge. When clients pay for contraceptives, they are far more likely to use them.

Data Collection and Evaluation

Service Statistics

33. The full-time logistics specialist attached to the proposed implementing entity, should be responsible for a) assisting health providers with QUIPUS; b) recommending to USAID the duration and timing of technical assistance visits from OPTIONS; c) collecting and refining service statistics; and d) helping service providers use this data to improve commodity management and service delivery.

34. The QUIPUS system should be evaluated one year from the appointment of the resident logistics/service statistics specialist. An outside group with no stake in QUIPUS, such as PRISMA[2] or a similar organization, should be contracted for the evaluation. If QUIPUS proves too difficult to incorporate, or inappropriate to the needs of the various service providers, an alternate system will have to be found or developed.

Management Information System

35. Assistance should continue to be provided to collaborating NGOs to develop cost accounting capabilities and to encourage them to set targets for increased financial self-sufficiency. Pathfinder and other CAs should also give attention to these requirements.

Surveys

36. A second DHS in Bolivia, scheduled for 1993, should continue to be supported as planned.

Medical Barriers

37. Training should continue to be provided to ensure the technical competence and counseling skills of providers.

38. Training should continue to be provided to a wide variety of providers: doctors, nurses, auxiliary nurses, social workers, community-based distributors, health promoters, traditional birth attendants, pharmacists, etc.

39. Training should continue to be provided in a broad context — e.g., management skills, medical skills, interpersonal skills, logistics, quality care, and motivational seminars.

40. Clinic personnel should be trained in teams to ensure that the same information is transmitted to the client, to facilitate patient flow, and to gain the confidence of potential clients.

41. Efforts to expand method mix through IEC, policy, and commercial activities should be promoted.

42. Support should be provided to the public sector on future editions of the MOH's MCH norms to ensure that they include approval of more methods, support the authorization of more service providers, and broaden the criteria for women who are eligible for the use of different methods.

Reproductive Health and AIDS/STD Linkages

43. USAID should identify an appropriate organization to conduct a study to measure the incidence of STDs among women seeking reproductive health care. This information would be useful in planning the integration of AIDS/STD prevention and control activities and reproductive health services. If the incidence of STDs proves to be high, service providers may want to consider reducing the IUD's share in the method mix.

44. A workplace-based education program on AIDS/STD/reproductive health should be developed. An appropriate NGO or institutional consortium should target predominantly male factories, mines, labor

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[2]A Peruvian NGO contracted to manage the public sector logistics system, particularly the distribution of commodities for the Peruvian MOH.

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organizations, etc., with a primary objective of delivering AIDS/STD education, and a secondary objective of providing other reproductive health information, including family planning.

45. USAID should identify an appropriate organization to conduct a study to determine how and where men self-treat for STDs (pharmacies, injectionists, traditional practitioners, etc.). By ascertaining where men go to seek help when they have STDs, USAID can plan to use that network for the dissemination of AIDS/STD and other reproductive health information. Once again, condom sales could follow.

Reproductive Health and Health Projects Linkages

46. A diagnosis should be made of reproductive health services needs in selected districts of the CCH project, and the Reproductive Health Services Project should be amended to provide the required inputs.

47. The possibility of incorporating health products such as ORS in the CSM scheme should be explored.

Role of Cooperating Agencies

48. The following summarizes recommendations for each Cooperating Agency/project:

- Development Associates — Increase funding level by $950,000 for expanded scope of work
- FPMD — Increase funding level by $800,000 for added management technical assistance, particularly to the public sector.
- Pathfinder — Increase funding level by $934,000 for technical assistance in service provision to public and private sectors.
- Population Council — Increase funding level by $550,000 for increased operations research and additional in-country personnel.
- JHPIEGO — Maintain planned funding level for clinical training in accord with revised implementation plan.
- PCS — Maintain planned funding level for IEC in accord with revised implementation plan
- RAPID — Maintain policy activities with current obligated funding.
- OPTIONS — Maintain policy activities with current obligated funding.
- SOMARC — Maintain planned funding level for technical assistance to CSM program.
- Institute for Resource Development — Maintain planned funding for 1993 DHS Survey.
- Mothercare — Maintain planned funding for project completion.

Project Management and Coordination

National Coordinating Committee for Reproductive Health

49. The project should continue to support the coordinating committee mechanism and the technical subcommittees through financial and technical assistance from the CAs.

Implementing Entity for Reproductive Health Work in Health Districts

50. An implementing entity should be identified or established which can provide technical and financial assistance to health districts, coordinate and collaborate with other donor agencies working in the districts, and help coordinate CA assistance in this area.

Project Management Unit

51. The project management unit at USAID should ensure that the MOH and the CNS have the necessary technical assistance to undertake a detailed diagnosis and planning effort for development and expansion of reproductive health services.

52. The project management unit should revise the plan for monitoring reproductive health activities to take account of inadequacies in the existing service statistics systems.

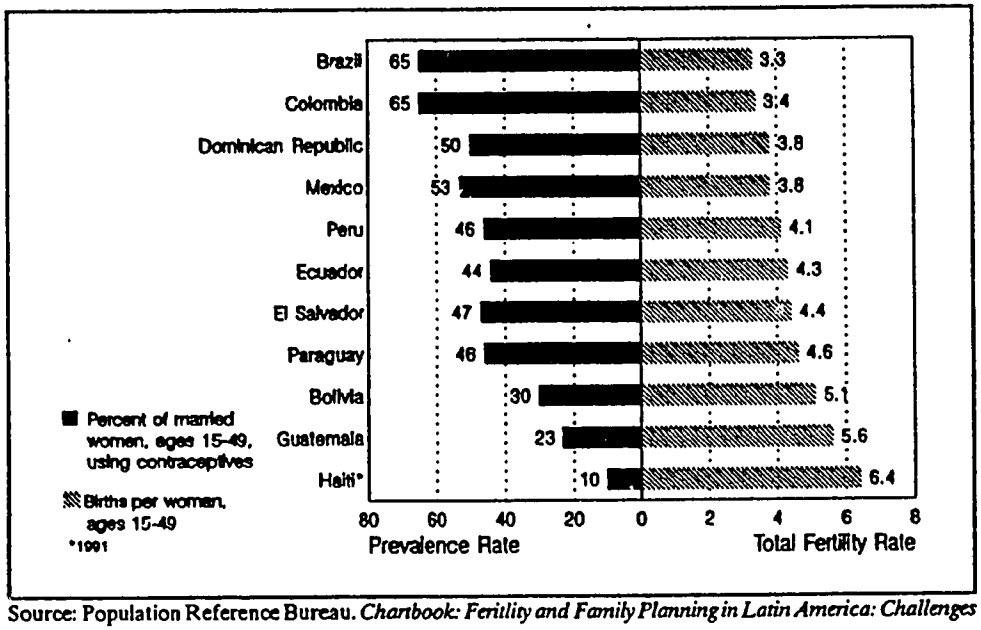
53. The project management unit should ensure that participating Bolivian institutions understand A.I.D. norms and regulations and should give the institutions increased responsibility for decision making regarding implementation of project-supported activities.

1.6 Reproductive Health Background

Reproductive health is a sensitive policy issue in Bolivia. However, the low contraceptive prevalence rate, the large unmet need for family planning services, and the importance of reproductive health for improving maternal and child health (MCH) have made it necessary for USAID to try to find a way to work with Bolivia's traditional official opposition to family planning. See Figures 2-4.

Figure 2

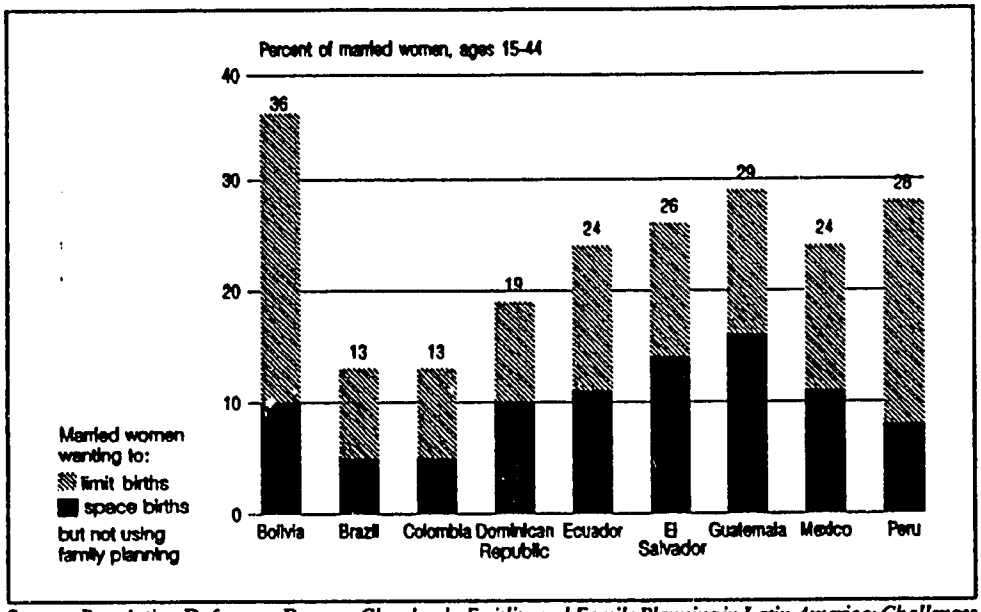
Contraceptive Prevalence and Total Fertility Rates, 1990



Source: Population Reference Bureau. *Chartbook: Fertility and Family Planning in Latin America: Challenges of the 1990s* (undated).

Figure 3

Unmet Need for Family Planning



Source: Population Reference Bureau. *Chartbook: Fertility and Family Planning in Latin America: Challenges of the 1990s* (undated).

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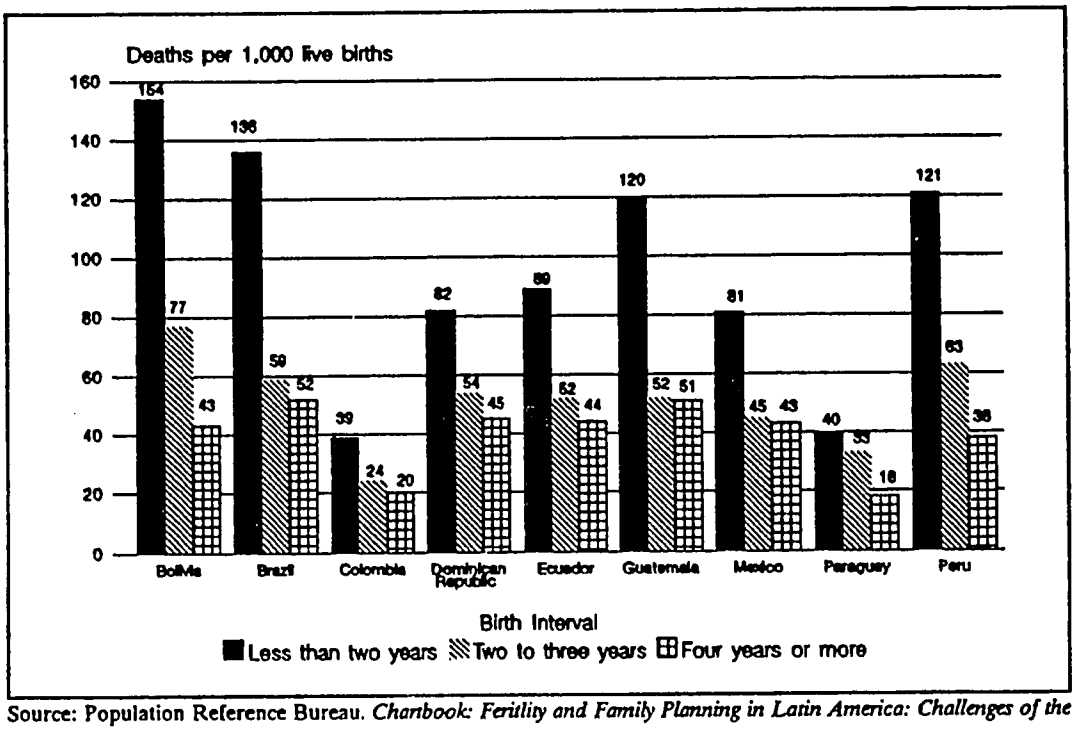
Figure 4

Infant Mortality Rates by Interval Between Births



Source: Population Reference Bureau. *Chartbook: Fertility and Family Planning in Latin America: Challenges of the 1990s* (undated).

Work in family planning in Bolivia has faced significant obstacles during the last 20 years. Though from opposing camps, the two main social sectors opposing the expansion of family planning have been the Catholic Church and grass-root and leftist political organizations.

In 1968, a movie called *The Blood of the Condor* alleged that United States Peace Corps volunteers were sterilizing native women. As a consequence of the protests aroused by the film, the Peace Corps was expelled from the country in 1971 and did not return until 1990 to work in non-health development activities. Criticism of family planning activities made large segments of the population sensitive to the issues of population reduction and foreign intervention.

For many years, the government of Bolivia had a pro-natalist orientation. The argument was that Bolivia had a low population density, with vast sparsely populated areas, and that there was a need to increase the population size in order to populate all areas of the country.

During the 1970s, UNFPA began a maternal/child health care project which planned, among other things, to provide family planning services at Ministry of Health (MOH) facilities. When project commodities first arrived in 1975, however, Catholic church officials denounced the project as "massive birth control" and the government of Bolivia had to cancel the family planning component of the project. Due to this negative reception, the growth of services was insignificant and modern contraceptive prevalence remained unchanged for 15 years.

Concern about the need for family planning services started growing again in the late 1980s. In 1983, Westinghouse Health Systems with a local NGO conducted the first contraceptive prevalence survey

in Bolivia. The survey showed that only 10 percent of the women of reproductive age were using modern contraceptive methods.

By 1985, several small A.I.D. centrally funded population activities were under way, supporting local NGOs doing demographic research; information, education, and communication (IEC); and service delivery. CONAPO, the National Population Council within the Ministry of Planning, was founded with USAID support. With technical assistance from the Integrated Population and Development Planning (INPLAN) and Resources for the Awareness of Population Impact on Development (RAPID) projects, CONAPO developed a two-pronged strategy to present the population issue. First, regional demographic analyses were conducted to show that, although the national population density was low, certain regions of the country suffered from serious population pressure on the ecology and local economy. The second line of action was to educate policy makers on the relationship between fertility and infant and maternal health and mortality.

