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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 2

AID/LAC/P-954  
CR-540, 804

PROJECT NUMBER 511-0568

UNCLASSIFIED

A

AGENCY FOR INTERNATIONAL DEVELOPMENT  
**PROJECT DATA SHEET**

1. TRANSACTION CODE  
 A = Add  
 C = Change  
 D = Delete

Amendment Number 2

DOCUMENT CODE 3

2. COUNTRY/ENTITY BOLIVIA

3. PROJECT NUMBER 511-0568

4. BUREAU/OFFICE LATIN AMERICA & CARIBBEAN 05

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

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)  
 MM DD YY  
1 2 3 1 9 7

7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4)  
 A. Initial FY 9 0 B. Quarter 4 C. Final FY 9 7

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

A. FUNDING SOURCE	FIRST FY 90			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	2,000	450	2,450	40,300	0	40,300
(Grant)	( 2,000 )	( 450 )	( 2,450 )	( 40,300 )	( 0 )	( 40,300 )
(Loan)	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )	( 0 )
Other U.S. 1						
2						
Host Country		300	300		1,570	1,570
Other Donor(s)						
<b>TOTALS</b>	2,000	750	2,750	40,300	1,570	41,870

9 SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1 Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) POP	440	440		18,708	0	20,750		40,300	0
(2)									
(3)									
(4)									
<b>TOTALS</b>				18,708		20,750		40,300	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 YY 0 9 9 2 MM YY 1 1 9 4 Final MM YY 0 5 9 7

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

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page FP Amendment.)  
 This amendment 1) adds \$20 75 million to the authorized amount, and 2) expands the geographic scope of project activities  
 The USAID Controller has reviewed the financial procedures described herein and hereby indicates his concurrence

*for* *Mario Rocha*  
 RICHARD J GOUGHNOUR/CONTROLLER

17. APPROVED BY

Signature Lewis W. Lucke  
 Title LEWIS W LUCKE  
Acting Mission director

Date Signed MM DD YY 0 6 2 8 9 5

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

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Amendment 2  
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## ACRONYMS

USAID	United States 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
DPP	Department of Population Policy
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
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
SNS	National Secretariat of Health
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
WRA	Women of Reproductive Age

## I Recommendation and Summary

### A Recommendation

Given the successes of the Reproductive Health Services Project (RHSP) from 1990 to 1994 and the increasingly favorable attitude of the new Government of Bolivia (GOB) (seated in August 1993) toward increased decentralized investment in reproductive health services, it is recommended that this FY 1995 Amendment be approved. The amendment will maintain the seven year life of project (LOP) with the end of project (EOP) December, 1997, and will increase project funding by \$20.75 million to \$40.3 million. The increase in funding will: rapidly accelerate the development of reproductive health services in the Caja Nacional de Salud (CNS) and the National Secretariat de Salud (SNS); intensify work in policy assistance, training, and information, education and communication (IEC) to serve both the public and non-governmental organization (NGO) sectors, expand public and private reproductive health referral and services into additional urban and rural areas, create an International Planned Parenthood Foundation (IPPF) affiliate in Bolivia; and greatly expand the Contraceptive Social Marketing (CSM) program. The RHSP will also collaborate closely with the activities of the AIDS/STD Prevention Project and add a Female Family Health and Literacy Radio Education component.

### B. Summary

This amendment to the Reproductive Health Services Project, 511-0568 (RHSP), which is prompted by the designation of Bolivia as a Population, Health and Nutrition Joint Programming Country by the Global Bureau, adds \$20.75 million in project funds to the LOP. Additionally, through joint programming exercises with the Global Bureau's Office of Population (G/PHN/POP) approximately \$5.0 million of supplemental technical assistance per year from centrally-funded projects is anticipated. Through rapid acceleration and intensification of the current strategy, greater technical assistance in policy development, new investments in the national public sector programs, pilot activities implemented by municipalities under the popular participation law, increased investments in the private service providers, and renewed efforts in communication and social marketing, the funding increase will multiply project successes achieved to date and produce a national impact on maternal and child health.

The 1993 amendment for \$10.25 million, and the original five year, \$9.3 million RHSP sought to take advantage of the unprecedented opportunities arising from a social and political climate more accepting of investment in reproductive health services in Bolivia. The more accepting climate had been prompted by recognition of the significant potential health and economic benefits that stem from greater investment in reproductive health services. Since the beginning of the project, however, it has been recognized that

investment in family planning and reproductive health must be integrated into the existing primary health care structure in order for these services to be utilized by the greatest number of Bolivians. This current \$20 75 million amendment responds to a total change in Government of Bolivia (GOB) receptivity to reproductive health interventions at all levels. For example, the National Secretariat of Health (SNS) has set highly ambitious targets for contraceptive use for the first time. The Bolivian delegation to the Population and Development Conference at Cairo was one of the most progressive from the Latin American Region. The GOB has passed a Popular Participation Law which will ultimately decentralize control of public health services to 305 municipalities. This law also has the potential of privatizing SNS services. Through augmented investment in the RHSP, USAID/Bolivia, in partnership with the GOB and private sector, hopes to assure the provision of quality reproductive health services for the majority of Bolivians who need and want these services.

The 1995 Amended RHSP will be highly focused on the provision of reproductive health services to help to satisfy Bolivians' high unmet demand for such services. Bolivian women now consider the ideal number of children to be between two and three (2.5 on average) compared to an actual fertility rate of 4.8, according to the 1994 Demographic Health Survey (DHS). The desire for small families is consistent throughout all of Bolivia. From 1989 to 1994 the number of women that consider two children the ideal number increased from 38% to 41%. Fifty-five percent of women in union want no more children and an additional 20% wish to postpone the birth of their next child.

This unmet demand dates back to Bolivia's 1989 Demographic and Health Survey (DHS) which indicated that thirty six percent (36%) of married women desired 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<sup>1</sup>.

The 1995 Amended RHSP will reinforce the original project strategy's three elements: 1) support for the government of Bolivia's reproductive health program, including policy support, through assistance to the Ministry of Human Development (MHD), the National Secretariat of Health (SNS), the Caja Nacional de Salud (CNS) and the Departamento de Política de Población (DPP), 2) support for NGO reproductive health activities; and, 3) expansion of contraceptive social marketing. New elements, increased emphasis on STD/AIDS Prevention and Female Family Health and Literacy Radio Education will be added. Technical and financial

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<sup>1</sup>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*.

assistance has been provided through buy-ins and add-ons to eleven USAID centrally funded projects. The 1995 amendment continues this strategy, although the mix of inputs by centrally funded projects will be changed slightly to favor support for policy assistance, direct provision of reproductive health and family planning services, and STD/AIDS prevention.

Findings from the Global Bureau/Mission Joint Programming review of the RHSP have found very positive results. Some principal accomplishments of the RHSP, aided by the receptivity of the new GOB to reproductive health activities, include

- a major shift by the CNS from providing reproductive health services throughout its network of hospitals and clinics on a limited basis to the inclusion of these services on an institution-wide basis at all its health facilities nationwide,
- the strengthening of five of the six SNS national reproductive health training centers to train staff of various institutions in reproductive health care and a request for three additional centers,
- an inter-governmental rivalry between the Ministry of Human Development (MHD) and Ministry of Sustainable Development (MSD) over ownership of the DPP, demonstrating a new appreciation and esteem for the unit that continues production of a series of population and reproductive health-related studies that contribute to the more favorable climate for reproductive health. The DPP will be transferred to the MSD in 1995, but it will continue to provide services for both Ministries,
- progress by several NGOs in strengthening their reproductive health services programs; a request by 13 NGOs affiliated with PROCOSI, a federation of U.S. and Bolivia based, USAID-registered PVOs, for assistance in providing reproductive health services and referral;
- excellent maternal/child survival results in a remote rural area through a MotherCare/Save the Children project that has provided experience and insights for an expanded rural initiative,
- and a level of contraceptive sales exceeding goals set by the Project's social marketing component and renewed commitment for an expanded program by PROSALUD.

The G Bureau - USAID/Bolivia Joint Programming Review concluded that a unique opportunity exists for rapid expansion 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 is the most appropriate method for accelerating impact of the project

The strategy implemented to date and expanded through this 1995 amendment draws upon lessons learned from family planning successes worldwide. The 1995 amended project expands activities with a supportive host government to employ proven training and technical assistance activities that will 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, the 1994 Demographic Health Survey shows a 6% increase in modern contraceptive use compared to the 1989 Demographic Health Survey (DHS). With increased resources, it is anticipated that contraceptive prevalence rates (CPR) will improve even more rapidly in Bolivia. The 1993 amendment ambitiously anticipated an end of project (1997) modern CPR of twenty three percent (23%), up from the 1989 baseline of twelve percent (12%). The 1994 DHS indicates that the modern CPR is 18%. Under the amended project, USAID/Bolivia anticipates a doubling of the modern CPR growth rate to 2% annually, matching some of the world's fastest growing programs, and reaching a total of 28% by the next DHS that will be conducted in 1999. The new CPR target for the 1997 EOP is 24%. Service statistics will be used to interpolate an estimated CPR at that time.

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, 1994, is necessary and adequate given the project strategy, and is in full accordance with USAID/W forward funding guidelines.

## II. Project Goal and Purpose

The project goal, modified slightly from the original goal as stated in the Project Paper<sup>2</sup>, is to improve family health throughout Bolivia. The modification of the goal in the 1993 amendment of the RHS Project has made it consistent with the Family Health Strategic Objective as stated in USAID/Bolivia's 1993 Program Objectives Document.

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

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<sup>2</sup>The project goal as stated in the original Project Paper is to improve maternal and child health in Bolivia

integration of reproductive health services within the National Secretariat of Health (SNS) This GOB reproductive health emphasis was reinforced with the 1994 launch of Plan Vida, the national plan for the reduction of maternal mortality remains one of the highest in the Western Hemisphere The 1994 DHS included a supplemental sampling to determine maternal mortality, measuring it at 390/100,000 live births In the rural Altiplano region it was estimated at 929, higher than Africa's maternal mortality rate of 630. Bolivia's maternal mortality rate of 390 is nearly twice as high as the LAC regional's rate of 200/100,000 live births

The goal of improved family health is entirely consistent with USAID's overall strategy, since Population and Health is one of the Agency's four priority areas The strategies of the RHSP are also consistent with USAID's reproductive health strategy, an important component of USAID's priority area of Population and Health, as stated in "Reproductive Health: Objectives, Approach, and Program Priorities" of May, 1994 Family Health, particularly a focus on the health of women and children, remains a priority for U.S. foreign assistance

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, and reduced rates of STD infections (see Annex A, Logical Framework) The G/PHN/POP Office is currently working on development of a broader range of indicators to measure progress in reproductive health programs When these indicators become available, the G/PHN/POP Office will provide technical assistance to USAID/Bolivia to adapt the reproductive health indicators to this project.

### III Project Strategy

#### A. Maintain and Intensify Strategy

The project strategy employs the five technical assistance activities of service provision, IEC, training, research and evaluation, and policy development to support reproductive health services delivery by the GOB, NGOs and commercial (contraceptive social marketing) sector. The Global Bureau/Mission Joint Programming Review recommended that this strategy be maintained and intensified, specifically by continuing support to GOB reproductive health activities and by supporting new initiatives in the private sector, such as the PROCOSI, PROSALUD, and IPPF/WHR grants. The review re-evaluated and updated findings from the September, 1992 midterm Assessment.

The 1992 Assessment was very positive, reinforcing the current strategy. Principal accomplishments at that time included:

- 1 A major effort by the CNS to include reproductive health services throughout its network of hospitals and clinics (The Joint Programming Review found that the new GOB had integrated such services throughout its network of health facilities )
- 2 The establishment of six training centers to work with staff of various institutions in reproductive health care (The Project Review update found that five of the six centers had been strengthened -- one was delayed due to building renovations -- and that the GOB had requested development of three more centers )
- 3 A series of population and reproductive health-related studies produced by the DPP that have contributed to the more favorable climate for reproductive health (The Project Review update found that the prestige of the DPP has caused the GOB "Super-Ministries," the Ministry of Human Development (MHD) and the Ministry of Sustainable Development (MSD), to enter negotiations for "ownership" of the unit. Final resolution will assure both Ministries access to the intellectual products of the DPP )
4. Substantial progress by several NGOs that have been working successfully throughout Bolivia in strengthening their reproductive health services programs (The Joint Programming Review update found not only substantial progress in provision of reproductive health services among NGOs already in operation, but also great interest among NGOs interested in offering reproductive health services and referral for the first time The 1994 amended RHSP will work through PROCOSI, to provide technical and financial support to 13 currently affiliated NGOs and a dozen additional NGOs new to the PROCOSI system )
5. PROSALUD's attainment of a level of contraceptive sales exceeding goals set by the RHSP's social marketing component PROSALUD is the health provider that operates dozens of self-financing clinics in Santa Cruz, El Alto, and La Paz and is the CSM contractor for Bolivia (The Project Review update found that under a new restructuring, CSM would become a major activity of PROSALUD's newly-reorganized national office. The 1995 Amendment proposes an expansion of technical assistance.)

The G Bureau/Mission Joint Programming Review found that the National Coordinating Committee for the RHSP, with the enthusiastic support of the new GOB, has expanded beyond the project and undertaken a national leadership role in promoting reproductive health services. The original purpose of this Committee was to

coordinate the implementation of reproductive health activities carried out by agencies participating in the RHSP in accordance with the norms and regulations of the government of Bolivia and USAID. It still performs that role, but now includes many activities that are national in scope. The four technical subcommittees -- Services; Training, Research, Evaluation and Policy Development; and Information, Education and Communication (IEC) -- coordinate and facilitate implementation of the national reproductive health services movement. Membership in these committees is composed of technical representatives from the participating organizations and representatives of CAs and other donors, who have become increasingly active at the invitation of the new GOB. Under the 1995 amendment, the RHSP will continue support for the National Reproductive Health Services Committee and its technical subcommittees as a key component of the project strategy.

The G Bureau/Mission Joint Programming Review 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 Accelerate 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 SNS, CNS, and the Population Policies Department (DPP) to enable them to expand their activities during the life of the project. Additionally, the RHSP will take full advantage of the new Popular Participation Law by supporting the innovative health service approaches that the mayors or governing institutions of the 305 Municipalities are in the process of developing.

##### B 1 National Secretariat of Health (SNS)

Additional resources will be provided to the Division of Women and Children's Health of the SNS to complement a national program on reproductive health services currently financed by UNFPA and executed with PAHO's technical assistance. The RHSP will support the costs of the program director and will provide operating expenses for service provision, IEC and training, and direct technical assistance through several CAs. Special support in IEC planning and programming will be provided to the SNS. In addition, the SNS program already benefits from training conducted via the RHSP's technical subcommittees.

A major new initiative in Policy Assistance will be provided to the SNS and its parent Ministry of Human Development (MHD) through the 1995 Amended RHSP. Sector Assistance will be provided for the MHD and SNS reorganization and decentralization efforts, alternative (private sector) models of service delivery and cost recovery,

management information services, and reproductive health services programming. Technical assistance will be provided on an expanded basis by the Rapid IV project, and will be provided by a new initiative from the Data for Decision-Making (DDM/Policytech - Harvard Univ.) project. Technical assistance will also continue at the national level to assist the SNS in strengthening its role as a normative body in the area of reproductive health.

Under the new Popular Participation Law, the SNS will serve as the normative consultant on health policy, while the Municipalities will be responsible for the implementation of reproductive health programs. If requested by local authorities, the SNS will maintain its health personnel at the municipal level, but the local authorities will have the freedom to select health providers of their choice. The RHSP will assist the SNS with innovative conversions to private sector provision of services. The RHSP will provide technical assistance and support to NGOs taking over and operating former SNS primary health care facilities, and will ensure the implementation of reproductive health programs within all such facilities.

#### B 2 Caja Nacional de Salud (CNS)

Under the current RHSP, the CNS successfully provides reproductive health care services in three clinics in La Paz, through several family doctors at polyclinics in Cochabamba and Santa Cruz, and is in the process of expanding into Oruro, Sucre, and Tarija. The existing plan, which lasts through 1997, strives to cover at least 41 of the 115 CNS sites. The new GOB is strengthening this project by making reproductive health a service provided universally throughout the CNS. The 1995 Amended RHSP will provide additional funding for Pathfinder International, to give the CNS direct technical assistance regarding service delivery management of operating expenses. The 1995 RHSP amendment will also increase support for the CNS's IEC and training programs, thereby complimenting the training conducted via the technical subcommissions of the project from which the CNS already benefits.

#### B.3 Population Policy Department (DPP)

The DPP has continued to gain prestige as a population analysis and presentation unit. While the DPP is currently located in the new Ministry of Human Development (MHD), the Ministry of Sustainable Development (MSD) has made a strong appeal for the unit and it will be transferred in 1995. The MSD will take over funding of two positions in the DPP in 1995 and more in the future. Both Ministries need the DPP's research capability, and the DPP will provide services to both Ministries.

DPP policy and research activities will continue and the unit will maintain its goal to increase and strengthen awareness and support for family planning throughout Bolivia. Secondary analyses of the

1994 DHS data will be conducted to assess the impact of project activities, the state of reproductive health, and to project future trends and needs. The role of the DPP as the GOB advisory body in the area of population will continue, with project funding supporting policy level activities, such as building a consensus for passing a population law and including the effective integration of population in social and economic development policies. The DPP provided important support for the Bolivian delegation to the Cairo conference and will continue to provide data and analysis for post-Cairo public policy and public information follow-up activities.

Funding to support these activities will increase under the 1995 Amended RHSP (see Table 1, Planned Obligations). The DPP received ESF funding as counterpart contribution until FY 1993, and such funding was planned until 1995, but USAID will not be able to provide ESF currency during FY 1995 and beyond.

#### B.4 GOB Monitoring

The major role of the PMU vis-a-vis the SNS, CNS and DPP 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 processed by the Controller's office. Annual external audits for the use of USAID funds are budgeted within the organizations' annual plans. A continuing relationship between GOB authorities and the PMU is required to foster a sustained level of commitment to reproductive health activities, since frequent turnover of key GOB officials and unfamiliarity with USAID procedures and regulations is prevalent.

#### C. Expand Reproductive Health Services and Referral into Additional Urban and Rural Areas

In response to the 1992 midterm Assessment recommendations, two innovative activities were added to the 1993 Amended RHSP: (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, such as PROCOSI, Community and Child Health (CCH), and/or other donors (World Bank, IDB, etc.) under agreements with the SNS. The purpose was to strengthen administration and provision of reproductive health services, and to contribute to cost recovery schemes. The Global Bureau/Mission Joint Programming Review noted progress in several areas, recommended continuation and expansion of those efforts, and identified additional areas of expansion.

##### C.1 Direct Funding to NGOs

The RHSP has funded a proposal by the San Gabriel Foundation (FSG) to expand provision of reproductive health services to several of

its satellite primary health care clinics FSG is also developing an innovative post-partum IUD insertion program with assistance from Pathfinder International and maintains one of the country's reproductive health services training centers with support from JHPIEGO The 1995 Amended RHS project will increase funding to FSG, enabling it to expand its existing programs and to offer more outreach and training to other public and private sector institutions

Direct funding for reproductive health activities has been added to PROSALUD's existing Cooperative Agreement. Through a subgrant from Pathfinder International, PROSALUD has provided reproductive health services in the region of Santa Cruz for the last two years and has offered reproductive health services in El Alto since August, 1992. The current reorganization of PROSALUD's national office will put the organization in an excellent position to expand its reproductive health services, expand its operations nationally, and give major emphasis to CSM

Under the 1995 Amended RHSP, PROSALUD will receive a major grant to expand its reproductive health activities in existing clinics and to expand its operations into Tarija and other areas of Bolivia. It is anticipated that under the Popular Participation Law, many Municipalities will elect to provide health services through NGOs and that PROSALUD, because it is the premier health provider in Bolivia, will be an obvious choice to implement these new programs The RHSP grant will facilitate this expansion because it is within the integrated health system that the reproductive health activities reach the most people in Bolivia In this manner, the amendment finances the inclusion of reproductive health services throughout the PROSALUD system.

The new grant will also provide additional support for the PROSALUD contraceptive social marketing (CSM) program as a follow up to the recommendation of the 1992 midterm Assessment that "Social marketing in general, and the CSM program in particular, be firmly institutionalized within PROSALUD " Support for the CSM program and for a mass media campaign will be provided directly to PROSALUD In addition, a major grant will be given to Population Services International (PSI) to introduce a new brand of condoms for social marketing, which will be distributed by PROSALUD and the Center for Research, Education, and Services (CIES), another private sector family planning service provider.

The 1995 Amended RHSP will provide a direct grant to PROCOSI to assist its 20 PVO members to provide reproductive health services and referral in rural communities where these PVOs already work The population of these communities totals 1,600,000. The PROCOSI members will be offered training in the Mothercare/Save the Children methodology which resulted in a 28% CPR (modern methods) in a rural area outside of La Paz.

Through an agreement with the International Planned Parenthood Federation - Western Hemisphere Region (IPPF/WHR), the 1995 Amended RHSP will establish an IPPF affiliate in Bolivia. The Center for Studies in Research, Education, and Services (CIES), with a half dozen clinics close to financial self-sustainability, has been chosen as an excellent candidate institution. RHSP will work with IPPF/WHR to incorporate other smaller, single clinic PVOs into the federation. By the completion of the project in 1997, it is anticipated that this affiliate will be a national, high-quality service provider responsible for providing most of Bolivia's modern contraceptive services.

### C.2 Reproductive Health Services Grant to the Community and Child Health (CCH) Project

The CCH Project has been working with the SNS in six rural districts in primary health care, rural water supply and sanitation, Chagas disease control and prevention, and on other vital areas of public health. Through the district development plan, CCH has piloted innovations in supervision and management. The Population Council, in collaboration with CCH, has embarked on a study of non-medical personnel efficacy in IUD insertion. A baseline study indicated that women in one area were having an average of six children and that greater than 75% of the women of reproductive age did not desire any more children, yet only 2% of these women were using a modern method of contraception. The 1995 Amended RHSP will fund CCH to introduce reproductive health services into at least six rural districts, develop a model program, and provide technical assistance and support to other SNS districts to adopt the model.