In 1986, USAID approached the MOH about initiating a contraceptive social marketing program with the A.I.D. Social Marketing for Change (SOMARC) project. The MOH did not agree to support this activity, so in 1988 USAID sought the help of the Bolivian Society of Gynecology and Obstetrics. The society agreed to support the program as long as there was no mention of any specific family planning method or publicity for the SOMARC products. The SOMARC program started distribution of family planning methods in 1989 through a commercial importer. The program was subsequently transferred to PROSALUD (For Health), an NGO in Santa Cruz, currently the official SOMARC local representative.

In 1987, USAID entered into a $35,000 Limited Scope Grant Agreement with the MCH Division of the MOH to provide limited family planning services to patients with abortion complications. The original name of this program, "Selective Family Planning," was later changed to "Lucha Contra el Aborto (Fight against Abortion)." Even this cautious approach was not supported by MOH officials, however, and almost no services were provided.

In 1989, USAID sponsored a national Demographic and Health Survey (DHS). The findings were critical in reinforcing the message of the linkage between reproductive health and child survival. (See Section 1.6).

In March 1989, USAID provided the total funding for a joint MOH-Catholic Church workshop also entitled "Fight against Abortion." The workshop was attended by over 100 representatives of public sector, private sector, union, church, and women's groups. The workshop recommendations stated that women have the human right to information and access to family planning methods. The workshop further recommended that the government of Bolivia should support this right to access, that family planning should be incorporated into government health programs, and that couples should be permitted to decide voluntarily on the size and spacing of their children. This breakthrough was tempered by a proviso saying that measures should be taken to stop "foreign intervention" in population policy decisions and activities in the country. These recommendations clearly influenced some of the political parties during the subsequent elections of May 1989. The new government that took office in August of that year quickly reversed the traditional government of Bolivia stance against family planning.

In October 1989, USAID conducted a workshop on reproductive health planning which resulted in the design of the first major bilateral USAID population project in Bolivia, the current Reproductive Health Services Project. This was the first time that the MOH and private family planning

institutions met to discuss plans in the reproductive health area. A.I.D.'s centrally funded population Cooperating Agencies were also invited to participate and describe their activities and resources.

In November 1989, the government of Bolivia launched the National Plan for Child Survival and Maternal Health, which contained an important chapter on reproductive health. This marked the initiation of reproductive health services within the Bolivian MOH and a legalization of the activities of all NGOs working in the field. USAID provided technical assistance in the development of the plan, and an executive presentation of the plan was made to the president of Bolivia, to his cabinet, and to national and regional public and private institutions. The USAID Reproductive Health Services Project agreement with the government of Bolivia was signed in July 1990.

The political environment in recent months has become less favorable toward reproductive health activities due to two factors. First, preliminary census results, published in July 1992, indicate a smaller total population than projected, yet tremendous urban growth. The Catholic Church has seized on these results to reinforce its opposition to family planning services. Second, because elections are planned for May 1993, the government remains unwilling to take a public stance in favor of reproductive health services. Nevertheless, given that the Reproductive Health Services Project is founded on a health rationale, the long-term prospects for its continued success remain positive, particularly given increased demand and developing service capability.

ANNEX C
LOGICAL FRAMEWORK

PROJECT DESIGN SUMMARY

Project Title & Number: Reproductive Health Services 511-0568

Life of Project: From FY 90 to FY 98 (12/31/97)
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal:	Measures of Goal Achievement		Assumption for Achieving Goal Targets
To improve family health throughout Bolivia	Infant Mortality Rate reduced from 102/1000 live births to 81/1000 live births Maternal Mortality Rate reduced from 37/10,000 live births * * Upcoming 1993 UNICEF maternal mortality study will provide the most reliable baseline and projection data for this indicator. Logframe to be updated accordingly.	1994 Demographic and Survey (DHS) 1994 DHS 1993 UNICEF Maternal Mortality Survey	National, International and other health sector programs supported by GOB, NGOs and other donors will continue or increase. Political and economic conditions will not deteriorate
Project Purpose:	Conditions that will indicate Purpose has been achieved: End of Project Status		Assumptions for Achieving Purpose
To increase the access and quality of reproductive health care services in Bolivia	1. Contraceptive prevalence of modern methods increases from 12% to 23% among sexually active women, and is higher than the national average in target areas (La Paz, Santa Cruz, and Cochabamba)	1994 DHS	GOB/Church continue to accept health rationale for reproductive health services The GOB and NGOs will develop effective strategies for providing reproductive health services

Project Title & Number: Reproductive Health 511-0568

Life of Project: From FY 90 to FY 98
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
	2. Increase from 1992 * levels the number of active users of family planning methods using participating service delivery mechanisms (SOMARC measured in CYP) * Baseline data to be established in 4/93. EOPS indicators to be set accordingly.	MIS Service statistics: - Quipus-modern method users - SNISS-Total users - SOMARC sales reports	USAID's assessment that there is high unmet demand is correct

Project Title & Number: Reproductive Health 511-0568

Life of Project: From FY 90 to FY 98
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs	Magnitude of Outputs		Assumptions for Achieving Outputs
1. Increased access to reproductive health services	1a. MOH project facilities in target Health Areas with maternal and child health services include family planning services: - 12/92 3 - 12/94 9 - 12/97 12	MOH service statistics by facility Site Visits	GOB Budget restrictions do not force reduced MOH services GOB policy to provide family planning services as part of reproductive health care does not change
	1b. CNS facilities nationwide with maternal and child health services include family planning services: - 12/92 3 - 12/94 9 - 12/97 15	CNS service statistics, by facility Site visits	
	1c. Participating NGO facilities provide family planning services in expanded project area: - 12/92 100 - 12/94 130 - 12/97 160	NGO technical reports to USAID Site visits	Other health projects and donors will continue to provide complementary support to activities
	1d. 12/92 698,634 condoms sold-SOMARC 12/94 1,000,000 condoms sold-SOMARC 12/97 2,500,000 condoms sold-SOMARC	SOMARC sales records	Prices of reproductive health services and contraceptives not a barrier to use

Project Title & Number: Reproductive Health 511-0568

Life of Project: From FY 90 to FY 98
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
	1e. 12/92 269,284 pill cycles sold-SOMARC 12/94 500,000 pill cycles sold-SOMARC 12/97 800,000 pill cycles sold-SOMARC	SOMARC sales records	
	1f. 6 national reproductive health clinical training centers established in 4 MOH districts: - 12/92 1 La Paz; 1 Cbba - 12/94 2 La Paz; 1 Cbba; 1 Sta. Cruz - 12/97 3 La Paz; 1 Cbba; 1 Sta. Cruz; 1 Sucre	Site Visits Technical reports	
2. Increased knowledge of, and demand for, a full range of reproductive health services	2a. 90% WRA have knowledge of the risk factors for pregnancy, contraceptive methods, and sources of supply	1994 DHS IEC evaluation & dissemination	Participating local NGOs regularly conduct community outreach activities and have outreach materials
3. Increased quality of selected reproductive health care services	3a. MOH Service delivery norms followed	The following MOVs apply to indicators 3a-3c:	General knowledge of norms exists among practitioners
	3b. Informed choice of family planning methods by client	Client records Technical reports Surveys Service statistics method mix	Medical barriers diminished

Project Title & Number: Reproductive Health 511-0568

Life of Project: From FY 90 to FY 98
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
	3c. Number and variety of family planning methods offered at each site	Site visits Focus groups behavioral research	
	3d. Acceptable waiting time in clinics		
	3e. Providers are technically competent		

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

ANNEX C

Project Title & Number: Reproductive Health 511-0568

Life of Project: From FY 90 to FY 98
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Inputs	Level of Expenditure ($ 000)		Assumptions for providing Inputs
USAID Provided:			
1. Support for GOB Activities	2,200	1. Internal monitoring documents, audits	1. Procurement, training, and delivery of TA are accomplished on a timely basis
2. Technical Assistance	12,620	2. Evaluations, Financial reports, audits	2. AID funds are obligated and disbursed on a timely basis
3. Contraceptive Social Marketing	1,975	3. Evaluations, Financial reports, audits	3. GOB and NGO resources (personnel, office space, equipment, etc.) are provided on a timely basis, and in adequate quantity
4. Direct Grants	775	4. Internal monitoring documents, audits	
5. Management Support	1,980	5. Contracting documents	
TOTAL	19,550		

Project Title & Number: Reproductive Health 511-0568

Life of Project: From FY 90 to FY 98
Total US Funding US$ 19,550,000
Date Prepared: 12/92

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Inputs	Implementation Target (Type and Quantity)		Assumptions for providing Inputs
GOB Provided: Requisite Staff, facilities and local costs	$2,030,000	GOB Records	GOB funds for UPP will be available from ESF Local Currency
NGO Provided: Necessary staff, facilities and some local costs to support CA/Contractor inputs	Counterpart contribution will be based on proposals to be submitted	Financial documents, audits	

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ANNEX D

STATUTORY CHECKLIST FOR THE REPRODUCTIVE HEALTH SERVICES PROJECT PAPER, AMENDMENT No. 1, PROJECT No. 511-0568 FOR BOLIVIA

The statutory checklist for FY 93 has not yet been published by AID/W. Therefore, the last published checklist, for FY 91 (HB4, TM 4:25, dated May 21, 1991, pages 3A (1) -1 through 3A (2) - 18, has been used, and the RLA has inserted references to the FY 93 Appropriations Act where appropriate. The RLA has checked the FY 93 Appropriations Act, and the Foreign Assistance Act of 1961, as amended by the International Narcotics Control Act of 1992, and found no provisions which would prevent approval of this Project Paper Amendment.

3A(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable to the eligibility of countries to receive the following categories of assistance: (A) both Development Assistance and Economic Support Funds; (B) Development Assistance funds only; or (C) Economic Support Funds only.

A. COUNTRY ELIGIBILITY CRITERIA APPLICABLE TO BOTH DEVELOPMENT ASSISTANCE AND ECONOMIC SUPPORT FUND ASSISTANCE

1. Narcotics

a. Negative certification (FY 1991 Appropriations Act Sec. 559(b)): Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

-No. FAA 490, as added by INCA 1992.

b. Positive certification (FAA Sec. 481(h)). (This provision applies to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or reeating to international narcotics control, disaster and refugee relief, narcotics education and awareness, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that which significant sums of drug-related profits are laundered with the knowledge or complicity of the government):

(1) does the country have in place a bilateral narcotics agreement with the United States, or a multilateral narcotics agreement?

-Yes. FAA 489 and 490, as added by INCA 1992. The current bilateral narcotics agreement between the U.S. and Bolivian Government was last amended in August, 1992. Negotiations for the 1993 amendment are underway.

(2) has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without Congressional enactment, within 45 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (a) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to satisfy the goals agreed to in a bilateral narcotics agreement with the United States or in a multilateral agreement, to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, to prevent and punish drug profit laundering in the country, and to prevent and punish bribery and other forms of public corruption which facilitate production or shipment of illicit drugs or discourage prosecution of such acts, or that (b) the vital national interests of the United States require the provision of such assistance?

- FAA 490, as amended by INCA '92.

- Prior to obligation of funds during FY 93 for 50% of the assistance allocated to Bolivia (with exceptions noted above), the Executive Branch will have made the certification required under FAA Sec. 490. AID/W will advise USAID/Bolivia when the obligation may be made pursuant to FAA Sections 481 and 490.

c. Government Policy (Anti-Drug Abuse Act of 1986, Sec. 2013(b)). (This section applies to the same categories of assistance subject to the restrictions in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to Congress listing such country as one: (a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required

certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country?

- (a) No.
- (b) No.
- (c) No.
- (d) No.

- These answers are made as of February 4, 1993. These matters should be checked again after the FAA Sec. 490 certification and before obligation.

2. Indebtedness to U.S. citizens (FAA Sec. 620(c): If assistance is to a government, is the government indebted to any U.S. citizen for goods or services furnished or ordered where: (a) such citizen has exhausted available legal remedies, (b) the debt is not denied or contested by such government, or (c) the indebtedness arises under an unconditional guaranty of payment given by such government or controlled entity?

-(a), (b) and (c): All No.

3. Seizure of U.S. Property (FAA Sec. 620(e)(1)): If assistance is to a government, has it (including any government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities?

- No.

4. Communist countries (FAA Secs. 620(a), 620(f), 620D; FY 1991 Appropriations Act Secs. 512, 545): Is recipient country a Communist country? If so, has the President: (a) determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism, or (b).removed a country from applicable restrictions on assistance to communist countries upon a determination and report to Congress that such action is important to the national interest of the United States? Will assistance be provided either directly or indirectly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, Iran or Syria? Will assistance be provided to Afghanistan without a certification, or will assistance be provided inside Afghanistan through the Soviet-controlled government of Afghanistan?

- Not a communist country; No; No.

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5. Mob Action (FAA Sec.620(j)): Has the country permitted or failed to take adequate measures to prevent damage or destruction by mob action of U.S. property?

- No.

6. OPIC Investment Guaranty (FAA Sec. 620(1)): Has the country failed to enter into an investment guaranty agreement with OPIC?

- No.

7. Seizure of U.S. Fishing Vessels (FAA Sec. 620(o); Fishermen's Protective Act of 1967 (as amended) Sec. 5): (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? (b) If so, has any deduction required by the Fishermen's Protective Act been made?

- (a) No, (b) N/A.

8. Loan Default (FAA Sec. 620(q); FY 1991 Appropriations Act Sec. 518 (Brooke Amendment)): (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1991 Appropriations Act appropriates funds?

(a) No, (b) No.

9. Military Equipment (FAA Sec. 620(s)): If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.)

- Yes, this will have been taken into account by the Acting Administrator when approving the FY 93 OYB.

10. Diplomatic Relations with U.S. (FAA Sec. 620(t)): Has the country severed diplomatic relations with the United States? If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption?

- No; N/A.

11. U.N. Obligations (FAA Sec. 620(u)): What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the AID Administrator in determining the current AID Operational Year Budget? (Reference may be made to the "Taking into Consideration" memo.)

- USAID/B believes that Bolivia is not in arrears.

- AID/W will have taken this into consideration in determining the FY'93 OYB.

12. International Terrorism

a. Sanctuary and support (FY 1991 Appropriations Act Sec. 556; FY'93 AA Sec. 554; FAA Sec. 620A): Has the country been determined by the President to: (a) grant sanctuary from prosecution to any individual or group which has committed an act of international terrorism, or (b) otherwise support international terrorism, unless the Presidei
nt has waived this restriction on grounds of national security or for humanitarian reasons?

- (a) No. (b) No.

b. Airport Security (ISDCA of 1985 Sec. 552(b)): Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures?

- No.

13. Discrimination (FAA Sec. 666(b)): Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA?

- No.

14. Nuclear Technology (FAA Secs. 669, 670): Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which

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would contribute significantly to the ability of a country to manufacture a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.)

- No to all questions.

15. Algiers Meeting (ISDCA of 1981, Sec. 720): Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the "Taking into Consideration" memo.)

- See past "Taking into Consideration" memoranda, e.g. for FY 88.

16. Military Coup (FY'91 and '93 Appropriations Acts Sec. 513): Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance?

- No; N/A.

17. Refugee Cooperation (FY 1991 Appropriations Act Sec. 539 FY'93 AA, Sec. 538); Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin?

- Yes.

18. Exploitation of Children (FY 1991 Appropriations Act Sec. 599D, amending FAA Sec. 116): Does the recipient government fail to take appropriate and adequate measures, within its means, to protect children from exploitation, abuse or forced conscription into military or paramilitary services?

- No.

C. COUNTRY ELIGIBILITY CRITERIA APPLICABLE ONLY TO ECONOMIC SUPPORT FUNDS ("ESF")

1. Human Rights Violations (FAA Sec. 502B): Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U.S. national interest?

No; N/A.

3A(2) - ASSISTANCE CHECKLIST

Listed below are statutory criteria applicable to the assistance resources themselves, rather than to the eligibility of a country to receive assistance. This section is divided into three parts. Part A includes criteria applicable to bothÇDevelopment Assistance and Economic Support Fund resources. Part B includes criteria applicable only to Development Assistance resources. Part C includes criteria applicable only to Economic Support Funds.

CROSS REFERENCE: IS COUNTRY CHECKLIST UP TO DATE?

- Yes.

A. CRITERIA APPLICABLE TO BOTH DEVELOPMENT ASSISTANCE AND ECONOMIC SUPPORT FUNDS

1. Host Country Development Efforts (FAA Sec. 601(a)): Information and conclusions on whether assistance will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture, and commerce; and (f) strengthen free labor unions.

This is a family planning project.

(a) No.
(b) Yes.
(c) No.
(d) No.
(e) Yes.
(f) No.

2. U.S. Private Trade and Investment (FAA Sec. 601(b)): Information and conclusions on how assistance will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

The majority of family planning service providers funded by the Project will be private Bolivian organizations. Several (approximately 10) U.S. private firms or non-profit organizations will provide technical assistance, training or commodities. Contraceptives purchased by the Project will be of U.S. source and origin.

3. Congressional Notification

a. General requirement (FY 1991 Appropriations Act Secs. 523 and 591; FY'93 AA Sec. 522; FAA Sec. 634A) If money is to be obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified (unless the notification requirement has been waived because of substantial risk to human health or welfare)?

- Congress will be fully notified before obligation.

b. Notice of new account obligation (FY 1991 Appropriations Act Sec. 514): If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees and has such obligation been subject to regular notification procedures?

- N/A.

c. Cash transfers and non-project sector assistance (FY 1991 Appropriations Act Sec. 575(b)(3)) and FY'93 AA Sec. 571(b)(3): If funds are to be made available in the form of cash transfer or non-project sector assistance, has the Congressional notice included a detailed description of how the funds will be used, with a discussion of U.S. interests to be served and a description of any economic policy reforms to be promoted?

- N/A.

4. Engineering and Financial Plans (FAA Sec. 611(a)): Prior to an obligation in excess of $500,000, will there be: (a) engineering, financial or other plans necessary to carry out the assistance; and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

- Yes.

5. Legislative Action (FAA Sec. 611(a)(2)): If legislative action is required within recipient country with respect to an obligation in excess of $500,000, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?

- Not required.

6. Water Resources (FAA Sec. 611(b); FY'91 and '93 Appropriations Acts Sec. 501): If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the

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Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See AID Handbook 3 for guidelines.)

- N/A.

7. Cash Transfer and Sector Assistance (FY 1991 Appropriations Act Sec. 575(b); FY'93 AA Sec. 571(b)): Will cash transfer or non-project sector assistance be maintained in a separate account and not commingled with other funds (unless such requirements are waived by Congressional notice for non-project sector assistance)?

- N/A. This is a DA funded population project.

8. Capital Assistance (FAA Sec. 611(e)): If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed $1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively?

- N/A.

9. Multiple Country Objectives (FAA Sec. 601(a)): Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

- See No. 2 above.

10. U.S. Private Trade (FAA Sec. 601 (b)): Information and conclusions on how project will encourage U.S, private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

- See No. 2 above.

11. Local Currencies

a. Recipient Contributions (FAA Secs. 612(b), 636(h)): Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currency to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.

- The GOB must contribute 25% of the costs of the public sector activities of the Project.

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b. U.S.-Owned Currency (FAA Sec.612(d)): Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

- No.

c. Separate Account (FY 1991 Appropriations Act Sec. 575; FY'93 AA Sec. 571). If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies:

(1) Has AID (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited may be utilized, and (c) established by agreement the responsibilities of AID and that government to monitor and account for deposits into and disbursements from the separate account?

- N/A. These matters are covered by annual ESF Program Grant Agreements.

(2) Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FAA (depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

- Yes.

(3) Has AID taken all appropriate steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

- Yes.

(4) If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

- Yes.

12. Trade Restrictions

a. Surplus Commodities (FY'91 and '93 Appropriations Acts Sec. 521(a)): If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial

injury to U.S. producers of the same, similar or competing commodity?

- No.

b. Textiles (Lautenberg Amendment) (FY'92 and '93 Appropriations Acts Sec. 521(c)): Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel?

- Bolivia is covered by Bumpers and Lautenberg waivers in the FY 91 AA Sec. 559 and in Sec. 6 of the INCA 1990.

13. Tropical Forests (FY 1991 Appropriations Act Sec. 533(c)(3); FY'92 AA Sec. 532): Will funds be used for any program, project or activity which would (a) result in any significant loss of tropical forests, or (b) involve industrial timber extraction in primary tropical forest areas?

- No.

14. PVO Assistance

a. Auditing and registration (FY 1991 Appropriations Act Sec. 537; FY'93 AA Sec. 536): If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of AID, and is the PVO registered with AID?

- Yes.

b. Funding sources (FY'91 and '93 Appropriations Acts, Title II, under heading "Private and Voluntary Organizations"): If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government?

- Yes.

15. Project Agreement Documentation (State Authorization Sec. 139 (as interpreted by conference report)): Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and AID LEG within 60 days of

the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision).

- USAID/Bolivia will comply with these requirements as applicable, after signing the Project Grant Agreement Amendment.

16. Metric System (Omnibus Trade and Competitiveness Act of 1988 Sec. 5164, as interpreted by conference report, amending Metric Conversion Act of 1975 Sec. 2, and as implemented through AID policy): Does the assistance activity use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will AID specifications use metric units of measure from the earliest programmatic stages, and from earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage?

- Yes, in so far as applicable. Many medical commodities used by the Project for family planning activities are measured in the metric system.

17. Women in Development (FY'91 and '93 Appropriations Acts, Title II, under heading "Women in Development"): Will assistance be designed so that the percentage of women participants will be demonstrably increased?

- Yes.

18. Regional and Multilateral Assistance (FAA Sec. 209): Is assistance more efficiently and effectively provided through regional or multilateral organizations? If so, why is assistance not so provided? Information and conclusions on whether assistance will encourage developing countries to cooperate in regional development programs.

- No. Private sector service providers are more efficient than multilateral organizations in the population field.

19. Abortions (FY 1991 Appropriations Act, Title II, under heading "Population, DA," and Sec. 525; FY'93 AA, Title II, "Population, DA" and Sec. 534):

a. Will assistance be made available to any organization or program which, as determined by the President, supports or

participates in the management of a program of coercive abortion or involuntary sterilization?

- No.

b. Will any funds be used to lobby for abortion?

- No.

20. Cooperatives (FAA Sec. 111): Will assistance help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life?

- Yes.

21. U.S.-Owned Foreign Currencies

a. Use of currencies (FAA Secs. 612(b), 636(h); FY 1991 Appropriations Act Secs. 507, 509): Describe steps taken to assure that, to the maximum extent possible, foreign currencies owned by the U.S. are utilized in lieu of dollars to meet the cost of contractual and other services.

- The FY'93 ESF Program Grant Agreement will reserve $4.0 million worth of local currency for the administrative and operational needs of USAID.

b. Release of currencies (FAA Sec. 612(d)): Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

- No.

22. Procurement

a. Small business (FAA Sec. 602(a)): Are there arrangements to permit U.S. small business to participate equitably in the furnishing of commodities and services financed?

- Yes.

b. U.S. procurement (FAA Sec. 604(a)): Will all procurement be from the U.S. except as otherwise determined by the President or determined under delegation from him?

- Yes.

c. Marine insurance (FAA Sec. 604(d)): If the cooperating country discriminates against marine insurance companies authorized to do business in the U.S., will commodities be insured in the United States against marine risk with such a company?

- Yes.

d. Non-U.S. agricultural procurement (FAA Sec. 604(e)): If non-U.S. procurement of agricultural commodity or product thereof is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? (Exception where commodity financed could not reasonably be procured in U.S.)

- N/A. No agricultural procurement is planned for the Project.

e. Construction or engineering services (FAA Sec. 604(g)): Will construction or engineering services be procured from firms of advanced developing countries which are otherwise eligible under Code 941 and which have attained a competitive capability in international markets in one of these areas? (Exception for those countries which receive direct economic assistance under the FAA and permit United States firms to compete for construction or engineering services financed from assistance programs of these countries.)

- No.

f. Cargo preference shipping (FAA Sec. 603)): Is the shipping excluded from compliance with the requirement in section 901(b) of the Merchant Marine Act of 1936, as amended, that at least 50 percent gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S. flag commercial vessels to the extent such vessels are available at fair and reasonable rates?

- No.

g. Technical assistance (FAA Sec. 621(a)): If technical assistance is financed, will such assistance be furnished by private enterprise on a contract basis to the fullest extent practicable? Will the facilities and resources of other Federal agencies be utilized, when they are particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

- Yes; yes.

h. U.S. air carriers (International Air Transportation Fair Competitive Practices Act, 1974): If air transportation of persons or property is financed on grant basis, will U.S. carriers be used to the extent such service is available?

- Yes.

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i. Termination for convenience of U.S. Government (FY'91 and '93 Appropriations Acts Sec. 504): If the U.S. Government is a party to a contract for procurement, does the contract contain a provision authorizing termination of such contract for the convenience of the United States?

- Yes.

j. Consulting services (FY 1991 Appropriations Act Sec. 524; FY'93 AA Sec. 523): If assistance is for consulting service through procurement contract pursuant to 5 U.S.C. 3109, are contract expenditures a matter of public record and available for public inspection (unless otherwise provided by law or Executive order)?

- Yes.

k. Metric conversion (Omnibus Trade and Competitiveness Act of 1988, as interpreted by conference report, amending Metric Conversion Act of 1975 Sec. 2, and as implemented through AID policy): Does the assistance program use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will AID specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage?

- Yes.

l. Competitive Selection Procedures (FAA Sec. 601(e)): Will the assistance utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

- Yes.

23. Construction

a. Capital project (FAA Sec. 601(d)): If capital (e.g., construction) project, will U.S. engineering and professional services be used?

- N/A.

b. Construction contract (FAA Sec. 611(c)): If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable?

- N/A.

c. Large projects, Congressional approval (FAA Sec. 620(k)): If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed $100 million (except for productive enterprises in Egypt that were described in the Congressional Presentation), or does assistance have the express approval of Congress?

- N/A.

24. U.S. Audit Rights (FAA Sec. 301(d)): If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights?

- N/A.

25. Communist Assistance (FAA Sec. 620(h)): Do arrangements exist to insure that United States foreign aid is not used in a manner which, contrary to the best interests of the United States, promotes or assists the foreign aid projects or activities of the Communist-bloc countries?

- Yes.

26. Narcotics

a. Cash reimbursements (FAA Sec. 483): Will arrangements preclude use of financing to make reimbursements, in the form of cash payments, to persons whose illicit drug crops are eradicated?

- Yes.

b. Assistance to narcotics traffickers (FAA Sec. 487): Will arrangements take "all reasonable steps" to preclude use of financing to or through individuals or entities which we know or have reason to believe have either: (1) been convicted of a violation of any law or regulation of the Limited States or a foreign country relating to narcotics (or other controlled substances); or (2) been an illicit trafficker in, or otherwise involved in the illicit trafficking of, any such controlled substance?

- Yes, USAID/Bolivia has designed and is implementing a screening system under Sec. 487.

27. Expropriation and Land Reform (FAA Sec. 620(g)): Will assistance preclude use of financing to compensate owners for expropriated or nationalized property, except to compensate foreign nationals in accordance with a land reform program certified by the President?

- Yes.

28. Police and Prisons (FAA Sec. 660): Will assistance preclude use of financing to provide training, advice, or any financial support for police, prisons, or other law enforcement forces, except for narcotics programs?

- Yes.

29. CIA Activities (FAA Sec. 662): Will assistance preclude use of financing for CIA activities?

- Yes.

30. Motor Vehicles (FAA Sec. 636(i)): Will assistance preclude use of financing for purchase, sale, long-term lease, exchange or guaranty of the sale of motor vehicles manufactured outside U.S., unless a waiver is obtained?

- Yes.

31. Military Personnel (FY'91 and '93 Appropriations Acts Sec. 503): Will assistance preclude use of financing to pay pensions, annuities, retirement pay, or adjusted service compensation for prior or current military personnel?

- Yes.

32. Payment of U.N. Assessments (FY'91 and '93 Appropriations Acts Sec. 505): Will assistance preclude use of financing to pay U.N. assessments, arrearages or dues?

- Yes.

33. Multilateral Organization Lending (FY'91 and '93 Appropriations Acts Sec. 506): Will assistance preclude use of financing to carry out provisions of FAA section 209(d) (transfer of FAA funds to multilateral organizations for lending)?