The CCH Project is currently being redesigned to interface at the Municipality level. Part of the project's new mandate will be to develop the administrative capacity of Municipalities to contract, monitor, supervise, and evaluate the provision of health services by private sector providers for rural areas. The RHSP grant to CCH will assure that reproductive health services are included in the CCH models which will be transferred to other Municipalities.

### C.3 Support for SNS Regional Health Secretariats and Municipalities Converting to Private Sector Health Provision

The 1993 Amendment authorized work with additional health districts. In FY 1993, the RHSP did not implement new activities in this area because elections, the seating of a new government, and personnel changes at the district level altered the course of decentralization plans. With the passage of the Popular Participation Law, decisions (plus financing) for the selection of health systems and their implementation has been transferred to the Municipality level. Through technical assistance from the cooperating agencies and direct grants to NGOs taking over facilities formerly run by the SNS, the RHSP will assist

Municipalities with this transition This activity will replace the district-level support plan outlined in the 1993 Amendment.

Specific activities at the Municipal level will involve adding reproductive health services to the primary health care services offered under Municipal programs The RHSP may select communities that are supported by other USAID health projects and other donors The activity will provide technical assistance, training, commodities, and IEC materials to selected Municipalities to complement their primary health care services. For example, technical assistance might be provided to Municipal Health Personnel through their participation in the regional technical subcommissions of the RHSP, or directly via the cooperating agencies participating in the project Depending on the experiences and the functioning of the model, it could be extended to other Municipalities in different parts of Bolivia

#### D. STDs/AIDS Prevention

Based on recommendations from the Global Bureau/Mission Joint Programming Project Review, the 1992 midterm RHSP Assessment, and 1993 AIDS Prevention Project evaluation, the RHSP will develop closer coordination with the AIDS/STD Prevention and Control project The RHSP will benefit from training in syndromic treatment and other technologies from the AIDS project. The RHSP will finance duplication of some laboratory capability in STD diagnosis It is anticipated that many of the STD/AIDS activities of both projects will be successfully institutionalized into GOB and private sector institution programs.

The AIDS project strategy will remain the same. Interventions will be focused on high-risk groups, mainly prostitutes and gay/bisexual men The RHSP will assist with the education and counselling activities for these groups and the in the expansion of target groups that will include clients of prostitutes, truck and bus drivers, members of the police and armed forces, and prison inmates. The basic interventions of STD diagnosis, treatment, and prevention, condom use, and education will be continued for these groups The RHSP clinics will help with the geographic expansion of STD prevention and treatment to other major cities in addition to La Paz and Santa Cruz. Additionally, the RHSP will collaborate with the AIDS/STD project in the introduction of a sentinel surveillance system

#### E. Female Family Health and Literacy Radio Education

The Female Family Health and Literacy Radio Education activity will be introduced in FY 1996, pending approval of USAID/W for use of population funds for this component The Female Radio Education component directly supports the RHSP goal of improving family health in Bolivia. Worldwide research has shown that the level of female education is the single most important correlate with use of

modern family planning methods and health and survival of children. The Female Radio Education component will teach literacy to out-of-school women and girls through content that includes family planning, reproductive health, and child survival skills.

The activity will build on Bolivia's success in using interactive radio learning (IRL) techniques to teach math and health in the schools. The IRL project has equipped Bolivia with a great deal of experience and infrastructure in IRL, including an institutionalized radio learning department in the National Secretariat of Education and a PVO specialized in providing teacher training and technical assistance in IRL. The activity anticipates capitalizing on the decades of experience in teaching literacy in Latin America, including the Adult Basic Education Project in Honduras which used IRL technology to reach people in both their homes and in literacy centers.

The activity will address the tendency for loss of literacy skills by providing low-cost family planning and health educational materials on a continuing basis. The program will be national in scope. While most rapid advancement is hypothesized among migrants in peri-urban and urban centers, rural areas will be included in the activity. Experience from Bolivian and other IRL projects have demonstrated that pretesting and curriculum adjustment are essential to successful results. Bolivia's extensive IRL teacher training programs, while not directly transferable, will be helpful in the training of group leaders and facilitators in the female radio education activity.

The cost of the activity for FY 1996 and FY 1997 is estimated at \$2,000,000, about 5% of the total RHSP budget. A preliminary annual budget, subject to change after the design process is completed is outlined below.

Professional Salaries -	\$200,000
Consultants -	\$ 50,000
Travel -	\$ 50,000
Equipment -	\$ 25,000
Direct Costs	
Radio Time	\$400,000
Program Dev.	\$100,000
Materials Prod.	\$100,000
Community Organiz	<u>\$ 75,000</u>
One Year Total	\$1,000,000

The female health literacy radio education activity will use the Nepal HEAL project implemented by World Education as a model for content. Messages and curriculum materials will emphasize family planning and reproductive health. Child survival and family life education will also be incorporated into the curriculum.

The percentage of Bolivian women of fertile age never having attended school ranges from 2.6 for 15-19 year olds to 36.6 for 45-49 year olds, according to the 1994 Demographic Health Survey (DHS). The average percentage of women who never attended schools for all women 15-49 in rural Bolivia is 23.6 and only about half have completed grade school.

Over 92% of urban homes and 68.6% of rural homes have radios, according to the DHS, and listening habits make radio a powerful tool in Bolivia. About 75% of Bolivian women of fertile age (15-49) listen to the radio at least once a day every day of the week. This listening pattern is followed by 84.6% of urban women and 58.3% of rural women. Radio listening is particularly high among women in the rural altiplano where 79.5% listen daily and where the total fertility rate is high (5.5) and maternal mortality is very high (929/100,000).

The female education activity will mobilize Bolivia's vast network of PVOs to organize listening forums at the community level. Bolivia's PROCOSI project, for example, consists of 20 PVOs that are gearing up to provide reproductive health services and information to a potential 30% of rural Bolivian women.

Strong linkages and joint activities will be developed between the female education activity and the RHSP revitalized contraceptive social marketing (CSM) project. The CSM project will have mobile video vans and contraceptive products for sale throughout rural and peri-urban Bolivia, the same target areas as the female education activity. Mutually reinforcing and supportive messages will be developed between the CSM and female education activities. Similar collaboration will be developed between the female education activity and the national reproductive health services mass media campaign being carried out with technical assistance from Johns Hopkins University Population Communication Services Project (JHU/PCS). Special attention will be paid to potential linkages with the radio component of the mass media campaign.

Linkages will also be established between the female education activity and Bolivia's major providers of family planning services. Community level workers involved in the female education activity will be furnished with referral cards to CIES, PROSALUD, the National Secretariat of Health, and other reproductive health care providers.

HHR has requested technical assistance with the design of this female education activity from G/HCD and the ABEL 2 project (936-5832). We will also obtain assistance from JHU/PCS (both local and headquarters) and from local consultants. HHR anticipates implementing this activity through a grant or cooperative agreement with an NGO. If a noncompetitive award is made to the NGO, it will be justified in accordance with one of the exceptions stated in HB 13 Section 2B.3.

## F Project Sustainability

Project sustainability was taken into account in the original design of the RHSP and has been an important factor in the implementation approach. Under each of the project elements, both technical and financial sustainability has been a target and significant progress has been made. Ten sustainability indicators have been added to the logical framework of this amendment.

Under Element I (Support for GOB Activities), the RHSP has provided modest support to the Department of Population Policy (DPP) of about \$100,000 per year since 1990. That investment has paid off with many studies which have contributed to the improvement of GOB receptivity and support to family planning interventions. Through technical assistance from the RAPID IV project, the DPP has become increasingly technically self-sufficient. Recently, the DPP has been moved to the Ministry of Sustainable Development, where it was elevated to department level. The Ministry has also taken over responsibility for two positions in the unit and has agreed to integrate the entire unit into the civil service.

Also, under Element I, the RHSP has supported the introduction of reproductive health services into the Social Security Health Care System (CNS). This also has been done with a direct expenditure of approximately \$100,000 per year. The CNS is a self-supporting institution that has embraced family planning as a very economical and effective means of lowering its patient care costs. Technical self-sufficiency has been attained through technical assistance provided by MSH and Pathfinder and through technical training by JHPIEGO. Although continued assistance is anticipated to accelerate the rate of expansion of reproductive health services throughout the CNS system, the activity is increasingly both technically and financially self-sustaining and will be completely so by the end of the project. Contraceptives for this activity have been provided by USAID, the UNFPA/PAHO, and Pathfinder.

Under Element I, the National Secretariat of Health (SNS) has received an average of under \$100,000 per year. The SNS has become a very important provider of contraceptive services because their clientele are among the poorest and most fertile segment of Bolivian society. USAID's contribution is complementary to a UNFPA/PAHO reproductive health services project, that is projected to continue for many decades. The current UNFPA/PAHO project is for \$4.2 million renewable in 1996. USAID's role has been to assist with the introduction of reproductive health services throughout the SNS system.

The project activity -- through technical and training assistance from JHPIEGO -- has introduced a continuing mechanism for technical

sustainability by establishing and equipping eight national centers for clinical training. Salaries for these centers and all service providers are paid by SNS. New SNS facilities are being provided by World Bank and IDB loans and grants totalling \$59 million. Contraceptives for the activity are furnished by UNFPA/PAHO, but individual clinics purchase their supplies through the national distribution system (CEASS). The SNS reproductive health services are becoming technically and financially self-sustaining. As facilities and services are privatized under the Popular Participation law, prospects for sustainability are even greater.

Finally, under Element I, reproductive health services are being introduced to the CCH project. The CCH project, itself, is not designed to be a self-sustaining entity but rather a mechanism to help the SNS become more technically and financially self-reliant. Under a new amendment, CCH will increasingly work with municipalities to diversify alternatives in the provision of child survival and family planning services in rural areas. Contraceptives for this activity will be purchased by local clinics through the CEASS system. Financial sustainability will be a key prerequisite for introduction of the new municipal systems.

Overall, the prospects for the financial sustainability of Element I activities are positive. It is anticipated that funding levels from the RHSP will remain modest with the distinct possibility of decreasing levels in the out years.

Element II of the RHSP is the means by which centrally funded cooperating agencies provide technical services to the public and private sector project implementors. All of these organizations are working toward sustainability of local institutions. Some provide training and technical assistance in clinical areas. Many have focused directly on management and cost recovery issues. All work through the National Reproductive Health Services four Working Groups on Service Provision, Research and Policy, IEC, and Training. The Working Groups are chaired and run by Bolivian institutions which meet monthly to plan activities and orchestrate technical assistance inputs. Achievements to date have been highly significant in the institutionalization of reproductive health services capabilities. As the project matures, it is anticipated that fewer cooperating agencies will be needed. By the end of the project, activities under this Element will be completely institutionalized by the in-country implementing organizations and will be technically and financially self-sustaining.

Under Element II, Pathfinder has supported six small family planning providers. Three of those providers are making good progress towards technical and financial sustainability. One of those three, COMBASE, a small hospital in Cochabamba, is a very strong organization with a long history of financial independence. The fourth Pathfinder organization (also Cochabamba based) is now receiving technical and financial support from Family Planning

International Assistance (FPIA) with non-USAID funds. Two of the organizations have been dropped from the project for failure to demonstrate sufficient progress toward sustainability

Element III finances the contraceptive social marketing (CSM) activity. By definition, CSM projects are sustainable. The new activity will introduce a system by which participating organizations must purchase contraceptives from sales revenues. All donated products will be phased out, with the possible exception of one subsidized condom for the very poor. The PSI marketing know-how and structure will be institutionalized within a Bolivian PVO within two years.