- Yes.

34. Export of Nuclear Resources (FY'91 and '93 Appropriations Acts Sec. 510): Will assistance preclude use of financing to finance the export of nuclear equipment, fuel, or technology?

- Yes.

35. Repression of Population (FY'91 and '93 Appropriations Acts Sec. 511): Will assistance preclude use of financing for the purpose of aiding the efforts of the government of such country to repress the legitimate rights of the population of such country contrary to the Universal Declaration of Human Rights?

- Yes.

36. Publicity or Propaganda (FY'91 and '93 Appropriations Acts Sec. 516): Will assistance be used for publicity or propaganda purposes designed to support or defeat legislation pending before Congress, to influence in any way the outcome of a political election in the United States, or for any publicity or propaganda purposes not authorized by Congress?

- No.

37. Marine Insurance (FY 1991 Appropriations Act Sec. 563; FY'93 AA Sec. 560): Will any AID contract and solicitation, and subcontract entered into under such contract, include a clause requiring that U.S. marine insurance companies have a fair opportunity to bid for marine insurance when such insurance is necessary or appropriate?

- Yes.

38. Exchange for Prohibited Act (FY 1991 Appropriations Act Sec. 569 FY'93 AA Sec. 565): Will any assistance be provided to any foreign government (including any instrumentality or agency thereof), foreign person, or United States person in exchange for that foreign government or person undertaking any action which is, if carried out by the United States Government, a United States official or employee, expressly prohibited by a provision of United States law?

- No.

C. CRITERIA APPLICABLE TO ECONOMIC SUPPORT FUNDS ONLY

1. Economic and Political Stability (FAA Sec. 531(a)): Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA?

- Yes; Yes.

2. Military Purposes (FAA Sec. 531(e)): Will this assistance be used for military or paramilitary purposes?

- No.

3. Commodity Grants/Separate Accounts (FAA Sec. 609): If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? (For FY 1993, this provision is superseded by the separate account requirements of FY 1993 Appropriations Act Sec. 571.)

- N/A, not a grant of commodities.

4. Generation and Use of Local Currencies (FAA Sec, 531(d)): Will ESF funds made available for commodity import programs or other program assistance be used to generate local currencies? If so, will at least 50 percent of such local currencies be available to support activities consistent with the objectives of FAA sections 103 through 106? (For FY 1993, this provision is superseded by the separate account requirements of FY 1993 Appropriations Act Sec. 571.

- Yes; Yes.

5. Cash Transfer Requirements (FY 1993 Appropriations Act, Title II, under heading "Economic Support Fund," and Sec. 571(b)). If assistance is in the form of a cash transfer:

a. Separate account: Are all such cash payments to be maintained by the country in a separate account and not to be commingled with any other funds?

- N/A, not a cash transfer.

b. Local currencies: Will all local currencies that may be generated with funds provided as a cash transfer to such a country also be deposited in a special account, and has AID entered into an agreement with that government setting forth the amount of the local currencies to be generated, the terms and conditions under which they are to be used, and the responsibilities of AID and that government to monitor and account for deposits and disbursements?

- Yes. The '93 ESF Program Grant Agreement will cover these matters in detail.

c. U.S. Government use of local currencies: Will all such local currencies also be used in accordance with FAA Section 609, which requires such local currencies to be made available to the U.S. government as the U.S. determines necessary for the requirements of the U.S. Government, and which requires the remainder to be used for programs agreed to by the U.S. Government to carry out the purposes for which new funds authorized by the FAA would themselves be available?

- Yes.

d. Congressional notice: Has Congress received prior notification providing in detail how the funds will be used, including the U.S. interests that will be served by the assistance, and, as appropriate, the economic policy reforms that will be promoted by the cash transfer assistance?

- Yes, Congress will be duly notified prior to obligation.

Febbuary 8, 1993

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A N N E X E

REPRODUCTIVE HEALTH SERVICES
ECONOMIC ANALYSIS

Drafted by Oscar Antezana

1. Introduction

The RHSP is an economically justifiable investment for Bolivia. The benefits to the economy of preventing additional and unwanted births, and of improving the health of women of reproductive age, outweigh the costs of the project, resulting in a net positive gain to society. This conclusion is arrived at through an illustrative or qualitative cost benefit analysis, as the generation of a quantifiable economic rate of return does not lend itself to the analysis given the difficulty of quantifying project costs and benefits in monetary terms. This exercise analyzes the investment in light of Bolivia's positive macroeconomic trends, public investment constraints, poor health status of women and children, and human resource issues related to continued and expanded economic growth.

2. Economic Stability and Growth

Bolivia has entered the 1990s with a stabilized economy after experiencing severely adverse economic conditions and hyperinflation during the first half of the 1980s. Over the past seven years, the 1985 stabilization program has been sustained even in the face of severe terms of trade losses and poor investor response to orthodox adjustment policies. Prudent macroeconomic management helped to reduce internal and external imbalances and, together with the on going structural reforms, supported economic recovery, although still to inadequate levels of growth.

Economic conditions in 1986, the first year following initiation of a comprehensive stabilization and adjustment program, remained extremely difficult, owing mainly to the collapse of the price of tin in the international markets in late 1985. As a result, GDP declined by 2.6% in 1986. In 1987, for the first time in nearly a decade, the economy achieved a positive GDP growth rate of 2.6%, while the average annual rate of inflation declined to 14.6%.

During the last four years (1988-1991), inflation was generally contained within a range of 15-20% per annum. GDP growth averaged 3.1% as exports lead the recovery through average annual increases of 12%. By 1991, the fiscal deficit of the non-financial public sector was reduced to 3.6% of GDP, and the level of net international reserves increased to $200 million. Despite substantial external assistance since 1986, the GOB also made significant efforts to reduce the country's outstanding public external debt, which declined from a peak of $4.3 billion in 1987, to $3.6 billion by December of 1991.

The economy is estimated to have grown by 3.8% in 1992, the second year of significant increase in GDP per capita after fourteen years of negative or zero growth rates. The end of period inflation rate was 10.6%.

One of the remaining obstacles to sustained economic stabilization and growth is the precarious and vulnerable situation of the public finances. The challenge facing the GOB is to broaden the tax base and increase tax revenues, which are about 8% of GDP (the current average for Latin America is around 20%). Current expenditures also need to be reallocated by focusing on the poorer segments of the population and cutting subsidies to most other groups. Expected increases in public savings would then be used to finance public investment, crucial for improving and expanding the country's deficient physical and social infrastructure which inhibits domestic as well as foreign investment.

3. Project Economic Justification

Social problems such as unemployment, low incomes and severe poverty continue, and are expected to affect Bolivia for the foreseeable future. Although the quality and reliability of social indicators from Bolivia remains fairly poor, most available data indicate that social indicators improved during the 1980s and have continued to improve into the 1990s. However, despite these trends showing improvements, most indicators still remain very low when compared to other countries. Bolivia's infant mortality rate, for example, is almost twice the average for Latin America.

A. Social Sector Expenditures: Social expenditures (and urban real incomes) fell with the onset of the economic crisis, from 6.7% of GDP in 1980, to 3.7% in 1985. Since the late 1980s, however, there has been some recovery. In the immediate post-crisis period (1985-1989), social sector expenditures increased slightly (1.6% per year). Between 1989 and 1991, expenditures increased by 4.6% per year, led by increases in education. Despite these efforts constrained by tight fiscal revenues, expenditures in the social sectors remained extremely low. In 1991, social expenditures are still below pre-crisis levels, at only 5.6% of GDP.

Therefore, while the economy fully recovers from its crisis and the financial situation of the public sector improves, international economic assistance becomes critical to the maintenance, not to mention the improvement, of Bolivia's social indicators, particularly in the health area. Current expenditures in the health (including social security) sector followed a similar pattern, declining from 1.9% of GDP in 1980, to 0.5% in 1985, and increasing again to 1.6% in 1991, still below pre-crisis levels.

Public investment in the social sectors depict a worse scenario, declining from $57 million (or 19% of total public investment) in 1987, to $32 million in 1991 (8% of total public investment). Public investment in the health sector increased

marginally during the same period, from $7.4 million to $11.1 million.

B. Health Conditions: The country has a young age structure with about 43% of the population under the age of 15 and with a dependency ratio of 85. From a public health point of view, the Project has rightly accorded importance to one of Bolivia's most vulnerable groups - women of reproductive age (15-49), which represent a substantial portion of the population and of health care users.

The health status of women of reproductive age is a major public health concern, as suggested by the exceptionally high maternal mortality rate (373 deaths per 100,000 live births). The major causes of death are abortion (induced or spontaneous) and hemorrhage, which are related to the relatively low proportion of health facility based deliveries, induced abortions due to misinformation, and poor quality and low utilization of maternal child health (MCH) services, with a 50% coverage rate for prenatal care. Therefore, priority needs to be given to expanding access to and utilization of MCH services, as well as broadening educational opportunities for women, which will have positive synergistic effects on child mortality and fertility.

As in many other developing countries, the poor child life expectancy prospects are associated with low birth intervals, high levels of fertility, as well as a high prevalence of malnutrition. Children born after a birth interval of less than 2 years experience mortality rate 3-4 times higher than those born after an interval of at least 4 years. The Total Fertility Rate (TFR) is estimated at 4.9, one of the highest in Latin America, which has an average of 3.7. High fertility can be explained by a relatively low age at marriage (21 years), a low modern contraceptive prevalence rate, and a post-partum infecundability period of 11 months. Chronic malnutrition afflicts close to 40% of children (age 3-36 months), which is significantly higher than in neighboring countries (Colombia: 25%, northeast Brazil: 29%).

C. GDP Growth and Labor Force: Bolivia has severe population problems in terms of quantity, quality and distribution. Based on preliminary findings of the last population census undertaken in June, 1992, the annual population growth rate in the last sixteen years (the last time when a census was carried out) has been about 2.25%.[1] Given this rate and the struggling performance of the economy in the recent past, the ability of the

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[1] Results of the census estimate an annual population growth rate of 2.03% between 1976 and 1992. Adjusted by an omission rate of 8%, the adjusted population growth rate is estimated at 2.25%.

economy to absorb the population growth rate has been alarmingly low. Owing mainly to the still fragile situation of the economy, it appears that the country will suffer from high unemployment rates and low GDP per capita levels in the foreseeable future.

With a GDP per capita level of about 20-25% below the 1980 level, consumption also declined even more dramatically. Moreover, there are reasons to believe that the income distribution has deteriorated, resulting in a possible decrease of the quality of life of the poorest and the inclusion of many more into the circle of poverty. Human resources are the major source of national wealth. An individual must produce not only for the present, but for the future as well. That is, the citizen must make a net contribution to the development of the country. To this end, mother and child morbidity rates need to decline. Children, on whom so much time, dedication and resources are vested, must become healthy persons who will produce much more than what was invested in them. In this regard, Bolivia requires a healthy human population base capable of learning and applying all the skills at necessary to contribute to the development of the country.

Population programs and greater access to health services facilities for the majority of the population, should be considered as part of a larger development effort. On the one hand, Bolivia needs a good human resource base to achieve high rates of economic growth. On the other, if Bolivia does not have extraordinary economic growth, the population problem (i.e. quantity, quality and distribution wise) could contribute to social instability.

4. Project Economic Analysis

A. Internal Rate of Return In some cases, attempts have been made to justify USAID health projects in terms of their economic benefits in relation to their costs. An "internal rate of return" is estimated in this process. This kind of justification would not be appropriate for this project. Among them are the inadequacies of estimates of project benefits in monetary terms due to the existence of benefits that cannot be quantified. The spillover of benefits to persons beyond the immediate patients is a related complication to the approach. Another is the lack of a market for pricing each service.

B. Illustrative Benefit-Cost Analysis The Project will address population issues through family planning activities. To this end, an assessment of the net saving accruing to Bolivia from 1) a reduction in the birth rate, 2) an improvement in the health status of the population, and 3) an extension of health facilities and services needs to be made. At this stage we can do no more than draw on another study purporting to give some idea of the general order of magnitude involved. The methodology used in the study involved estimating 1) the minimum annual consumption

requirements per person over his lifetime (which in the case of Bolivia the minimum required daily calories consumed is below U.N. recommended standards); 2) additional government outlays in social and physical infrastructure required per person (which has been declining since the onset of the crisis); 3) the annual marginal product that an individual, on the average, can be expected to contribute to the GDP during the course of his lifetime; 4) his annual net contribution per capita (i.e. his marginal product less personal consumption and less cost to the public sector), which turned out to be sharply negative. This negative product is then discounted to the present (at 10% per annum) over the lifetime of the individual. The study concluded that the saving to society per birth avoided is equal to approximately 1.25 times the average annual per capita GDP. If this ratio could be applied to Bolivia with a current per capita GDP of about $620 in 1990 dollars,[2] the total saving to Bolivia of preventing a birth would be in the order of $775 ($620 x 1.25). As indicated above, this calculation is illustrative of the general order of magnitude that may be involved.

There are several reasons why the present economic value of a new infant should be negative, i.e. why the cost to society should exceed the expected marginal product of the individual over his lifetime. First, is the fact that the marginal product of an additional person is likely to be very low in a society characterized by substantial unemployment, underemployment and undernutrition. Second, consumption starts soon after birth, but production begins only after 12 to 15 years of age. Third, a significant proportion of all infants die before they are old enough to work. Fourth, mothers that die at early stages of their life and have a negative net contribution to the GDP during their short lifetime time, represent a heavy "investment" or even loss to society. And fifth, population growth and the provision of health services for a larger population require substantial additional investments in health, education, housing, and physical infrastructure which are costly but entail a very long payback period.

C. **Cost Effectiveness** With regard to justifying the project on a cost effectiveness basis, there is a prima facia case that the proposal to carry out this project through the Public Health System is the most effective way. There are no viable alternatives. The main points in support of this argument are as follows:

a. Channelling health services through the existing Public Health System is the least expensive way since there is no other national health service in the country.

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[2] Latest IBRD estimate.

b. Since the project is primarily directed at the mother and child groups, which have been the least protected by the economic crisis and left out of the scarce available public funding, only the Public Health System has the capability of reaching the poor majority in both the urban and rural areas.

c. There are economies of scale in providing health services on a massive scale. If the project were not implemented through the Public Health System, these services could only be provided at much higher cost, if at all.

d. Channelling the services through some other institution, would entail charging for the services, eventually on a full cost basis, which many of the poor cannot afford.

e. The project will deliver health services as part of an integrated approach with promotional and educational interventions, as well as with the help of modern medicine. The project will also include traditional medical practices. Thus, the project aims at achieving general accessibility by providing solutions that are socially and culturally acceptable. Clearly, only a broad system directed at the general population, can incorporate these diverse activities.

A N N E X F

SOCIAL SOUNDNESS ANALYSIS

The principle beneficiaries of the Reproductive Health Services Project (RHSP) are the target populations who will be better educated about the health benefits of reproductive health practices. Several factors explain the low acceptance of family planning in Bolivia. Based upon two years of project implementation and on several qualitative studies carried out under RHSP auspices, the main factors are: lack of information, lack of access to quality reproductive health care services, macho attitudes (from women as well as well as men, religious opposition, and medical barriers. In order to overcome these obstacles, the RHSP will continue to promote attitudinal and behavioral change through working with the existing community structures by providing sex education, information and communication and reproductive health promotion and services. As in the case of most development interventions, other variables will impact on reproductive decisions.

The recent National Population and Housing Census conducted in June 1992 indicates an alarmingly high rate of population increase in most Bolivian cities due to rural-urban migration. A large percentage of these recent urban populations still adhere to traditional rural attitudes and behaviors. They are also characterized by low educational levels and poor economic status limiting the possibilities to access health care services.

Although Bolivia has three major ethnic groups (the Aymara in La Paz and the Altiplano, the Quechua in Cochabamba and the valleys, and the *mestizo* people of Santa Cruz), certain cross-cultural similarities exist. Sex roles of men and women are fairly similar throughout the country as is the role of the traditional medical providers. Although community relations vary, certain activities exist within each of the communities that provide an avenue to promote reproductive health services. A limited number of pilot activities to introduce reproductive health in rural areas will be initiated in the expanded RHSP. Pilot activities will be conducted through other USAID health project, Bolivian NGOs working in rural areas, or through operations research designed to meet the cultural and health care needs of special populations.

Sex Roles. Macho attitudes are pervasive throughout each ethnic grouping. Men make the political and economic decisions, while women are responsible for the children and expected to generate family income. Women are generally the stable force within the household, while men are frequently absent on business or pleasure. In designing reproductive health IEC strategies, it will be important to address male attitudes and encourage male participation and responsibility within the family. Previous studies and experience indicate that teaching health practices and

educating women will result in positive health attitudes and practices.

Access to Quality Reproductive Health Services. The economic crisis of the past seven years has increased dramatically the demand for family planning. The 1989 DHS reported that fifty-eight percent (58%) WRA did not want to have any more children. Many women do not have the information or the economic resources to access quality modern RH care. As a result Bolivia has a very high prevalence of natural family planning methods which are not used correctly. The rate of abortion is also very high, an estimated thirty percent (30%) of all pregnancies. The main strategy of the RHSP to date has been to encourage the public and private sectors to provide broad RH services to low-income populations. The expanded strategy will be to continue supporting this service provision; intensify technical assistance in the areas of training, research and IEC; and extend services to the growing mid-size cities.

Community Relations. In every community structures do exist to facilitate the promotion of reproductive health services. Unions, for example, which are strong political entities, have been able to counter religious opposition and offer clinical space for reproductive health services. Mothers' Clubs and other women's associations, active in peri-urban areas, provide an opportunity to educate women about reproductive health. Community gathering sites such as markets and fiestas also provide an opportunity for education and information.

Addressing the underlying social structures and working through them has proved to be an appropriate strategy to provide reproductive health education and services. RHSP supported behavioral and qualitative studies have identified traditional social networks, health practices, and communication sources which are crucial to the design of culturally acceptable messages and services.

Gender Issues. Family planning plays an integral part in raising the status of women. In the RHSP reproductive health serves as a tool for promoting better health for women and their children. Improving women's health will increase their economic opportunities. At the same time, reproductive health provides women with a means of controlling their fertility and reducing their dependency on abortion. Raising the level of consciousness may prompt women to challenge the traditional macho attitudes that influence male female relations. A special effort will have to be made during the expanded RHSP to incorporate particularly difficult populations such as men and adolescents. The goal is to encourage men to share the traditional responsibility in deciding the number and spacing of their children and educate the next generation in a new concept of shared responsibility.

Future IEC activities will continue to provide the public with information on the health benefits of reproductive health. Education materials, such as printed brochures, videos or radio cassettes about reproductive health, will continue to ba available in clinics and will allow women to make an informed decision about contraception. Mass media campaigns will be undertaken to emphasize the health benefits of reproductive health and promote the status of women.

Several training opportunities will also be developed. Volunteer promoters will continue to be a major avenue for information and education. Promoters are generally women from the community who are trained to provide reproductive health information and distribute barrier methods. Organizations will continue to train medical and paramedical staff, administrators and educators, thus improving the skills level of many women.

It is difficult to discuss reproductive health without considering how it affects the status of women. The RHSP addresses the status of women with the provision of eduction, training and the opportunity to discuss the number and spacing of their children. An additional goal to the amended project, as mentioned above, will be to incorporate men in the decision process through intensive education, information, communication and extension of appropriate services.

ANNEX G

DATA COLLECTION, MONITORING, AND EVALUATION PLAN

A. Introduction

The purpose of this exercise is to conduct periodic monitoring activities allowing for: (1) qualitative review of progress in attaining program objectives, as well as the project goal and purpose, (2) analysis of administrative and managerial efficiency, (3) assessment of cost effectiveness in program implementation and (4) appraisal of technical capabilities.

The Reproductive Health Services Project (RHSP) will undertake a wide array of data collection, monitoring and evaluation (M&E) activities during the period 1993 - 1997. A major element of the RHSP M&E Plan will consist of either monthly, quarterly or annual reviews of GOB, CA and CSM program implementation performance. The GOB consists of the MOH, CNS and UPP. The MOH and CNS performance reports (provided quarterly by the Quipus and SNISS system at the MOH) and various other documents (financial, programmatic, trip reports, special reports on training, seminars, etc.) will be utilized in preparing these reviews. For the CAs, existing mechanisms for coordination will be encouraged in order to ensure effectiveness of efforts. More specifically, CAs, including CSM, will provide annual workplans, trip reports, financial reports and any other documents which will assist in the review of their performance under the project.

With the experience of the initial stages of implementation which began o/a September 1990, availability of the 1989 DHS and Secondary Analysis Studies (e.g. Maternal and Child Health in Bolivia), and the findings of the midterm assessment of the Bolivia Reproductive Health Project, September 1992, a better understanding exists regarding the types of data that are most essential, reliable and accessible for managing the project. Another more comprehensive external evaluation of the RHSP will be conducted late in 1994 and a final evaluation at least six months prior to the conclusion of the project in 1997. These in-depth evaluations will assess performance in relation to the original stated purpose of the project and to determine whether the priorities and strategy continue to be appropriate in the Bolivian context.

Beginning early 1994, the second Demographic and Health Survey (DHS) will be undertaken to measure reproductive health performance indicators, approximately five years following the first baseline DHS of 1989. The 1994 DHS estimates are scheduled to be available by late 1994. This second DHS survey should provide clear guidance as to whether RHSP goal and purpose indicators can be obtained by 1997. Also, in May 1993, once final data derived from the 1992

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National Census becomes available, the UPP will continue to study the analysis of census data in order to better determine progress.

1. Users of the Information. The primary users of the information generated by the M&E Plan will be the USAID/Bolivia Health and Human Resources Office, other USAID offices AID/Washington, the MOH, CNS, and UPP, participating Bolivian organizations, U.S. Cooperating Agencies, and other donor organizations (e.g. PAHO, UNICEF, UNFPA, The World Bank) that support segments of the reproductive health and child survival program in Bolivia.

2. Institutional Locus: An important goal of the project will be to continue to strengthen data collection, analysis and policy formulation capabilities in Bolivia. While the major studies for the RHSP will be conducted by survey research organizations, USAID will encourage that public sector institutions (e.g. UPP, INE, CIAES, CIES) engaged in basic data collection and research on reproductive health issues be strengthened further. In addition, USAID will manage the submission of technical and special reports so that they are submitted according to schedule and that they follow a format that can easily be utilized for decision-making (e.g. presentation and diffusion of summarized data, issues, findings, conclusions, recommended actions).

B. Questions, Indicators, Data Collection Methods and Analysis

1. Program or Sector: The goal is to improve family health throughout Bolivia.

a) Goal Level Question: To what extent has there been an improvement in maternal and child health?

b) Goal Indicators: The following indicators will be employed to measure success in achieving the overall goal.
- Infant mortality rate
- Maternal mortality rate

c) Data Collection Methods and Analysis: While the MOH currently collects mortality and morbidity data in each district, its reliability is suspect. The MOH, USAID and other donors are supporting activities to increase the reliability of health data. As reliability improves, the MOH's Health Information System (SNISS) will pick up more cases of infant, child and maternal mortality and morbidity and therefore, will show increasing mortality and morbidity rates. To date, the MOH system is weak, therefore, tracking changes in mortality rates will depend on other data collection sources. Additionally, maternal death is much less common than childhood death and, therefore, more difficult to measure.

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The DHS will be conducted again in 1994. The DHS will cover the entire country and will be useful for tracking reductions in mortality and morbidity to which not only this project will contribute, but to which several USAID child survival and other donor projects will also have contributed. In addition, UNICEF plans to conduct a nationwide maternal mortality survey in 1993 which for the first time ever will provide better baseline figures on the maternal mortality rate in Bolivia.

2. Project Purpose: The project's purpose is to increase access and quality of reproductive health services.

a) Purpose Level Question: To what extent has there been an increase in the use of reproductive health services?

b) Purpose Indicators: The following indicators will be used in evaluating the purpose of this project.

- Contraceptive Prevalence of modern methods increases from 12% to 23% among sexually active women, and is higher than the national average in target areas (La Paz, Santa Cruz, and Cochabamba)

- Increase from 1992 baseline levels of number of active users of family planning, methods, using participating service delivery mechanisms

c) Data Collection Methods and Analysis: Changes in contraceptive prevalence will be monitored by a combination of methods. The national pre-implementation level of contraceptive prevalence has been measured by the 1989 DHS and will be measured again in 1994. With sampling in project areas, the DHS should give a fairly good idea of the extent to which contraceptive prevalence has increased from the beginning of project activities. As in the past, the DHS will collect information on knowledge of family planning methods, ever use and current use of contraception, source of supply for services, unmet demand for contraception, duration of use and reasons for non-use.

The number of active users of family planning methods (by the type of contraception chosen) will be collected as part of service statistics of project site through the establishment of a project MIS by TFG/Options (QUIPUS). The result of SOMARC's activities will be measured in Couple Years of Protection distributed. The USAID project managers will monitor this statistic over time to determine the extent to which demand is increasing in each of the sites. If the data show that demand remains low in general or particularly so in some sites, a special study may be initiated to explore what factors may be inhibiting demand. If some sites are showing particularly positive trends, it may be just as useful to initiate a study exploring those factors that may be contributing to success.

3. Project Outputs: The major outputs of the project will consist of (1) increased access to reproductive health services, (2) increased knowledge of, and demand for, a full range of reproductive health services, and (3) increased quality of selected reproductive health care services.

a) Output Level Questions: Major output level questions include the following: (1) Have reproductive health services become more readily available throughout Bolivia (either through MOH, CNS, NGOs or CSM program sources)? (2) How has the level of unmet demand for and knowledge of reproductive health services changed over time in Bolivia? (3) Has the quality of Reproductive Health Service delivery improved over the project period (in terms of the frequency and quality of client/provider contact, the availability of a broad method mix, enhanced quality procedures, and reduced medical barriers)?

b) Output Indicators: The following output indicators will be employed to measure achievement of project objectives:

- 12 MOH project facilities in target Health Areas with maternal and child health services include family planning services

- 15 of CNS facilities nationwide with maternal and child health services include family planning services

- 160 participating NGO facilities provide family planning services in expanded project area

- 2,500,000 condoms sold-SOMARC

- 800,000 pill cycles sold - SOMARC

- 6 national reproductive health clinical training centers established in 6 MOH districts

- 100% of participating local NGOs regularly conduct community outreach activities and have outreach materials

- 90% WRA have knowledge of the risk factors for pregnancy, contraceptive methods, and sources of supply

- MOH Service delivery norms followed

- Informed choice of family planning methods by client

- Number and variety of family planning methods offered at each site

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- Acceptable waiting time in clinics

- Providers are technically competent

c) Data Collection Methods and Analysis: Project outputs will be evaluated primarily through the same instruments used to assess the project goal and purpose; namely DHS surveys, MIS service statistics (QUIPUS), NGO, MOH, CNS program performance data and USAID monitoring reports.

For example, data on the percent of MOH project facilities and CNS facilities nationwide with maternal and child health services that include family planning services will be derived through an analysis of MOH and CNS service statistics by facility. Further verification of this data will be supplemented by periodic site visits by the USAID Project Manager. The percent of local NGOs continuing to provide family planning services as part of reproductive health care and the percent of these NGOs which conduct community outreach activities and have outreach materials will be determined through an analysis of the PVO technical reports sent in to USAID. The percent of SOMARC outlets which offer the full range of pills and condoms offered by the program will be verified by analyzing SOMARC sales records by outlet and by periodic site visits to the outlets by the USAID Project Mangers.

E. Special Studies

This project will assist in the establishment of a MIS system for improving the quality of reproductive health service statistics. Support will also be provided to CONAPO in order to strengthen capabilities in population and development planning, and this project will also assist private sector evaluation and research efforts over the period 1992-1997. For example, See Annex I, US Cooperating Agencies, Updated Description for a discussion of special studies, operations research, evaluations, data analysis, etc. to be conducted by many of the Cooperating Agencies that are providing technical support to the RHS Project.

F. Feedback

Evaluation research reports supplied by CAs and Local contractors will be carefully reviewed by USAID to ensure that data is reliably collected, responsibly analyzed and effectively disseminated. Efforts will be made to see that research findings are presented in a timely and concise manner that allows for their ready incorporation in program evaluation activities (including internal USAID quarterly, annual and final impact evaluations) and policy analysis oriented to the design of future reproductive health programs. In-country seminars and workshops will be sponsored in order to facilitate more effective dissemination of evaluation research findings.