Element IV provides direct funding to four self-sustaining Bolivian NGOs to introduce reproductive health services into their programs. PROSALUD will receive a grant to expand reproductive health services in their existing and new clinics throughout the country. PROSALUD is a global model in self-financing health care and has achieved notable cost-recovery and sustainability, even in the poorest areas of the country such as El Alto. It receives CSM contraceptives and donated product through Pathfinder

PROCOSI, a federation of 20 PVOs, has received a grant to introduce reproductive health services and education/referral into its extensive child survival and economic development activities throughout rural Bolivia. The PROCOSI coordination entity is self-supporting through a USAID-developed debt swap and the federation members receive support from a vast network of donors. Contraceptives for the activity will be provided through social marketing, CEASS, and referral to providers.

The Fundacion San Gabriel (FSG) is a self-sustaining high quality hospital and health care provider that achieves financial independence through charging for services and fund-raising (mostly from Europe). They are technically the leaders in reproductive health services in Bolivia, through extensive assistance from Pathfinder, AVSC, and JHPIEGO. USAID has provided a small \$50,000 grant in the past and is planning a new \$300,000 three-year grant to equip the hospital with surgical contraception facilities and expand reproductive health services in FSG's primary health care network. Contraceptives for this activity are provided by USAID and Pathfinder. These activities will be technically and financially self-sustaining at the end of the grant.

The Centro de Investigacion, Educacion, and Investigacion (CIES) is Bolivia's most important private sector provider of family planning services. It has a rigorous cost-recovery policy and each of its clinics has to achieve sustainability on its own. It has one middle class clinic in La Paz set up with the idea that it will eventually help support family planning work in areas which are more economically marginal. CIES has been assisted with technical sustainability in family planning and management by Pathfinder,

Management Sciences for Health, the Population Council, and several training cooperating agencies

The RHSP will assist CIES in its sustainability goals through a major grant funneled through IPPF/WHO. Through this grant, CIES will become Bolivia's IPPF affiliate and enjoy a continuing relationship and support from that international organization. The grant will also help establish and equip CIES with its own clinics so it can avoid a continuing rent burden. Pathfinder currently provides contraceptives for this activity. Ultimately, CIES will purchase contraceptives from IPPF. This activity will be technically and financially self-supporting by the end of the grant.

The supply of contraceptives for a national family planning program is an important issue for sustainability. Since the beginning of the RHSP, the transfer of this activity has been underway. Supplies for the public sector have been furnished by the UNFPA/PAHO project. The RHSP has assisted CEASS, the SNS distribution system with studies and technical assistance. CEASS is, however, the responsibility of UNFPA/PAHO project. While the system has its shortcomings, it has been designed for sustainability and each SNS hospital and primary health care center must charge contraceptive users and use the proceeds to purchase and resupply its stock.

Supplies for the private sector have been furnished by USAID and Pathfinder. Since the beginning of the project, the RHSP has contracted the importation responsibility for donated contraceptives to a PVO, so that the importation know-how has been institutionalized. Eventually, the contraceptives furnished by USAID and Pathfinder will need to be purchased by private sector service providers. This will not be achieved by the end of this project for these reasons:

1. Family planning is new in Bolivia. For a number of historical reasons, family planning was not available in Bolivia until the start of this project in 1990. Hence demand for these products is still in its infancy and the program needs more time with a donated product.

2. Prevalence of use of modern contraceptive methods is only 18%. The Bolivia family planning program can best be described as in the emergence stage. Traditionally, contraceptives need to be provided at this stage, to stimulate demand and create a viable market for service providers.

3. Bolivia is a very poor country with per capita GNP at \$774.00 per year, the third lowest in the hemisphere. Social marketing analysts have determined the price of contraceptives is one of the most critical factors in the success of family planning programs. Many studies demonstrate that condoms, for example, should be priced at or below 1% of GNP for the purchase of 1 couple.

year of protection (CYP) Current retail prices, even for socially marketed condoms and orals, exceed recommended prices. Donation of contraceptive products can help close the economic gap and is an appropriate intervention at this stage of Bolivia's family planning program and stage of economic development.

Given that reproductive health and family planning services are at the emergence stage of development in Bolivia, it is anticipated that contraceptives will continue to be donated until the turn of the century.

Although the phase out of donated contraceptives is not planned at this stage, the RHSP has made significant strides in the technical and financial sustainability of the public and private family planning service providers. The CSM project will fully tap the viability of the commercial sector to improve the overall sustainability of family planning in Bolivia.

#### IV. IMPLEMENTATION PLAN

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 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 two professionals (2 FTEs) and a secretary. Additionally, the HHR Office Director devotes approximately 15% of his time to the project. The Project Co-manager, a USDH FS(L)-2 BS-50 Population Officer, devotes about 75% of his time to the project. A professional Bolivian PSC USAID employee, funded by the project, is the other co-manager. The project also funds the contract services of a full-time secretary and in 1995 will add an additional secretary. In addition, a USAID/W centrally-funded International Population Fellow from the University of Michigan assists in implementing this project. The Population Fellow will take responsibility for monitoring, evaluating, and improving the quality of care offered by service providers funded under the project. A second University of Michigan Fellow, a Population-Environment Fellow is working on linkages between the population and environment programs of USAID/Bolivia. In 1995, the Population Leaders Fellowship Program (PLFP) administered by the Western Consortium for Public Health will provide a senior level population professional to help

administer the RHSP

The RHSP contains funding to support management activities to the project components. See project support element, Table 1, Planned Obligations

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

1. **Contraceptive Procurement** Through FY 1993, contraceptive commodities were ordered from R&D/POP/CPSD through established procedures for worldwide procurement of condoms, pills, IUDs and other contraceptives. Project funds covered commodity costs, shipping, customs clearance and some distribution costs. In FY 1994 and FY 1995, central funds were used for these costs. It is unclear if contraceptive costs will continue to be covered by central funds in 1996 and beyond.
2. **Evaluation and Audit.** The PMU planned and funded the September 1992 midterm Assessment. Another mid-project formative assessment is planned for 1996. (See Annex E for full details regarding the PMU's Data Collection, Monitoring and Evaluation Plan.)
3. **USAID 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.

In Bolivia, it is clear that a variety of factors affect or constrain the quality of reproductive health 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 mostly concerned themselves with the enabling systems that influence the quality of services by focusing on: 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 (now SNS). Under the 1995 Amended RHSP, the project will work even closer with the PAHO effort and fund the director of the project. A major recommendation of the recent G-Bureau-HHR project assessment is to strengthen reproductive health services at the Municipal level.
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 accord 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.

Currently, the PMU directly manages public sector and some NGO activities which receive direct financial assistance from the RHSP. In addition, the PMU manages the process of obtaining 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, 1990-1995, and planned, PACD 1997) of each CA within the RHSP in Bolivia.

4. The PMU directly administers contraceptive commodities. With planning assistance from JSI/FPLM, HPN/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 PMU will perform the same functions on an occasional basis for project equipment, such as IUD kits. In the future, Pathfinder will increase its role in this activity.
5. The PMU monitors 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 USAID/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.

## V FINANCIAL PLAN

The Financial Plan for this amendment is shown in Table 1, Planned Obligations. This 1995 Amendment puts the total LOP cost at \$40.3

million drawn entirely from the population account Table 1 also highlights the distribution of funds by project element Table 3 provides planned expenditures for FY 1996 and FY 1997

#### A Support for GOB activities

Over the life of project, \$4.3 million will be disbursed directly to the government of Bolivia for activities within project supported public agencies DPP, CNS, CCH, and SNS The mechanism for disbursement will be project agreement amendments (Pro-Ags) obligating funds to the government. The funds with the public agencies are based on yearly workplans and budgets approved by Project Implementation Letters (PILs), an audit is built into their funding

In addition, the government of Bolivia must contribute 25% of the estimated \$5.5 million cost of project components which involve direct and indirect assistance to the GOB, or at least \$1,375,000 This requirement is met by GOB budgetary and in-kind contributions of \$1,210,000 plus \$360,000 in local currency from ESF accounts prior to 1993, totalling \$1,570,000, meeting the 25% requirement The 25% GOB contribution is not required for the other elements. Table 2 highlights USAID and GOB contributions by subcomponent.

#### B Technical Assistance

Over the life of project, \$20.18 million (Table 1, Elements, II, and III - SOMARC) will be distributed to USAID/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 technical assistance has been by PIO/T to provide buy-in or add-on funds through 1994, however, this mechanism will be replaced by OYB transfer under the agency-wide reengineering starting in 1995. The system seems to be an improvement over the buy-in/add-on system. The social marketing program will convert to a direct grant mechanism The HHR office has considerable experience in successfully procuring technical assistance through central cooperative agreements and contracts Table 4 highlights the procurement plan for technical assistance for fiscal years 1995 and 1996

#### C. Contraceptive Social Marketing

Over the life of project, \$3.15 million is planned for social marketing technical assistance activities \$850,000 has been disbursed by PIO/T to the central contract with The Futures Group to buy-in to the SOMARC project. An additional \$2.3 million is anticipated for a new initiative with Population Services International (PSI) which will be a direct grant. Additional funds for social marketing will be incorporated into a new grant to