G. Budget

The total budget for data collection, monitoring and evaluation activities is $2,325,000 (twelve percent (12%) of the total 1990-97 RHSP budget). This figure is an underestimate since all project components and CA activities have formative and impact evaluation expenditures. However, easily separated individual budget items are shown below:

	ACTIVITY	BUDGET
1.	DHS, 1994	$450,000
2.	QUIPUS, Strengthening MIS	$150,000
3.	Operations Research (70% of total)	$945,000
4.	IEC Evaluation Research	$100,000
5.	Mid-term Project Evaluation	$ 50,000
6.	Final Rep. Health Evaluation	$ 80,000
7.	DHS or CPS, 1997	$550,000
	TOTAL	$2,325,000

H. Evaluation Schedule

The Schedule for major survey research activities under the RHSP amendment is as follows:

ACTIVITY	IMPLEMENTATION DATE	COMPLETION DATE
1. 1994 DHS	10/93	12/94
2. QUIPUS Evaluation	9/93	11/93
3. Midterm Evaluation	11/94	2/94
4. Final Evaluation	5/97	7/97

A N N E X H

SUMMARY EVALUATION OF NATIONAL COORDINATION COMMITTEE AND TECHNICAL SUBCOMMITTEES, April 1992

Introduction

After almost two years of implementation of the bilateral USAID/Bolivia Reproductive Health Services Project (511-0568), signed on July 1990, the HHR Office felt the need to undertake a rapid opinions assessment of the impact on the public and private sector institutions that participate in the RHS project. A midterm formal evaluation is contemplated for 1993, but it was thought that an interim assessment could serve as a guide to prepare for a project reformulation in case more funding becomes available.

Before project initiation, there were a number of small local institutions working in family planning with the help of centrally-funded contractors such as FPIA, The Pathfinder Fund, John Snow Inc. etc. The institutions worked in a low key fashion, without coordination among themselves or with guidance from a general plan of the Mission. Since this project marks the first time that USAID has signed a bilateral agreement with the GOB for sensitive activities such as reproductive health and family planning, all the coordination activities within the public and private sectors and their activities within a coherent plan are necessarily empirical in nature and have so far constituted an unprecedented challenge for the implementing parties. Thus, HHR felt it important to assess participants' opinions on the implementation of the project activities to date.

During March and April 1992, an informal rapid assessment of these opinions was conducted based on the attached questionnaire. Eleven institutional directors were interviewed: four directors were from public institutions, MOH, CNS, UPP and Maternidad Urquidi in Cochabamba; five directors were based in La Paz, five in Cochabamba and one in Santa Cruz.

Summary of Results

1. The general consensus was that there has really been a change in the environment for RH and FP during the past two years, supported by the GOB National Child Survival and Maternal Health Plan which a RH program. Health personnel generally felt more entitled to working in these fields, although some fears and opposition persist for a number of reasons, ie. lack of information or threat to personal interests.

   "Now there is acceptance and even demand of FP services, it even exceeds what we can offer." (private sector interviewee)

   "There is a very positive change. Our staff accepts RH as another regular activity. On the public opinion side, it has been even more dramatic; there are no

negative reactions to mass media spots." (public sector interviewee)

"Opening is much more on the public opinion side, now there is an awareness of women over their reproductive risks which increases demand. There are inroads in the health personnel but it is more difficult because some perceive it as an added workload and conflict with their private practice interests." (public sector interviewee)

"The new position of the GOB is beneficial to all; their plan legitimates our RH program with workers, unions, campesinos etc. upon demand created by the economic crisis." (private sector interviewee)

2. Most NGOs had limited previous experience working via AID-centrally-funded subgrants. In the public sector, the experience was even more limited in service provision, ie. the small "Lucha contra el Aborto" project of the MOH. The history of demographic research and analysis was longer and more successful with CONAPO.

They all see advantages with the introduction of the RHSP in that they have more accessibility to TA in several fields, equipment and materials.

"We work since 1983. Since the USAID project started, there has been change in all sectors; there is more assistance. There are advantages in coordinating with other institutions because it stimulates competition, which in turn stimulates demand." (private sector interviewee)

"There has been a change. Activities have been reorganized under Reproductive Health criteria which is an advantage to all. The attention to women's integral health problems also contributes to the empowerment of women in the labor and social processes." (public sector interviewee)

"The most significant contribution of the project has been a rigorously technical and non-ideological treatment of the RH problem. Presentation and discussion in technical terms of these variables has been very good in introducing themes surrounded by prejudice and myths." (public sector interviewee)

"The improvement in our infrastructure as a consequence of the project allows us to offer delivery care. All have been advantages, except that for minor equipment we are allowed to buy only US-made which increases costs." (private sector interviewee).

3. Most institutional directors expressed that they maintained a good relationship with the MOH, have signed agreements, send them their service statistics and follow some of their programs whenever commodities are made available to them. The public sector expressed

that now they have an "open door" policy to all private institutions working in the field.

4. Almost all of the participants offer a wide range of RH services such as detection of cancer and STDs, prenatal and post-partum control, FP, detection of reproductive and obstetric risk, and gynecological diseases in general. They all feel that the demand over these two years has increased considerably.

"We provide only temporary methods. The project has influenced our service delivery in that now we can offer a longer schedule of attentions and a wider variety of services. Our demand has increased; our clients come from places farther than our area of influence; our fees are the MOH's." (private sector interviewee)

"Although services are not totally implemented, we have five training centers, services offered are FP, cancer and STD detection, reproductive risk, gynecological pathologies and general control of women's health. Our demand has increased coming even from rural areas." (public sector interviewee)

"We offer services for cancer and STDs detection, FP, pre and post-natal control, deliveries, post-partum IUD and work with TBAs also. Our clients come 60% from our District and 40% from outside." (private sector interviewee)

"Now we can reach zones that that farther because we have the means and the staff. We recruit our patients in outreach before a campaign, we do screening of potential patients in coordination with the MOH local authorities." (private sector interviewee).

5. With the exception of institutions located in other cities, all knew of and participated in the National Coordination Commission and/or Technical Subcommissions. They all thought the committees as the ideal spaces for interchange of information and cooperation. The ENLACE bulletin was perceived as a very useful means of communication, ideal for creating a common language in technical RH issues. They all agreed that Regional Subcommissions are necessary.

"These commissions are of great help for specific issues, they sort of keep the water boiling for everybody. ENLACE is also good as information source, would be better if it had technical updates. Of course regional commissions would be important because of the regional differences, ie. working in Sucre would be quite different." (private sector interviewee).

"The CNC and the technical subcommissions are fundamental for our actitivites, their technical inputs are substantive. We need regional commissions for decentralization. ENLACE is a good communications

medium which helps everybody to start talking a common language. It is important that it becomes more known and has more MOH participation." (public sector interviewee).

"We know the commissions and participate in them. Some work harder and better than others. It seems that when there are specific common tasks to undertake there is no problem. ENLACE is important to get other institutions' information." (private sector interviewee)

6. In general, both public and private sector entities, perceived the administrative and logistics support area as conflictive, very bureaucratic and slow, especially they mentioned the provision of commodities. They did not have suggestions for improvement.

"The fact that we receive disbursements in bolivianos and have to account in dollars at a fluctuating exchange rate, makes procedures difficult and leads to problems with AID auditors. Also the duration of the whole disbursement procedure even after formal approval of the annual plan." (public sector interviewee)

"The system is not opportune. Perhaps we need more time to learn and constant technical assistance, ie. financial management workshops." (public sector interviewee)

7. All the institutions conducted IEC activities in their own way but acknowledge the need for more and better materials in larger quantities to distribute to their populations, notably in FP methods and their use. They were anxiously waiting for the materials being developed at that time by the IEC Subcommission with JHU/PCS.

"We do our own IEC through promoters, traditional healers and even the campesino unions whom we contact through group talks and home visits. We do not have enough materials. We found it important to approach traditional healers starting with the issue of clean deliveries; when they have complications, TBAs refer to us." (private sector interviewee)

8. Public institutions saw continuity as the main issue for the future of their RH programs, while private institions worried about the issue of self-sustainability which they saw as very hard and long-ranging goal in the health area and more particularly in the RH services provision.

"To think about self-sufficiency in RH services is complicated; the users curve grows very slowly, will surely take a very long time. In general terms, the provision of these services is a hole instead of a contribution." (private sector interviewee)

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In order to think of any future for our RH activities, we are trying to incorporate them both programmatically and financially into our global community health program. There are no possibilities of self-sustainability in the rural areas." (private sector interviewee)

"We definitely see the importance of surgical methods as a contribution for self-sufficiency; we need to complete our package with the possibility to assist abortion complications with the proper equipment." (private sector interviewee)

"The future of the RH program, its continuity will depend on our ability to make it a national program not only a project, meaning to pull in inter-institutional resources so as to strengthen it in coordination with other programs, not vertically." (public sector interviewee)

9. All the directors thought the project should offer more services and methods, including permanent ones, to allow for self-sufficiency. It should also expand geographically to higher risk rural settings.

"Every technical subcommittee should design an annual work plan and more concrete activities should be encouraged in the ones that are slower. Also the project should try to generate broader coordination with other donors working in RH in the country." (public sector interviewee)

"We would like to suggest to USAID that they should expand their support to integrated women's health attentions. In fact, we recognize the fact that this project has opened up the door for the MOH to work with NGOs. We should plan for periodic evaluation meetings for feedback to all." (public sector interviewee)

10. Unanimously they claimed their primariry need was in training of all sorts of personnel, medical, paramedical, promoters, IEC etc. Quite a few also mentioned their management and planning skills' needs. They meant both formal and on-the-job training through technical assistance in place.

"We need more technical assistance and training in counselling, as well as in other more modern and sophisticated methods such as Norplant and also in management and logistics. We should not neglect training in rural areas outreach, ie use of condoms would be a challenge." (private sector interviewee)

"We would like to see our general or family physicians and other paramedical staff trained in the provision of RH services. We would also like to see other services being implemented elsewhere." (private sector interviewee)

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1)
Cómo percibe usted el ambiente nacional y local en relación con la Salud Reproductiva en general y en especial con la Planificación Familiar? En la opinión pública? Entre el personal de salud?

2)
Trabajaba usted antes de 1990 y/o de su incorporación al Programa de SR de AID en el área de la SR? En qué forma ha contribuído el proyecto en sus actividades regulares?
Cuál es el cambio cualitativo que se ha producido en su institución con estas actividades? Ventajas? Desventajas?
Podría mencionar algunas agencias que los han colaborado en este tiempo?

3)
Cuál es su relación con el sector público de salud?

4)
Cuáles son sus prestaciones de servicios de SR? Ha habido algún cambio en sus sistemas de atención como consecuencia del proyecto? En su demanda? De dónde vienen sus clientes?

5)
Conoce usted de la existencia y funciones de la CNC y de las Subcomisiones Técnicas de coordinación del Programa? Del Boletín ENLACE? Cuál su opinión? Qué opina sobre la creación de subcomisiones regionales?

6)
Es adecuado a sus operaciones/intereses el sistema de administración y apoyo logístico del proyecto? Recibe sus insumos oportunamente? Alguna sugerencia para mejorar?

7)
Cuáles son sus actividades de IEC? Las realizadas antes del proyecto? Y ahora? Considera usted que son importantes?

8)
Cómo ve el futuro de su organización en lo que se refiere a sus actividades de SR? Sus planes de autofinanciamiento?

9)
Alguna sugerencia y/o recomendación para la ejecución del proyecto? En la prestación de servicios? En capacitación? en Investigación o políticas de población?

10)
Qué áreas identifica usted como sus necesidades importantes de asistencia técnica para fortalecer su institución y su programa de Salud Reproductiva?

PERSONS INTERVIEWED

1. Dr. Miguel Angel Ugalde
   Chief, Reproductive Health Program
   Dirección Nacional de Atención a las Personas (DINAP)
   Ministry of Public Health

2. Dra. Cristina Rentería
   Coordinator, RH Program
   Caja Nacional de Salud

3. Lic. René Pereira Morató
   Director, Unidad de Políticas de Población (ex-CONAPO)
   Ministry of Planning and Coordination

4. Dra. Liselotte Barragan
   Director, Fundación San Gabriel
   La Paz

5. Lic. Ma. Luisa Rada
   Director a.i., Centro de Investigación, Estudios y Servicios (CIES), La Paz

6. Dr. Luis Santa Cruz
   Jefe de Servicios Médicos, PROSALUD
   Santa Cruz

7. Dr. Walter Salinas
   Director, Maternidad Urquidi
   Unidad Sanitaria Cochabamba

8. Lic. Wilfram Hinojosa
   Director, FEPADE
   Cochabamba

9. Dr. Jorge Quiroga
   Director, MEDICO
   Cochabamba

10. Dres. Oscar Niño de Guzman & Nancy Méndez
    Directores, PROMEFA
    Cochabamba

11. Dr. Ramiro Becerra
    Director, Centro de Prevención contra el Cáncer
    Cochabamba

A N N E X I

U.S. COOPERATING AGENCIES, UPDATED DESCRIPTION

As mentioned in the descriptive text of this amendment, the major element of the project strategy is providing technical assistance via U.S. Cooperating Agencies (CAs). This strategy mirrors the global strategy of the Office of Population (R&D/POP). R&D/POP has developed strong technical capabilities in policy, research, training, IEC and service activities. These strengths are available to AID population projects around the world via certain CAs.

In order to access these capabilities, the project planned a series of buy-ins to technical CAs centrally-funded by R&D/POP. With FY 90 funding the Reproductive Health Services (RHS) project bought into 4 CAs for five technical services: Pathfinder, services; John Snow, activities in Cochabamba; Development Associates, training, and; The Futures Group, policy activities and social marketing development. In FY 91, the project developed six buy-ins to continue support and augment technical activities: The Population Council, operations research; Johns Hopkins University, IEC activities, and; Management Sciences for Health, institutional strengthening. With the surge of funding in FY 92, the project processed 12 buy-ins further supplementing previous technical buy-ins and additionally supporting JHPIEGO, clinical training; The Futures Group, policy implementation, and; Macro International for the second DHS. Please see Table 1, Planned Obligations for a simple listing of U.S. CAs, the funding each has received since FY 1990 and planned funding through FY 1997.