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

	DESCRIPTION	FY90	FY91	FY92	FY93	FY94	TOTAL TO DATE	FY95	FY96	FY97	TOTAL
<b>I</b>	<b>Support for GOB Activities</b>										
	1 DPP	400	0	0	0	119	519	250	250	0	1 019
	2 CNS	450	0	0	0	0	450	200	200	0	850
	3 SNS	250	0	0	0	217	467	350	350	0	1 167
	4 CCH	0	0	0	150	550	700	550	0	0	1 250
	<b>SUBTOTAL</b>	<b>1 100</b>	<b>0</b>	<b>0</b>	<b>150</b>	<b>886</b>	<b>2 136</b>	<b>1 350</b>	<b>800</b>	<b>0</b>	<b>4 286</b>
<b>II</b>	<b>Technical Assistance Activities</b>										
	DHS 936-3023	0	0	450	0	0	450	0	0	0	450
	POP COUNCIL 936-3030	0	150	200	350	100	800	0	0	0	800
	DAI 936-3031	125	0	225	100	250	700	0	0	0	700
	OPTIONS 936-3035	0	0	150	0	0	150	0	0	0	150
	FHI 936-3041	0	0	0	0	0	0	250	450	0	700
	RAPID IV 936-3046	150	0	300	0	300	750	300	0	0	1 050
	JHU/PCS 936-3052	0	134	820	0	700	1 654	500	800	0	2 954
	MICHIGAN FELLOWS 936-3054	0	0	0	0	0	0	100	200	0	300
	MSH/FPMD 936-3055	0	150	450	150	0	750	0	175	0	925
	CARE 936-3058	0	0	0	0	0	0	1 150	900	0	2 050
	GEORGETOWN 936-3061	0	0	0	0	0	0	0	0	0	0
	PATHFINDER 936-3062	200	200	666	500	700	2 266	250	800	0	3 316
	AVSC 936-3068	0	0	0	0	0	0	0	0	0	0
	JHPIEGO 936-3069	0	0	250	0	300	550	0	0	0	550
	PLFP 936-3070	0	0	0	0	0	0	200	100	0	300
	PRIME 936-3072	0	0	0	0	0	0	0	0	0	0
	ADOLESCENT 936-3073	0	0	0	0	0	0	0	0	0	0
	POLICY 936-3078	0	0	0	0	0	0	0	300	0	300
	MOTHERCARE I 936-5966 01	300	300	300	0	955	1 855	0	0	0	1 855
	MOTHERCARE II 936-5966 07	0	0	0	0	0	0	1 000	1 000	0	2 000
	DDM 936-5991 01	0	0	0	0	0	0	900	0	0	900
	OTHER	0	0	0	25	0	25	0	0	0	25
	<b>SUBTOTAL</b>	<b>775</b>	<b>934</b>	<b>3 811</b>	<b>1 125</b>	<b>3 305</b>	<b>9 950</b>	<b>4 650</b>	<b>4 725</b>	<b>0</b>	<b>19 325</b>
<b>III</b>	<b>Contraceptive Social Marketing</b>										
	SOMARC 936-3051	250	150	150	300	0	850	0	0	0	850
	PSI	0	0	0	0	0	0	900	1 400	0	2 300
	<b>SUBTOTAL</b>	<b>250</b>	<b>150</b>	<b>150</b>	<b>300</b>	<b>0</b>	<b>850</b>	<b>900</b>	<b>1 400</b>	<b>0</b>	<b>3 150</b>
<b>IV</b>	<b>Direct Funding</b>										
	PROSALUD	0	0	0	0	600	600	1 500	1 500	0	3 600
	FSG	0	0	0	100	0	100	200	50	0	350
	PROCOSI	0	0	0	0	800	800	1 400	1 000	0	3 200
	IPPF/WHR	0	0	0	0	600	600	1 500	1 435	0	3 535
	<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>2 000</b>	<b>2 100</b>	<b>4 600</b>	<b>3 985</b>	<b>0</b>	<b>10 685</b>
<b>V</b>	<b>STD/AIDS Prevention</b>										
	PUB/PRIV SUPPORT	0	0	0	0	0	0	0	50	0	50
	<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>50</b>
<b>VI</b>	<b>Female Radio Education</b>										
	NGO Support	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>VII</b>	<b>Management Support</b>										
	USAID/PMU	150	162	175	0	0	487	150	250	0	887
	Audit	0	54	49	0	0	103	50	50	0	203
	Commodities	0	175	100	0	0	275	100	500	0	875
	Logistics Support	0	105	15	0	0	120	100	100	0	320
	Evaluation	0	0	0	0	0	0	0	100	0	100
	Studies/Training	0	0	0	0	219	219	100	100	0	419
	<b>SUBTOTAL</b>	<b>150</b>	<b>496</b>	<b>339</b>	<b>0</b>	<b>219</b>	<b>1 204</b>	<b>500</b>	<b>1 100</b>	<b>0</b>	<b>2 804</b>
	<b>GRAND TOTAL</b>	<b>2 275</b>	<b>1 580</b>	<b>4 300</b>	<b>1 675</b>	<b>6 410</b>	<b>16 240</b>	<b>12 000</b>	<b>12 060</b>	<b>0</b>	<b>40 300</b>
	Total Obligations since start of Project	2,275	3,855	8,155	9,830	16,240		28,240	40,300	40,300	

**TABLE 2**  
**USAID 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 Dirección de Políticas de Población (DPP)	1,019	100	1,019	200	360*	560
	2 Caja Nacional de Salud (CNS)	850	100	850	356	--	356
	3 Secretaria Nacional de Salud (SNS)	1,167	100	1 167	354		354
	4 Proyecto de Salud Infantil y Comunitaria (CCH)	1,250	100	1,250	300	--	300
<b>T O T A L</b>		<b>4,286</b>		<b>4,286</b>	<b>1,210</b>	<b>360</b>	<b>1,570</b>

\* Provided prior to FY 1993

**TABLE 3**  
**EXPENDITURE PROJECTION TABLE**  
**REPRODUCTIVE HEALTH SERVICES PROJECT**  
**PACD 12/31/97**  
**(\$000)**

	DESCRIPTION	Expenditures FY90-FY94 TOTAL TO DATE	Pipeline Through FY 94	Planned Expenditures FY 95	Planned Expenditure FY 96	Planned Expenditure FY 97	TOTAL
I	Support for GOB Activities						
	SUBTOTAL	893	1 093	1 225	800	275	4 286
II	Technical Assistance Activities						
	SUBTOTAL	5 921	3 680	4 650	3 350	1 724	19 325
III	Contraceptive Social Marketing						
	SUBTOTAL	848	1	900	1 000	401	3 150
IV	Direct Funding						
	SUBTOTAL	57	2 193	4 600	3 675	160	10 685
V	STD/AIDS Prevention						
	SUBTOTAL	0	0	0	25	25	50
VI	Female Radio Education						
	SUBTOTAL	0	0	0	0	0	0
VII	Management Support						
	SUBTOTAL	1 005	549	300	700	250	2 804
	<b>GRAND TOTAL</b>	<b>8,724</b>	<b>7 516</b>	<b>11 675</b>	<b>9 550</b>	<b>2 835</b>	<b>40 300</b>
	Total Obligations since start of Project	8,724	16,240	27,915	37,465	40,300	

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**TABLE 4**

**PROCUREMENT PLAN 1995/1996**

<b>IMPLEMENTATION ACTIONS</b>	<b>DESCRIPTIONS</b>	<b>DATE PIO/T / MOU</b>	<b>DATE REQUIRED</b>	<b>AMOUNT</b>	<b>RESPONSIBLE PARTY</b>
Dirección de Políticas de Población (DPP)	PRO-AG Obligation PIL	02/95	03/95	\$250,000	HHR
		12/96	04/96	\$250,000	
Caja Nacional de Salud (CNS)	PRO-AG obligation PIL	02/95	03/95	\$200,000	HHR
		02/96	04/96	\$200,000	
Secretaría Nacional de Salud (SNS)	PRO AG Obligation PIL	02/95	03/95	\$350,000	HHR
		02/96	04/96	\$350,000	
Proyecto de Salud Infantil y Comunitaria (CCH)	PRO-AG Obligation PIL	06/95	08/95	\$550,000	HHR
		02/96	04/96	-	
DHS 936-3023	OYB Transfer MOU	N A	[1999]	\$700,000	HHR-LAC GLOBAL USAID/W OP
POP COUNCIL 936 3030	N A	-	-	-	-
DAI 936-3031	N A	-	-	-	-
OPTIONS 936 3035	N A	-	-	-	-
FHI 936-3041	OYB Transfer MOU	01/31/95	03/31/95	\$250,000	HHR/LAC/GLOBAL USAID/W OP
		12/31/95	02/29/96	\$450,000	
Rapid IV 936-3046	OYB Transfer MOU	01/31/95	03/31/95	\$300,000	HHR/LAC/GLOBAL USAID/W OP
				0	

## T A B L E 4

## PROCUREMENT PLAN 1995/1996

IMPLEMENTATION ACTIONS	DESCRIPTION	DATE PIO/T / MOU	DATE REQUIRED	AMOUNT	RESPONSIBLE PARTY
JHU/PCS 936-3052	OYB Transfer MOU	01/31/95	03/31/95	\$500,000	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	\$500,000	
Michigan Fellows 936-3054	OYB Transfer MOU	01/31/95	03/31/95	\$100,000	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	\$200,000	
MSH/FPMD 936-3055	OYB Transfer MOU	01/31/95	03/31/95	Field Support	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	\$200,000	
CARE 936-3058	OYB Transfer MOU	01/31/95	06/01/95	\$1,150,000	HHR/LAC/GLOBAL/ USAID/W OP
	PIO/T \$400,000	12/31/95	02/29/96	\$1,000,000	
Georgetown 936-3061	OYB Transfer MOU	01/31/95	06/01/95	Field Support	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	Field Support	
Pathfinder 936-3062	OYB Transfer MOU	01/31/95	06/01/95	\$250,000	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	\$800,000	
AVSC 936-3068	OYB Transfer MOU	01/31/95	06/01/95	Field Support	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	Field Support	
JHPIEGO 936-3069	OYB Transfer MOU	01/31/95	06/01/95	Field Support	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	Field Support	
PLFP 936-3070	OYB Transfer MOU	01/31/95	06/01/95	\$200,000	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	\$100,000	
PRIME 936-3072	OYB Transfer MOU	01/31/95	06/01/95	Field Support	HHR/LAC/GLOBAL/ USAID/W OP
		12/31/95	02/29/96	Field Support	

**T A B L E     4**  
**PROCUREMENT PLAN 1995/1996**

IMPLEMENTATION ACTIONS	DESCRIPTION	DATE PIO/T / MOU	DATE REQUIRED	AMOUNT	RESPONSIBLE PARTY
ADOLESCENT 936-3073	OYB Transfer MOU	12/31/95	02/29/96	Field Support	HHR/LAC/GLOBAL/ USAID/W OP
Policy 936-3078	OYB Transfer MOU	12/31/95	02/29/96	\$300,000	HHR/LAC/GLOBAL/ USAID/W OP
MotherCare I 936-5966.01	N A	-	-	-	-
MotherCare II 936-5966.07	OYB Transfer MOU	01/31/95	03/31/95	\$1,000,000	HHR/LAC/GLOBAL/ USAID/W OP
		02/29/96	02/29/96	\$1,000,000	
DDM 936-5991 01	OYB Transfer MOU	01/31/95	03/31/95	\$900,000	HHR/LAC/GLOBAL/ USAID/W OP
SOMARC 936-3051	N.A	-	-	-	-
POP SERVICES INTERNATIONAL PSI	Grant/Coop Agreement	04/10/95	05/31/95	\$900,000	HHR/RCO
		01/31/96	02/29/96	\$1,400,000	
PROSALUD	Coop Agreement	06/30/95	08/30/95	\$1,500,000	HHR/RCO
		12/31/95	02/29/96	\$1,500,000	
Fundación San Gabriel FSG	Coop Agreement	04/30/95	06/30/95	\$200,000	HHR/RCO
		12/31/95	02/29/96	\$50,000	
IPPF/WHR (CIES)	Coop Agreement	02/17/95	02/21/95	\$500,000	HHR/RCO
		12/31/95	02/29/96	\$1,500,000	

**T A B L E     4**  
**PROCUREMENT PLAN 1995/1996**

<b>IMPLEMENTATION ACTIONS</b>	<b>DESCRIPTION</b>	<b>DATE PIO/T / MOU</b>	<b>DATE REQUIRED</b>	<b>AMOUNT</b>	<b>RESPONSIBLE PARTY</b>
PROCOSI	Coop Agreement	06/30/95	08/30/95	\$1,400,000	HHR/RCO
		12/31/95	02/29/96	\$1,000,000	
STD/AIDS	Pro-Ag Obligation PIL	12/31/95	02/29/96	\$50,000	HHR/RCO
Female Radio Education	NGO Grant	12/31/95	02/29/96	\$1,050,000	HHR/RCO
AID/PMU Salaries & Travel	Pro-Ag Obligation	02/95	03/95	\$150,000	HHR/RCO
		12/31/95	02/29/96	\$250,000	
Commodities 936-3057	OYB Transfer MOU	01/31/95	03/31/95	Field Support	HHR/LAC/GLOBAL USAID/W OP
		12/31/95	02/29/96	\$500,000	
Evaluation POPTECH	OYB Transfer MOU	12/31/95	08/95	\$100,000	HHR/LAC/GLOBAL USAID/W OP
Studies Training	Pro-Ag Obligation PIO/Cs - PIO/Ts	02/95	03/95	\$100,000	HHR/RCO
		12/31/95	02/29/95	\$200,000	

**NOTE:** Procurement activities already completed in FY 95 are excluded

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PROSALUD The PROSALUD organization is a registered PVO with USAID/Bolivia.

#### D. Direct Funding to NGOs

Direct funding of \$10.69 million is planned for NGOs capable of managing USAID resources. The San Gabriel Foundation is registered with USAID/Bolivia and received a direct funding grant in 1993 for its planned reproductive health activities. A new grant of \$300,000 is anticipated in 1995. The San Gabriel Foundation contributed 25% of the total LOP cost for the first grant and will contribute 25% of the total LOP cost for the new grant. A \$5 million grant is planned for PROSALUD for reproductive health services in its new facilities as its network expands into new areas in Bolivia. PROSALUD will contribute 25% of the total LOP cost for this activity. A grant of \$4.2 million is planned for PROCOSI for funding the implementation of reproductive health services by its PVO members. PROCOSI will contribute 25% of the total LOP cost for this activity. A \$5.3 million dollar grant is planned for the International Planned Parenthood Federation/Western hemisphere Region (IPPF/WHR) for developing CIES into a national IPPF affiliate. IPPF/WHR will contribute 25% of the total LOP cost for this activity. Additional grants may be needed to support the inclusion of reproductive health services at the Municipality level (see section C.2). Funding for NGOs has been obligated directly and under ProAgs with the government of Bolivia.

#### E. STD/AIDS

The STD/AIDS component will be included as sub-activities under other components. In addition, some SNS support for laboratories and other activities may be included in ProAgs and PILs with the Government of Bolivia.

#### F. Female Family Health and Literacy Radio Education

The Female Family Health and Literacy Radio Education component will be implemented through a direct grant to a USAID-registered PVO.

#### G. Management Support

With the 1993 Amendment, funding for management support was identified as a separate category which is maintained under this 1995 Amendment. In the original Project Paper management support was subsumed within funds allocated to the government of Bolivia making it very difficult to plan and account for expenditures. Management support has six funding categories: 1) management personnel; 2) audits; 3) commodities; 4) logistic support, 5) evaluation; and, 6) studies and training. 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 annually. Funds have been added starting in FY 96 for an additional secretary and a professional PSC.

Funding has been included to cover a midterm formative assessment in 1996, the final evaluation which is planned at least six months prior to the PACD. This has been separated from the audit line item as item five under the management support element.

Up to 1993, funding in the commodities category covered 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. FY 1993 and FY 1994 contraceptive needs were covered by central funds and FY 1995 were covered by central field support funds. It is unclear whether central funding for contraceptives will continue beyond 1995. 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. Accordingly, funding for contraceptives has been budgeted. This offers a contingency for additional work at the Municipal level if central rather than project funds, are used 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. This is funded at a constant level to ensure that resources are available to solve any commodity delivery problems throughout the country in either the public or private sector. Funds have been added to the Logistic support item under the management unit beginning in FY 1995 to cover the in-country travel costs of the University of Michigan Fellows, due to a change in policy of the G/HPN/POP/CMT division which oversees this project.

#### H. Pipeline Analysis

As of September 30, 1994, the fourth year of project implementation, \$16,240,000 of the \$19,550,000 planned LOP funding, or eighty three percent (83%) had been obligated. At the end of 1994, accrued expenditures accounted for fifty six percent (56%) of obligated funds, leaving a pipeline of \$7,035,000 or forty six percent (46%) of obligated funds. This reflects a very late (July 1994) FY 1994 obligation of \$6,400,000. 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 fifteen months. This is well within the USAID/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.

#### H 1 Element One - Support to the GOB

Since 1990, \$2,586,000 were obligated directly to the public by amendments signed by the Secretary General of the MOH (now SNS) Although obligated for up to five years in advance, 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 received eighty-eight percent (88%) of funds obligated to that sector

#### H 2 Element Two - Technical Assistance

As of FY 1994, fifty two percent (52%) of obligated funds had 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 USAID/W. In order to monitor CA expenditures, the HHR Office receives copies of monthly or quarterly vouchers sent to USAID/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 USAID/W As a result, HHR maintains the most accurate and up-to-date accounting of CA expenditures.

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 FY 1993 and FY 1994 additions and buy-ins took an average of four to five months to be processed in USAID/W It requires 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 In FY 1995, procurement of services from centrally-funded CAs was done by OYB transfer It is hoped that the new system will shorten the time required for the process.

#### I. 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, and training activities) will be accelerating their expenditure rates in the second half of the project
- 2 Major grants to IPPF/WHR (for CIES), PROCOSI, and PROSALUD to greatly expand the provision of reproductive health services will begin implementation in 1995. Other new initiatives in support of the private sector are foreseen
3. A greatly expanded social marketing project with Population Services International (PSI) will be launched in 1995
- 4 New opportunities are opening up, particularly in the conversion of public sector health services to the private sector at the Municipality level, which warrant greater investment

**ANNEX A**

**LOGICAL FRAMEWORK**

**A N N E X    A**  
**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\$ 40,300,000  
**Date Prepared** 4/11

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Program or Sector Goal</u></p> <p>To improve family health throughout Bolivia</p>	<p><u>Measures of Goal Achievement</u></p> <p>Infant Mortality Rate reduced from 75/1000 live births to 52/1000 live births in 1999</p> <p>Maternal Mortality Rate reduced from 390/100,000 (Plan Vida) live births to 240</p>	<p>1999 Demographic and Survey (DHS)</p>	<p><u>Assumption for Achievement Goal Targets</u></p> <p>National, International and other health sector programs supported by GOB, NGOs and other donors will continue or increase</p> <p>Political and economic conditions will not deteriorate</p>
<p><u>Project Purpose</u></p> <p>To increase the access and quality of reproductive health care services in Bolivia</p>	<p><u>Conditions that will indicate Purpose has been achieved End of Project Status</u></p> <p>1 Contraceptive prevalence of modern methods increases from 18% to 24% among sexually active women and is higher than the national average in target areas (La Paz, Santa Cruz and Cochabamba)</p> <p>2 Increase in the number of new acceptors of family planning methods  94 483 607  97 756,821</p> <p>3 Increase in the couple years of protection CYP (Baseline 3/95 110,539)</p> <p>4 Increase from 1994 levels the number of active users of family methods using participating service delivery mechanisms (PSI measured in CYP)</p>	<p>1999 DHS</p> <p>Estimates from Service Statistics Quipus System</p> <p>MIS Service Statistics  - Quipus modern methods users  - SNISS Total users  - PSI sales reports</p> <p>MIS Service Statistics  - Quipus modern methods users  - SNISS-Total users  - PSI Sales report</p> <p>MIS Service Statistics  - Quipus modern methods users  - SNISS Total users  - PSI sales reports</p>	<p><u>Assumptions for Achieving Purpose</u></p> <p>GOB/Church continue to accept health rationale for reproductive health services</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Outputs</u></p> <p>1 Increased number of facilities offering reproductive health services</p>	<p><u>Magnitude of Outputs</u></p> <p>1a SNS project Districts with maternal and child health services that include family planning services                      12/92 3                      12/94 44                      - 12/95 - 68                      12/97 94</p> <p>1b CNS facilities nationwide with maternal and child health services include family planning services                      - 12/92 3                      12/94 20                      12/95 - 27                      - 12/97 41</p> <p>1c Participating NGO facilities provide family planning services in expanded project area                      12/92 12                      12/94 20                      12/95 60                      12/97 70</p> <p>1d 12/92 698 634 condoms sold SOMARC                      12/94 1,000,000 condoms sold SOMARC                      12/97 3,284,821 condoms sold PSI</p> <p>1e 12/97 276,766 pill cycles sold PSI</p> <p>1f 8 national reproductive health clinical training centers established in 4 SNS districts                      12/92 1 La Paz 1 Cochabamba                      12/94 2 La Paz 1 Cbba , 1 Sucre                      12/97 3 La Paz 1 Cbba 1 Sucre, 1 Oruro 1 Potosí, 1 Beni</p> <p>2a 90% WRA have knowledge of the risk for pregnancy contraceptive methods and sources of supply</p>	<p>SNS service statistics by facility</p> <p>Site visits</p> <p>CNS service statistics by facility</p> <p>Site visits</p> <p>NGO technical reports to USAID</p> <p>Site Visits</p> <p>SOMARC sales records</p> <p>PSI sales records</p> <p>Site visits</p> <p>Technical reports</p> <p>1999 DHS</p> <p>IEC evaluation &amp; dissemination</p>	<p><u>Assumptions for Achieving Outputs</u></p> <p>GOB Budget restrictions do not force reduced SNS services</p> <p>GOB policy to provide family planning services as part of reproductive health care does not change</p> <p>Other health projects and donors will continue to provide complementary support to activities</p> <p>Prices of reproductive health services and contraceptives not a barrier to use</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><b>3 Increased quality of selected reproductive health services</b></p>	<p><b>3a SNS Service delivery norms followed</b></p> <p><b>3b Informed choice of family planning methods by client</b></p> <p><b>3c Number and variety of family planning methods offered at each site</b></p> <p><b>3d Acceptable waiting time in clinics</b></p> <p><b>3e Providers are technically competent</b></p>	<p><b>The following MOVs apply to indicators 3a 3c</b></p> <p><b>Client records Technical reports Surveys Service statistics Method mix</b></p> <p><b>Site visits Focus group behavioral research</b></p>	<p><b>General knowledge of norms existing among practitioners</b></p> <p><b>Medical barriers diminished</b></p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Technical and financial sustainability of project's Bolivian counterpart institutions</p>	<ol style="list-style-type: none"> <li>1 SNS and UNFPA/PAHO fund 95% of reproductive health services offered in SNS clinics by EOP Permanent reproductive health services training offered by SNS by EOP</li> <li>2 Ministry of Sustainable Development pays salaries of four staff members of DPP by EOP</li> <li>3 CNS pays for 90% of the costs of the reproductive health services offered in its hospitals and clinics by EOP</li> <li>4 PROSALUD and CIES are purchasing replacement contraceptive products for the social marketing program by EOP</li> <li>5 PROSALUD offers reproductive health services in all of its clinics services are technically self-sustaining and cost recovery for reproductive health services reaches 80% by EOP</li> <li>6 The Fundación San Gabriel offers reproductive health services in all of its primary health care centers continues its training center offers surgical contraception and post partum family planning in its hospital and cost recovery for reproductive health services reaches 75% by EOP</li> <li>7 The PROCOSI PVOs receiving Reproductive Health Services Project grants have trained personnel in reproductive health services and are technically self-sustaining by EOP On average, all PROCOSI members recover X<sup>1</sup> percentage of reproductive health services costs by EOP</li> <li>8 CIES continues its in-service reproductive health services training becomes affiliate of IPPF, Clinics average 90% cost recovery by EOP</li> <li>9 Pathfinder supported PVO S become technically self-sustaining Pathfinder support for PVOs is reduced from 70% of costs on average to X<sup>2</sup> percentage of costs by EOP</li> <li>10 The Reproductive Health Service Providers supported by the project develop transparent automated systems for predicting contraceptive use ordering supplies warehousing and maintaining records</li> </ol>	<ol style="list-style-type: none"> <li>1 Annual budgets Cooperating Agency Reports</li> <li>2 DPP Reports</li> <li>3 Annual Budgets Cooperating Agency Reports</li> <li>4 CSM Sales Reports</li> <li>5 PROSALUD Financial Reports</li> <li>6 Fundación San Gabriel Financial Reports</li> <li>7 PROCOSI/PVOs Financial Reports</li> <li>8 CIES and IPPF Reports</li> <li>9 Pathfinder Reports</li> <li>10 Pathfinder FPLM Reports</li> </ol>	<ul style="list-style-type: none"> <li>- The SNS continues support of Reproduction health Services The UNFPA/PAHO project continues support of the SNS Reproductive Health Service Activity</li> <li>- The Ministry of Sustainability Development continues to receive GOB financing for DPP activity</li> <li>- The CNS remains financially viable through Employer/Employee payments</li> <li style="padding-left: 20px;">The GOB allows CSM advertising</li> <li>- The Popular Participation Plan and the SNS allow continued expansion of the PROSALUD activities</li> <li style="padding-left: 20px;">The SNS continues to delegate responsibility for provision of Health Services for La Paz District #3 to San Gabriel</li> <li style="padding-left: 20px;">The GOB continues to let PVO s operate and the PVO s maintain their sources of support</li> <li style="padding-left: 20px;">IPPF continues its international network of affiliate support</li> <li>- The GOB continues to allow importation of contraceptives</li> </ul>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Inputs</u>  <u>USAID Provided</u></p> <p>1 Support for GOB activities</p> <p>2 Technical Assistance</p> <p>3 Contraceptive Social Marketing</p> <p>4 Direct Grants</p> <p>5 Management Support</p> <p><b>T O T A L</b></p>	<p><u>Level of Expenditure</u>  <u>(\$ 000)</u></p> <p>4,268</p> <p>19,325</p> <p>3,150</p> <p>10 685</p> <p><u>2,804</u></p> <p><b>40,300</b></p>	<p>1 Internal monitoring documents, audits</p> <p>2 Evaluation Financial reports audits</p> <p>3 Evaluations Financial reports audits</p> <p>4 Internal monitoring documents, audits</p> <p>5 Contracting documents</p>	<p><u>Assumptions for providing Inputs</u></p> <p>1 Procurement training and delivery of TA are accomplished on a timely basis</p> <p>2 AID funds are obligated and disbursed on a timely basis</p> <p>3 GOB and NGO resources (personnel, office space, equipment etc ) are provided on a timely basis, and in adequate quantity</p>
<p><u>Inputs</u></p> <p><u>GOB provided</u>                      Requisite Staff, facilities and local costs</p> <p><u>NGO Provided</u>                      Necessary staff, facilities and some local costs to support CA/Contractor inputs</p>	<p><u>Implementation Target (Type and Quantity)</u></p> <p>\$1 570 000</p> <p>Counterpart contribution will be based on proposal to be submitted</p>	<p>GOB Records</p> <p>Financial documents, audits</p>	<p><u>Assumption for Providing Inputs</u></p> <p>GOB provides requisite staff facilitates and local costs</p>