The following pages describe eleven centrally-funded projects (held by nine CAs) that provide technical support to the RHS Project. The description highlights overall project purpose, central PACD and central funding. The description also details the role (to date, 1990-1992, and planned, PACD 1997) of each CA within the RHS project in Bolivia.

1. Population Communication Services (PCS), Johns Hopkins University

A. PCS Activities Worldwide

The purpose of the PCS project is to develop effective information, education, and communication (IEC) programs in direct support of selected developing country population and family planning (FP) service delivery programs. The

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beneficiaries are developing country population/family planning service organizations with rural outreach programs and established service delivery facilities; fertile age couples.

Although many developing country couples are aware of the concept of family planning, they lack the information necessary to make an informed choice to practice FP, to know when and where services are available, and to understand which method is most appropriate for them. This project provides country-specific assistance in: 1) identification of communication needs of FP programs; 2) marketing and audience surveys; and 3) design, implementation and assessment of activities. These activities include small-scale studies for testing effective communication methods and large-scale communication campaigns; development, pretesting and revision of materials and methods; evaluation of effectiveness of communication programs; and exchange and adaptation of methods and materials among countries. The project emphasizes the use of both public and private sector organizations engaged in FP communication and the development of communication planning and implementation capability in developing country institutions. Through this project translations and copies of effective materials and films are provided for population programs in other developing countries.

PCS has a worldwide five-year contract, 7/90 - 7/95, funded centrally up to $60,000,000.

B. Summary of PCS Involvement in Bolivia

During the first two years of the RHS project PCS worked extensively with the IEC subcommittee to lay the groundwork for future mass media IEC campaigns. The IEC strategy calls for a phased approach so that a demand is not created for services that do not exist and people are not directed to clinics that could be easily overwhelmed. The foucs was to strengthen the communication process by successfully transferring IEC technology, improving the quality of care provided by RH services, and repositioning reproductive health as a community norm.

PCS provided technical assistance to the IEC subcommittee to assist the group's formation and strategy development, develop skills in audience research and IEC evaluation, master message and materials design process, and train service providers in interpersonal communication.

With TA from PCS, the IEC subcommittee developed a national logo for the RH program providing increased visibility to family health in Bolivia. The group also designed, tested and produced an integrated set of print materials to assist clinic staff in counseling, inform clients and promote services. The coordinated set of materials includes: overview methods' pamphlet,

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counseling staff manual, methods wallchart, flipchart, promoters referral cards, and method-specific flyers. PCS also adapted a module for interpersonal communication for institutional use and held a Training-of-Trainers Workshop to pretest the curriculum.

In addition, PCS had bridge projects with CIES and CONAPO to strengthen their skills and experience in IEC activities.

C. Planned PCS Activities

This year PCS begins the promotional phase of the multi-year communication strategy. The emphasis will be high-quality, high-profile (and fairly expensive) mass media interventions. Activities include:

- producing commercial quality TV and radio spots featuring the symbolism of the logo;
- coordinating a Reproductive Health Week to launch promotion in the mass media;
- co-producing public relations products such as TV and radio magazine pieces;
- developing of specific materials for the press and policy makers;
- producing in-clinic videos for use in waiting rooms;
- producing training videos in interpersonal communication/ counseling;
- printing revised versions of the print materials;
- creating audio-cassettes for city buses; and,
- ongoing evaluation activities.

2. The Pathfinder Fund - Family Planning Services

A. Pathfinder Activities Worldwide

The purpose of Pathfinder activities is to introduce voluntary FP services, information, and training in developing countries and to make existing FP service systems more effective in both public and private sectors. The beneficiaries are rural and urban couples who gain access to comprehensive FP information and services as a result of Pathfinder-sponsored projects.

Pathfinder International is a non-profit organization located in Boston and founded in 1957 to initiate and encourage FP programs and activities throughout the developing world. Since AID funding began in 1967, Pathfinder International has sponsored over 2,400 projects in 85 countries and has helped encouraged the establishment of national FP associations in several Asian and African countries. Pathfinder currently supports 150 projects in 28 countries. Activities include community-based distribution programs, professional training projects, clinical service

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programs, information and education projects, institutional development efforts, commodity and logistics support, and youth programs.

Pathfinder recently initiated another worldwide five-year agreement with R&D/POP, 9/92 - 9/97.

B. Summary of Pathfinder Involvement in Bolivia

Pathfinder plays a unique role in developing sustainable service delivery programs in low-prevalence and high-risk countries such as Bolivia. The program goals for Bolvia are to 1) demonstrate the health benefits of FP and its viabiltite as an option to improve maternal-child health by offering high quality services in selected publi and private health clinics; 2) increase access to family planning for indigenous and adolescent clients in urban areas; and, 3) contribut to the institutional development of selected public and private sector institutions.

To date Pathfinder has supported five Bolivian organizations: Centro de Investigación, Educación y Servicios (CIES), Fundación Médico-Social (FAMES), Caja Nacional de Salud (CNS), PROSALUD, and Fundación San Gabriel. Support includes TA, some operational expenses, equipment, commodities, and training.

With its crucial role within the RHS propject, Pathfinder recently placed a resident advisor in La Paz to coordinate and manage local activities. Pathfinder also provides technical and financial assistance to the Services Subcommittee.

C. Planned Pathfinder Activities

As the only service-delivery CA Pathfinder will continue to support the following activities:

- expansion of multi-dimensional service model (CIES) where services will be provided by clinics, community promoters and affiliated physicians;
- expansion of the network of affiliated physicans (FAMES) in 7 cities;
- clinic-based services for high-risk women in urban areas (CNS); and,
- FP service activities for young couples in marginal, urban areas of La Paz and continue the provision of post-partum IUD programs.

Pathfinder is in a technical position to respond to the growing yet shifting needs of the RHS project. New organizations have expressed interest in incorporating FP into health services, a need for commodities and TA in administering a FP program. The CA will continue to support a local representative to assess new small scale initiatives as they surface.

3. MotherCare, John Snow, Inc.

A. MotherCare Activities Worldwide

The purpose of this project is to improve pregnancy outcomes by strengthening and increasing utilization of services and influencing behaviors that affect the health and nutritional status of mothers and their newborn infants.

The project provides short- and long-term assistance technical assistance, training, workshops and applied research support within the following focus areas: neonatal and maternal tetanus prevention; maternal anemia prevention and treatment; nutritional improvements for women of reproductive age and their newborns, including early initiation and establishment of exclusive breastfeeding; prevention and treatment of important causes of maternal morbidity and mortality; prevention and treatment of important causes of neonatal morbidity and mortality.

The project will complete its activities by September 30, 1993. It is unclear whether there will be a follow-on project and/or what the nature of the project will be.

B. Summary of MotherCare Involvement in Bolivia

Cochabamba is the site of the MotherCare pilot demonstration activity within a urban/peri-urban community setting. The project consists of four components: research, services, IEC and training.

A local NGO conducted a qualitative study to assess women's knowledge, attitudes and practices related to the reproductive health cycle. A quantitative study identified sociodemographic indicators, service use, media source, and probable cause of maternal and neonatal morbidity and mortality. Both studies serve as the basis for the development of specific strategies and messages aimed ant improving maternal and neonatal health. To date MotherCare has published one working paper, Working Paper No. 9: Qualitative Research on Knowledge, Attitudes and Practices Related to Women's Reproductive Health, Cochabamba, Bolivia.

In the area of services MotherCare identified four local NGOs that provide reproductive health services in the urban and peri-urban areas of Cochabamba. The project provided TA to strengthen management and financial skills, funded much of the equipment upgrade, provides commodities, and supports community outreach activities.

MotherCare's IEC strategy is based primarily on the results of the qualitative and baseline quantitative studies. With TA, the project's IEC Coordinator developed, produced and distributed: a

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documentary for general "sensitization" of community leaders; TV and radio spots on general reproductive health and prenatal care, and; an information packet for policy makers; four modules of technical materials for providers.

MotherCare's training component is the least well developed. To date the project has collaborated with other US CAs to include representatives in specific clinical, communications logistics training courses.

C. Planned MotherCare Activities

In the remaining nine months MotherCare has an ambitious plan of activities to accomplish. The emphasis will be on provider training to accompany the distribution of IEC materials related to prenatal care, safe/clean birth, post partum/neonatal care and family planning. Evaluation activities include observing and monitoring service providers, monitoring IEC activities, conducting a medical audit, completing the post survey.

4. The Population Council - Operations Research (OR) (INOPAL)

A. OR Activities Worldwide

The purpose of this project is to improve, through operations research and technical assistance, the quality, accessibility and cost effectiveness of FP and maternal-child health delivery systems; and to strengthen developing country institutional capabilities to use OR as a management tool to diagnose and solve service delivery problems. The beneficiaries are over 40 million persons served by delivery systems in which the project operates.

The project provides technical assistance and funding for OR to both public sector and private sector FP service providers. Priorities for the project include using OR to: 1) increase access to FP services; 2) increase availability and use of under-utilized contraceptive technologies; 3) improve the operations of programs to make them more efficient and sustainable; 4) improve the quality of existing services; and 5) provide more acceptable services to special population groups. To date, 115 subprojects have been completed, and 100 subprojects are ongoing in more than 40 countries.

The duration of the central project is eight years, 8/88 - 9/96, with a level of $44,642,000. However, the Latin American regional contract, INOPAL, is a five-year activity, 9/89 - 9/94.

B. Summary of INOPAL Involvement in Bolivia

In 1991, The Population Council established an a resident advisor in La Paz to support Population Council activities under the RHS project. A major objective has been to provide TA and training

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to agencies to design, conduct, analyze and disseminate the results of an OR project. The advisor also supports the Subcommittee on Research and Population Policy.

To date the Population Council has supported a regional and a national OR workshop to provide an understanding of the goals of operations research and its practical applicability. Following each workshop The Council's Bolvia office received several OR proposals. The Council has assisted Bolvian organizations in the design and development of two large OR activities: Income generating strategies (CIES) and Norplant Project (CNS). Additional proposals are in the review process. Additionally, The Council supports TA to evaluate FP service delivery activities.

C. Planned INOPAL Activities

The Population Council will continue to support the technical development of OR skills in bolivia. However, the volume of its work will increase tremendously. There is a strong institutional interest in applying OR to problems identified by agencies in the process of integrating FP into general MCH health services. The Council has plans to add to its professional research staff to assist in the quantity of OR activities anticipated.

5. Family Planning Training for Paramedical Auxiliary and Community (PAC) Personnel, Development Associates, Inc. (DA)

A. PAC IIb Activities Worldwide

The purpose of this project is to strengthen and develop the capacity and capability of developing country institutions and agencies to design, implement, and evaluate training activities. The beneficiaries of this worldwide project are developing country regional and in-country family planning training institutions and programs, particularly the training staff of these programs.

PAC IIb provides assistance in FP training to a variety of FP workers including nurses, midwives, auxiliary and community workers, and traditional practitioners. The project emphasizes building the capability of developing country institutions to carry on effective, self-sustaining FP training programs for PAC workers. Assistance includes technical and other support to develop and strengthen FP training institutions and programs; short-term technical assistance in conducting training programs, assessing training results, and incorporating the findings into subsequent courses. Project efforts concentrate on strengthening the skills of personnel who train, manage, or supervise other PAC

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workers. The project emphasizes training in mid-level management/supervision, training of trainers,. service delivery skills and pre-service education.

PAC IIb is a worldwide five-year contract, 9/89 - 9/94, funded centrally up to $54,000,000.

B. Summary of PAC IIb Involvement in Bolivia

DA's goals in Bolivia are to develop and upgrade PAC worker training capability in both public and private sector agencies and to expand the numbers of trained PAC workers providing FP information and services. A secondary goals is to test and evaluate training strategies for reaching Bolivia's large indigenous population.

To meet these goals, DA has organized and implemented several Training of Trainer (TOT) activities to date: IUD insertion training for physicians in Ecuador; TOT for non-clinical trainers in Guatemala; and, a replicated the non-clinical TOT course in Bolivia. DA has supported field worker training projects in three cities with NGOs. DA provided initial technical assistance to the MOH's schools for training urban and rural auxiliary nurses in Cochabamba. DA provides support to the Training Subcommittee which coordinates activities and facilitates an exchange of information among professional trainers from 12-15 institutions.

DA collaborated with the Population Council on developing an OR project aimed at increasing demand and access to services among indigenous populations.

C. Planned PAC IIb Activities

Current priorities include:

- support activities of the training subcommittee, especially those aimed at continuing the development of training skills among the graduates of the international, national and local TOT courses;
- selectively support training for physicians in clinical service delivery skills;
- continue to promote the development of community -based outreach and service projects to expand the reach of the NGOs; and,
- followup with auxiliary nurse training schools to prepare faculty to teach the revised curricula.

6. Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)

A. JHPIEGO Activities Worldwide

The purpose of this project is to improve FP service delivery by training developing country physicians, nurses, and midwives in FP and by institutionalizing FP training in developing country medical, nursing, and midwifery schools.

JHPIEGO works closely with developing country medical and nursing schools to incorporate FP into their curricula. JHPIEGO trains developing country physicians, nurses, midwives, and medical administrators in FP through a network of local and regional training centers. courses provided by JHPIEGO address: contraceptive methods and technology; reproductive risk; education skills; infection prevention; and management of sexually-transmitted, genital tract infections. JHPIEGO works to strengthen the links between training and service delivery and encourages self-sufficiency through the institutionalization of training for medical, nursing and midwifery schools.

JHPIEGO has a worldwide six-year contract, 5/87 - 4/94, funded centrally up to $55,182,000.

B. Summary of JHPIEGO Involvement in Bolivia

During the past two years JHPIEGO has worked with the MOH in refining the reproductive health component of the national MCH plan. JHPIEGO (in conjunction with PAHO/UNFPA) has developed a three-pronged approach to the improvement and expansion of national family planning and reproductive health services: development of FP service guidelines; establishment of six national reproductive health training centers; and, integration of maternal and child health into medical and nursing school curricula.

The "guidelines" is a critical step to support the introduction of reproductive health services, particularly family planning, within MOH services. They will serve to standardize training and service delivery and provide a basis for assessing the quality of care provided by both the private and public sectors. With TA from JHPIEGO, a committee of Bolivian experts was formed to draft the guidelines. The "guidelines" is in the final revision stage; JHPIEGO will finance its publication and distribution.

Prior to actually establishing training centers, JHPIEGO worked closely with PAHO and MOH officials to lay the technical groundwork. JHPIEGO supported an observational tour in Baltimore and Mexico for MOH officials to provide the latest knowledge regarding the health benefits of FP and allow observation of a successful public sector reproductive health program. An

assessment identified center locations and the technical needs within Bolivia. JHPIEGO provides training to the trainers and educational material to all the centers. The CA also provides program development support and TA in training and FP methodologies to three sites in particular--Garita de Lima and Hospital San Gabriel in La Paz, and Hospital Materno-Infantil German Urquidi in Cochabamba.

While the training centers are making a vital contribution to improving the quality of FP services currently being offered, the only way to ensure the long term success of the government's reproductive health policies is to guarantee a continuous supply of health care professionals who are well trained in this area as part of their basic medical or nursing education. JHPIEGO has initiated the process of curriculum development and implementation with TA and educational materials.

C. Planned JHPIEGO Activities

The training centers will continue to require attention and assistance, both technical and financial from JHPIEGO, as they grow and develop; their collaborative role with the medical and nursing schools will also need to be defined and supported. The schools themselves will need long-term assistance first to develop an appropriate curriculum and then to implement the curricular change.

7. Family Planning Management Development (FPMD), Management Sciences for Health (MSH)

A. FPMD Activities Worldwide

The purpose of this project is to promote institutional development and strengthen the management capabilities of public and private (non-profit) FP organizations in developing countries.

The focus of the FPMD project is to institutionalize effective management, quality assurance, and sustainability as guiding principles of the organizational development process. The project will help FP organizations to progress from fragile and dependent programs to mature and sustainable institutions. The project includes assistance for: 1) management development planning; 2) technical assistance and training to help organizations implement management development plans; 3) development, adaptation, use, and dissemination of training materials; 4) evaluation to assess the impact of project activities; and 5) preparation and dissemination of FP management materials. Training and technical assistance are provided in the following content areas of management: organizational development; strategic planning and goal setting; financial planning and management; human resources development and

supervision; management information systems; and strategies which promote financial sustainability (e.g. marketing, income generation, revenue diversification, and cost recovery).

FPMD is a worldwide five-year contract, 9/90 - 9/95, funded centrally up to $35,000,000.

B. Summary of FPMD Involvement in Bolivia

The FPMD strategy in Bolivia was to identify agencies capable of becoming major service providers and work with them to strengthen the agencies' capacity to organize, deliver and expand reproductive health services within their organizations.

To date FPMD has provided extensive TA and training to CIES and the CNS in a variety of financial and management areas: organizational development; strategic planning; personnel roles and responsibilities; financial management systems; market analysis; inventory control; service statistics systems; and, cost and pricing analyses of laboratory and clinic services. The project supports administrative personnel, has provided computer equipment, conducted mangement workshops.

In addition to specific agency activities, the FPMD supports a resident advisor in Bolivia to coordinate all logistical and technical activities of the R&D/POP/IT Division CAs (FPMD, DA, PCS, JHPIEGO). The purpose is to enhance communication among the CAs, facilitate exchange of information, coordinate training efforts, avoid duplication of effort, and provide a common focus on key institutions and activities.

C. Planned FPMD Activities

FPMD will continue to work with CIES and CNS to strengthen their management capabilities. The challenge will be to work with the CNS in its expansion three hospitals in the major urban centers of the country to integrate twelve additional hospitals and urban polyclinics in the network of service outlets providing reproductive health services. FPMD also has plans to work with the MOH to provide assistance in its organizational development at the Unidad Sanitaria level, however, these remain contingent on the UNFPA/PAHO project with the MOH.

8. Resources for the Awareness of Population Impacts on Development (RAPID), Research Triangle Institute (RTI)

A. RAPID Activities Worldwide

The purpose of this project is to raise awareness among national leaders about relationships of population growth and development and about the positive socio-economic and health effects of lower

fertility. The beneficiaries will be host-country officials involved in development planning and policymaking.

The RAPID IV project supports collaborative analyses of the implications of population growth for national development, health and environment. Analyses also estimate FP program requirements to meet expected future demand for services. Analyses utilize micro-computer-based simulations that project population growth under alternative fertility and FP program assumptions. A major emphasis of the RAPID IV approach is the strengthening of local institutional capabilities for conducting population analyses. This is accomplished through technical training in country-based and regional workshops.

RAPID is a worldwide five-year contract, 9/91 - 9/96, funded centrally up to $11,015,315.

B. Summary of RAPID Involvement in Bolivia

RTI has conducted policy activities in Bolivia for almost seven years working primarily with the Unidad Políticas de Población (UPP, ex-CONAPO) at the Ministry of Planning, and occasionally with the MOH and CORDECRUZ. The main thrust has been to create awareness and policy support for population and development activities in general, and FP programs in particular. Priority activities have focused on institution building and sustainability.

Considerable technical assistance and training in data analysis, computer literacy, policy formulation and presentation techniques has produced a strong core of professionals and the UPP has developed a reputation for professionalism and expertise in population and development. The unit was instrumental in changing the GOB position toward FP, from a total ban on FP activities to incorporating FP as a legitimate activity within the National Plan for Child Survival and Maternal Health. More recently it was able to incorporate a chapter on population within the draft Economic and Social Strategy of the GOB. The unit has published a number of documents including:

- a comprehensive analysis of the Child Survival situation in Bolivia;
- a set of monographs analyzing all aspects of the current population situation in Bolivia: "Tras Nuevas Raices", "Salto al Futuro", and "Luz y sombra de la Vida";
- "Planificación Familiar en Bolivia: del Debate a la Acción", proceedings of a workshop on the topic;
- updated population projections for Bolivia, by year and by age;
- an estimation of the unmet need for FP in Bolivia, based on DHS data; and,
- a detailed analysis of the family planning situation in Bolivia, using data from the DHS survey and population

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projections, to be published in four parts: national situation, regional situation, adolescents and sterilized women and migrants to large cities.

The following activities are under way with the UPP:

- elaboration of three of the four planned reports on the FP situation in Bolivia, based on DHS data;
- projection of unmet need for FP, and of numbers of contraceptive users for the next five years at the national and subnational levels;
- design and implementation of a population data bank;
- training in several population-related models for their eventual implementation using 1992 census data: migration and population redistribution, population and health, population and education;
- a systematic analysis of 1992 census data, to satisfy both GOB needs and the needs of Bolivian and international institutions working under the Reproductive Health Services project; and,
- an analysis of the urbanization dynamics in Bolivia, and its implications for planning of services in major cities , with special attention to future FP needs.

C. Planned RAPID Activities

Continuous efforts are needed to strengthen the progress achieved so far. Activities for increasing awareness and support for FP are divided into three categories: 1) awareness/support and education; 2) support to the Reproductive Health Services project; and, 3) support to the UPP, the MOH and other institutions.

Within the MOH and CNS there is still a significant degree of opposition to FP activities. The implementation of family planning services in the health sector needs to be accompanied by a systematic strategy of educating health professionals about FP as a HEALTH service. This will become even more important as the public health sector becomes increasingly decentralized. There is also a need to initiate a policy dialogue in terms of the phenomenal urban growth in recent years reinforced by figures from the June 1992 census. This demographic shift will put significant pressure on the resources of cities, including health and FP needs. The RAPID project will continue to support the UPP particularly in the politically visible activity of analyzing the 1992 census.

With the next DHS planned for 1994, it will be necessary to train professionals, update equipment and prepare the UPP institutionally in anticipation of the multitude of secondary analyses that may be generated.

9. Options for Population Policy (OPTIONS), The Futures Group (TFG)

A. OPTIONS Activities Worldwide

The purpose of this project is to assist developing countries in formulating and implementing population policies that increase access to and use of voluntary FP services; to encourage the mobilization of national resources to support the expansion of FP service delivery.

Many developing countries face serious resource gaps in meeting the growing demand for FP. The OPTIONS project responds to these needs by helping developing countries mobilize public and private resources for FP services. The project also addresses the policy formulation and dissemination needs of countries that are at a more nascent stage of FP program development. OPTIONS seeks to achieve five outcomes: 1) articulate comprehensive national population policies that endorse and encourage FP; 2) develop national plans for expanding FP services; 3) increase public sector resources allocated to FP programs and improve the efficiency of resource use; 4) remove legal and regulatory barriers to FP; and 5) increase private sector resources for FP. The project employs a wide variety of policy tools and strategies to achieve these outcomes.

OPTIONS is a worldwide five-year contract, 9/90 - 9/95, funded centrally up to $12,812,909.

B. Summary of OPTIONS Involvement in Bolivia

The goal of the OPTIONS project in Bolivia is to maintain the policy tools and strengthen procedures needed to develop and sustain the management information component of the RHS project. OPTIONS activities in Bolivia emphasize the use of the QUIPUS model as a tool for program monitoring and evaluation. OPTIONS conducted an initial training for technicians within NGOS, the CNS and the MOH, in mastery of the QUIPUS system. A part-time local resident advisor continues to provide refresher training and computer assistance as needed. Evaluation workshops, directed toward management personnel, have focused on planning purposes of service statistics and logistics information.

C. Planned OPTIONS Activities

OPTIONS will continue to develop the QUIPUS model for Bolivia to strengthen consistent, accurate service statistics, manage logistics data and develop institutional abilities and capabilities to analyze and use data to make management decisions. OPTIONS will continue to provide TA to this end and

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coordinate at least two workshops to transfer skills in evaluation and the analysis of service statistics using Bolivian organizations' own data.

An evaluation of the MIS component within the RHS project, of which OPTIONS activity is one element, is planned for Fall 1993.

10. Demographic and Health Surveys (DHS), Macro International (Macro)

A. DHS Activities Worldwide

The purpose of this project is to conduct sample surveys of contraceptive knowledge, availability, and use; demographic levels and trends; and maternal and child health status. The beneficiaries of the data generated by this project will be used by developing country governments to evaluate recent FP and demographic levels and trends, and to improve programs for providing family planning and MCH services to the poor.

For two decades, AID has been a leader in supporting sample surveys to monitor trends in fertility and FP behavior. The Demographic and Health Surveys project is the most ambitious population-related survey program ever undertaken. The project will 1) undertake a careful assessment of DHS data quality and future data needs; 2) conduct approximately 25 additional DHS surveys; 3) disseminate DHS data via reports, conferences, special presentations and distribution of data files;

DHS recently renewed the five-year contract, 9/92 - 9/97, funded centrally.

B. Summary of DHS Involvement in Bolivia

Limited health statistical information existed prior to the USAID supported national Demographic and Health Survey (DHS) in 1989. The DHS has been instrumental in reinforcing the health rationale for family planning activities. For example, among its most striking findings was the relationship between chid spacing and infant mortality: 154 infants for 1,000 live births died when births were less than two years apart. This high infant morality rate fell to 77/1000 when births were 2-3 years apart. Information gleaned from the DHS has highlighted the unmet need for family planning services; knowledge, attitudes and practices regarding modern family planning methods; and variations in fertility and contraceptive levels by place of residence and education. These elements are critical in planning and guiding program direction and activities.

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DHS results from 1989 continue to provide the basis for demographic and health data in most national documents. The DHS has been the source of several secondary analyses used to promote the need for family planning services in Bolivia.

C. Planned DHS Activities

A second DHS is planned for 1994. An initial meeting to determine international donor funding, questionnaire content, and implementing institution(s), is planned for early 1993. Field work may take place by the Spring of 1994 with preliminary results in mid-1994.

11. Contraceptive Social Marketing (CSM), The Futures Group (TFG)

A. CSM Activities Worldwide

The purpose of this project is to increase the availability and use of contraceptives among low and middle income groups using commercial marketing and distribution techniques. The beneficiaries are couples from developing countries who can pay for contraceptives and prefer to use the commercial sector for supplies, but cannot afford existing prices.

Contraceptive Social Marketing (CSM) projects utilize the techniques and resources of commercial enterprises to increase the availability and use of contraceptives. The CSM project has several primary objectives: 1) to increase modern-method contraceptive prevalence rates by using commercial distribution channels; 2) to design and implement cost-recovery and self-sufficiency plans for all CSM projects; 3) to maximize the use of alternative sources of commodities in CSM projects; 4) to increase the knowledge and correct use of contraceptives; 5) to develop innovative promotion and advertising techniques; 6) to enhance local marketing and management skills; and 7) to increase international donor participation. In addition, the CSM project conducts special cross-country studies designed to expand the effectiveness and understanding of CSM techniques. The project is committed to disseminating this information among CSM programs, FP professionals, AID officials, and developing country policymakers. The project has established eighteen new sales programs worldwide of which more than half utilize commodities provided by the commercial sector.

CSM recently renewed the five-year contract, 9/92 - 9/97, funded centrally.

B. Summary of CSM Involvement in Bolivia

THE CSM program began in 1988 with assistance from the SOMARC project; local implementation was initiated with PROSALUD in 1990. First-year sales of a USAID-donated contraceptive pill exceeded the program's target by 100 percent. With the RHS project buy-in the program has marketed additional products--a low pill and condom--and expand to a greater number of urban and peri-urban pharmacies across the country. The CSM program has already surpassed October 1993 sales targets for two of its products. From January through June 1992, the CSM program sold four times as many pills as were distributed by six USAID-assisted NGOs, the CNS, and the MOH combined. During that same period the CSM program also produced and aired a groundbreaking television campaign on reproductive health and contraceptive methods. The CSM program is now poised to roll-out to the rural areas and begin pilot condom sales through the informal or parallel sector (i.e. itinerant merchants and street vendors).

C. Planned CSM Activities

With additional funds it is recommended that the CSM program 1) increase the pace of expansion; 2) launch important mass media campaigns, such as the recent one in June 1992, on a more regular basis; and 3) expand its product mix, thus giving low-income Bolivians greater contraceptive choice and increasing the program's potential for cost recovery and eventual self-sustainability.

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ANNEX J

CHRONOGRAM OF ACTIVITIES TO DATE
July 1990 – December 1992
BY QUARTER

	1990		1991				1992			
	Jul–Sep	Oct–Dec	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec
TA/Visitors	10	10	14	17	33	15	23	15	28	17
Training Seminars Special Mtgs.	2	5	6	3	7	6	6	8	3	2
Communications Publications Materials		1	1	1	1		1	2		
Clinics initiating RH Services										
TOTAL										

Chrono.wk1 1/27/92