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**ANNEX B**

**NAD AMENDMENT APPROVAL CABLE**

UNCLAS AIDAC SECSTATE 162533

ACTION AID-1  
INFO AMB-1 DCM-1 CHRON-0

Rec'd 6/21

DISTRIBUTION AID  
CHARGE AID

File PRM

VZCZCLP0185  
RK RUEHLP  
DE RUEHC #2533/01 1680853  
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UNCLAS SECTION 01 OF 04 STATE 162533

AIDAC

Reply 6/28

E O 12356 N/A  
TAGS

Action tkn \_\_\_\_\_

SUBJECT FY 95-96 ACTION PLAN FOR BOLIVIA

1 THE FY 95-96 ACTION PLAN FOR BOLIVIA WAS REVIEWED ON MAY 25, 1994 THE DAEC WAS CHAIRED BY AA/LAC MARK SCHNEIDER IN ATTENDANCE WERE REPRESENTATIVES FROM G, M, PPC, LPA, STATE AND ALL APPROPRIATE LAC OFFICES THE AA/LAC AND DAA COMPLIMENTED THE MISSION ON THE QUALITY OF THE ACTION PLAN THE USAID DIRECTOR, CARL LEONARD, AND STAFF MEMBERS LEWIS LUCKE AND GENE SZEPESEY PRESENTED THE ACTION PLAN THE ACTION PLAN WAS APPROVED BY THE BUREAU, SUBJECT TO THE GUIDANCE PROVIDED BELOW

2 POVERTY ALLEVIATION AA/LAC QUESTIONED THE APPARENT LARGE NUMBER OF USAID/BOLIVIA PROJECTS AIMED AT ECONOMIC GROWTH WHICH SEEM TO WORK ONLY INDIRECTLY TO ALLEVIATE POVERTY THE MISSION EXPLAINED THAT MANY OF THE PROJECTS WITH AN INDIRECT APPROACH REFLECT AN EARLIER STRATEGY FOCUSING ON TRADE AND INVESTMENT AND ARE NEARING COMPLETION USAID/BOLIVIA POINTED OUT THAT ITS ENTIRE PROGRAM EMPHASIZES POVERTY ALLEVIATION DIRECTLY, EVEN THOUGH SOMETIMES ACHIEVEMENT OF THE OBJECTIVES REQUIRES INDIRECT MEASURES

3 GOB POPULAR PARTICIPATION/DECENTRALIZATION DAEC REVIEWERS WERE VERY SUPPORTIVE OF MISSION PLANS TO ASSIST THE GOB IN ITS AMBITIOUS POPULAR PARTICIPATION PLAN PARTICIPANTS WERE, HOWEVER, CONCERNED THAT MANAGEMENT OF THE 20 PERCENT OF GOB RESOURCES TO BE MADE AVAILABLE TO 301 MUNICIPALITIES STARTING IN 1995 MIGHT OVERWHELM MUNICIPALITIES WHICH HAVE LITTLE EXPERIENCE OR EXPERTISE IN DEVELOPING AND MANAGING CAPITAL PROJECTS THE MISSION

UNCLAS AIDAC SECSTATE 162533

EXPLAINED THAT THE GOB AND MISSION STAFF ARE WELL AWARE OF THE RISKS ASSOCIATED WITH THIS MASSIVE AND COMPLEX UNDERTAKING, AND THAT THIS IS WHY THE MISSION HAS PROPOSED THE FY 95 NEW ACTIVITY ENTITLED DEMOCRATIC DEVELOPMENT AND CITIZEN PARTICIPATION. THEY WILL ALSO BE COORDINATING CLOSELY WITH OTHER DONORS. THE DAEC RECOMMENDED THAT THE MISSION REVIEW THE EXPERIENCE OF OTHER COUNTRIES IN THE REGION WHICH HAVE DECENTRALIZED GOVERNMENT FUNCTIONS SUCH AS EL SALVADOR AND CHILE.

4 COUNTERNARCOTICS. IN RESPONSE TO A QUERY FROM AA/LAC ON THE DIFFICULTY THE GOB IS HAVING IN MEETING THE COCA ERADICATION TARGETS, THE MISSION EXPLAINED THAT PART OF THE PROBLEM WAS DUE TO LACK OF POLITICAL WILL DURING THE 1993 ELECTIONS, AND THE CHANGE OF ADMINISTRATION IN BOLIVIA, AS WELL AS TO THE INCREASING PRICE OF COCA. THE MISSION POINTED TO THE SUCCESS ALTERNATIVE CROPS ARE HAVING IN THE PRIME COCA GROWING AREAS AND EXPRESSED THE HOPE THAT STEPPED-UP INTERDICTION EFFORTS AND ENHANCED POLITICAL WILL WILL CONTRIBUTE TO REDUCING THE PRICE TO FARMERS FOR ILLICIT COCA AND RENEWING INTEREST IN THE ERADICATION PROGRAM.

5 BUDGET. THE MISSION WAS MADE AWARE OF THE FURTHER STRESS WHICH IS LIKELY TO BE PLACED ON THE ESF BUDGET AND ADVISED TO CONSIDER WHICH ESF-SUPPORTED PROGRAMS ARE MOST CRITICAL TO THE ACHIEVEMENT OF MISSION OBJECTIVES. IN RESPONSE, THE MISSION STATED THAT IN SUPPORTING THE USG'S COUNTERNARCOTICS OBJECTIVES, IT WOULD BE PARTICULARLY IMPORTANT TO ENSURE CONTINUANCE OF SUPPORT TO AND THE COCHABAMBA REGIONAL DEVELOPMENT PROJECT (CORDEP). THE MISSION EXPRESSED ITS DEEP CONCERN ABOUT THE CONSTRAINTS PLACED ON THE MISSION'S FLEXIBILITY BY VARIOUS FUNDING "DIRECTIVES" IT RECEIVES EACH YEAR. THE DAEC NOTED THE LIMITATIONS THESE DIRECTIVES PLACE ON THE MISSION'S ABILITY TO RESPOND CREATIVELY AND EXPEDITIOUSLY TO PROGRAM NEEDS AS THEY ARISE. IN RESPONSE TO THE ACTION PLAN PLEA TO PROVIDE FUNDING ALLOCATIONS IN A MORE TIMELY AND PREDICTABLE MANNER, THE MISSION WAS ADVISED TO TAKE FULL ADVANTAGE OF

LAC/DPPIS ANNUAL OFFER TO MEET URGENT FIRST QUARTER FUNDING NEEDS

6 TRAINING FOR SUSTAINABLE DEVELOPMENT. THIS PROJECT WAS QUESTIONED ON THE GROUNDS THAT IT DID NOT APPEAR TO HAVE ANY DIRECT LINK TO ACHIEVEMENT OF USAID/BOLIVIA'S PROGRAM OBJECTIVES. THE MISSION CLARIFIED THAT, WHILE INDIVIDUAL PROJECTS DO HAVE THEIR OWN TRAINING ELEMENTS, THERE ARE INEVITABLY GAPS IN THE MISSION'S ABILITY TO FUND TRAINING

NEEDED TO IMPLEMENT THE OVERALL SUSTAINABLE DEVELOPMENT PORTFOLIO IN BOLIVIA ALL THE PROJECTS TRAINING WILL SUPPORT THE STRATEGIC OBJECTIVES

E O  
SUBJECT

7 FEMALE EDUCATION CONCERN WAS EXPRESSED ABOUT THE EXTENT OF MISSION ACTIVITIES SUPPORTING EDUCATION, ESPECIALLY FEMALE EDUCATION THE MISSION STATED THAT EDUCATION OF GIRLS, PARTICULARLY AT THE PRIMARY AND SECONDARY LEVELS, IS VITAL TO ACHIEVEMENT OF DEMOCRACY, HEALTH, POPULATION AND ECONOMIC GROWTH OBJECTIVES HOWEVER, AS AGREED IN USAID/W'S APPROVAL OF USAID/BOLIVIA'S STRATEGY, SUPPORT TO EDUCATION WOULD BE LEFT TO OTHER DONORS WITH USAID/W AND THE MISSION PROMOTING POLICY DIALOGUE INVOLVING THE GOB, OTHER DONORS AND CIVIC ORGANIZATIONS, AND MONITORING PROGRESS OF REFORMS THE MISSION BELIEVES THAT THE SUBSTANTIAL EDUCATION PROGRAMS PLANNED BY THE GOB WITH OTHER DONOR SUPPORT, ESPECIALLY LED BY THE WORLD BANK, SHOULD DEVOTE PARTICULAR ATTENTION TO FEMALE EDUCATION REDOUBLED POLICY/PROGRAM DIALOGUE ON KEY ISSUES TO ENSURE ADEQUATE ATTENTION TO FEMALE EDUCATION AND MONITORING EFFORTS AT BOTH THE USAID/W AND USAID/BOLIVIA LEVEL WILL BE NEEDED TO ENSURE THE DESIRED OUTCOME OF INCREASING THE QUANTITY AND QUALITY OF FEMALE EDUCATION AND CLOSING THE GAP BETWEEN BOYS AND GIRLS AS A FIRST STEP, USAID/W (LAC/DR/EHR) WAS ASKED TO REVIEW THE WORLD BANK PROJECT DOCUMENTATION TO ENSURE THAT THIS ISSUE IS RECEIVING APPROPRIATE ATTENTION FOR ITS PART, USAID/BOLIVIA WILL DIALOG WITH APPROPRIATE GOB AND LOCAL WORLD BANK EDUCATION PLANNING STAFF ON THE CRITICAL IMPACT OF FEMALE EDUCATION IN ATTAINING SUSTAINABLE ECONOMIC GROWTH AND OTHER KEY STRATEGIC OBJECTIVES

8 MICROFINANCE ALL MEMBERS OF THE DAEC AGREED THAT THE PROPOSED MICROFINANCE ACTIVITY COULD PLAY A MAJOR ROLE IN POVERTY ALLEVIATION AND ECONOMIC GROWTH WHILE THE ENVIRONMENT FOR THIS TYPE OF INTERVENTION IS RIGHT FOR AN IMMEDIATE NEW START, THE MISSION EXPLAINED THAT THE SUBSTANTIAL PROPORTION OF ITS PROGRAM WHICH MUST BE DEVOTED TO MEETING NUMEROUS AGENCY "DIRECTIVES", LEAVES IT VERY LITTLE ROOM TO MANEUVER TO TAKE ADVANTAGE OF EVEN THIS VERY PROMISING OPPORTUNITY ALTHOUGH THERE ARE CURRENTLY NO CENTRALLY HELD FUNDS FOR MICROENTERPRISE PROMOTION, THE DAA ADVISED THE MISSION TO GO "FULL STEAM AHEAD" WITH DEVELOPMENT OF THE PROGRAM SO THAT IF A

FUNDING SOURCE CAN BE IDENTIFIED, THE MISSION CAN MAKE A PROPOSAL PROMPTLY

9 PL 480 A THE MISSION NOTED ITS EXTREME DISAPPOINTMENT WITH USAID/WIS PROPOSED ABRUPT DROP IN THE PL 480 TITLE III LEVEL FROM FY 94 TO FY 95 (DOLS 20 MILLION DOWN TO DOLS 7 MILLION) AND THE POTENTIAL HARM THE LOSS OF LOCAL CURRENCY WILL DO TO COUNTERPART CONTRIBUTIONS FOR ONGOING PROJECTS THE BUREAU WILL TRY TO OBTAIN ADDITIONAL FUNDS FOR THE PROGRAM THE MISSION INDICATED THAT IN THE EVENT ADDITIONAL TITLE III RESOURCES DO NOT BECOME AVAILABLE, THE MISSION WILL CONCENTRATE THE RESOURCES THAT ARE AVAILABLE ON ACTIVITIES DESIGNED TO ALLEVIATE POVERTY AND IMPROVE FOOD SECURITY

NOTE NOTWITHSTANDING THE ABOVE, MISSION SHOULD BE PREPARED TO ADDRESS ANY DISINCENTIVE ISSUES (BELLMON) CREATED AS A RESULT OF THE RECENTLY SHIPMENT OF BULK WHEAT BEING PROVIDED BY THE EUROPEANS, AND POSSIBLY BY USDAIS EEP IN FY95, BEFORE ANY TITLE II OR III MONETIZATION PROGRAMS CAN BE AUTHORIZED IN FY95

B REGARDING USE OF LOCAL CURRENCY NOTE THE RECENT TITLE III GUIDANCE REQUIRES THAT QUOTE MISSION WILL BE EXPECTED TO USE TITLE III RESOURCES TO SUPPORT INTERVENTIONS WITH DIRECT LINKAGES TO INCREASED AGRICULTURAL PRODUCTION AND CONSUMPTION WHICH CAN DEMONSTRATE VISIBLE PROGRESS OVER A THREE TO FIVE-YEAR TIME PERIOD PROPOSALS SHOULD INCLUDE A PLAN TO ENHANCE FOOD SECURITY THROUGH POLICY REFORMS WHICH ADDRESS SECTORAL ISSUES AFFECTING FOOD PRODUCTION AND CONSUMPTION, INCLUDING NUTRITION, AND LOCAL CURRENCY SUPPORT OF ACTIVITIES ADDRESSING SMALL FARMER AGRICULTURAL PRODUCTION (PARTICULARLY FOOD PRODUCTION) AND CONSUMPTION PROBLEMS IN THAT COUNTRY UNQUOTE

C IN ACCORDANCE WITH RECENTLY ISSUED POLICY GUIDANCE, THE TITLE III PROGRAM WILL BE AUTHORIZED IN USAID/W

D BHR/FFP RAISED THE QUESTION OF THE DEGREE TO WHICH FOOD FOR DEVELOPMENT RESOURCES ARE INTEGRATED INTO THE MISSIONS PROGRAM THE MISSION STATED THAT, ALTHOUGH THE ROLE PL 480 RESOURCES PLAY IN THE MISSIONS PROGRAM IS NOT TREATED IN EVERY ELEMENT OF THE ACTION PLAN, PL 480 PROGRAMS ARE COMPLETELY INTEGRATED INTO ITS APPROVED STRATEGIC OBJECTIVES IN A SUPPLEMENTARY DOCUMENT

(DISTRIBUTED TO DR AND BHR/FFP AND WHICH WILL BE INCLUDED IN THE OFFICIAL ACTION PLAN FILE) THE MISSION DETAILED THE INTEGRATION OF THE PL 480 PROGRAM INTO ITS PROGRAM BHR

EXPRESSED ITS SATISFACTION WITH THIS CLARIFICATION OF THE

## PL 480 PROGRAMIS ROLE

10 RENEWABLE ENERGY IN THE ACTION PLAN THE MISSION REQUESTED ADDITIONAL RESOURCES SO THAT IT CAN COMPLETE FUNDING OF BOTH THE RENEWABLE ENERGY AND RURAL ELECTRIFICATION PORTIONS OF ITS ENERGY PROJECT THE BUREAU ADVISED THAT IT HAS NO ADDITIONAL FUNDS TO RESPOND TO THIS REQUEST SIMILARLY, THE GEF HAS NO MORE FY 94 FUNDING AVAILABLE G/R&D/E IS FAVORABLY IMPRESSED WITH THE RENEWABLE ENERGY PROJECT, BUT ALSO HAS LIMITED FUNDING AVAILABLE A G/R&D/E REPRESENTATIVE WILL VISIT BOLIVIA IN JUNE TO REVIEW POSSIBILITIES FOR COLLABORATION

11 VOTER REGISTRATION AS A MEASURE OF POPULAR PARTICIPATION GIVEN THE SUCCESS OF THE VOTER REGISTRATION PROGRAM, AND THE GOB'S AND AGENCY'S EMPHASIS ON LOCAL EMPOWERMENT, THE MISSION WILL NOW MOVE TO EMPHASIZE AND MEASURE OTHER ASPECTS OF POPULAR PARTICIPATION WHILE THE MISSION WILL CONTINUE VOTER REGISTRATION ACTIVITIES FOR THE REMAINING ONE MILLION RURAL UNREGISTERED PEOPLE, VOTER REGISTRATION WILL BE DROPPED AS AN INDICATOR THE NATIONAL ELECTORAL COURT WILL MONITOR VOTER REGISTRATION

12 COUNTERNARCOTICS AND ALTERNATIVE DEVELOPMENT TWO QUESTIONS WERE RAISED 1) BY RESHAPING ITS STRATEGIC OBJECTIVES, IS USAID SIGNALLING A MOVE AWAY FROM ITS COMMITMENT TO THIS EFFORT? AND 2) IS FOLDING COUNTERNARCOTICS EFFORTS INTO THE ECONOMIC GROWTH OBJECTIVE APPROPRIATE? THE MISSION EXPLAINED THAT IT IS AS COMMITTED AS EVER TO THE SUSTAINABLE ALTERNATIVE DEVELOPMENT APPROACH OF CREATING JOBS AND INCOME THROUGHOUT THE BOLIVIAN ECONOMY AND REDUCING THE OVERALL MACROECONOMIC EFFECT OF COCA PRODUCTION AND TRAFFICKING, BUT THAT THE DRASTIC CUT THE BOLIVIA PROGRAM HAS TAKEN IN ESF RESOURCES MAKES IT IMPOSSIBLE TO CONSIDER THAT TRANSFORMATION OF THE ENTIRE BOLIVIAN ECONOMY IS WITHIN USAIDIS MANAGEABLE INTEREST THE MISSION STILL HAS A MAJOR CONCENTRATION OF DEVELOPMENT RESOURCES IN ILLICIT COCA PRODUCING AREAS (COCHABAMBA), AND IS FULLY COMMITTED TO FOSTERING SUSTAINABLE DEVELOPMENT IN THE CHAPARE AND ASSOCIATED AREAS

WITH RESPECT TO THE IMPACT OF ALTERNATIVE DEVELOPMENT EFFORTS ON ECONOMIC GROWTH, THE MISSION ARGUED THAT AN ECONOMY SIGNIFICANTLY RELIANT ON ILLICIT PRODUCTION, CANNOT, BY DEFINITION, BE CONSIDERED SUSTAINABLE THE

MISSION INTENDS TO CONTINUE ITS PROGRAM IN THIS AREA AND WILL PURSUE THIS SUSTAINABLE ALTERNATIVE DEVELOPMENT COUNTRY WIDE, SUBJECT TO THE AVAILABILITY OF FUNDS HENCE, IT MAINTAINS A PLACE IN THE OBJECTIVE TREE IN SUPPORT OF THE ECONOMIC GROWTH OBJECTIVE

13 IMPROVED FAMILY HEALTH STRATEGIC OBJECTIVE IT WAS POINTED OUT BY DR/HPN THAT THE STATEMENTS OF PROGRAM OUTPUTS UNDER THIS OBJECTIVE DO NOT LEAD DIRECTLY TO ACHIEVEMENT OF THE STRATEGIC OBJECTIVE OF IMPROVED HEALTH IN CONVERSATIONS BETWEEN LAC/DR/HPN AND USAID/BOLIVIA POPULATION/HEALTH PERSONNEL OUTSIDE THE FORMAL REVIEW MEETINGS, USAID/ BOLIVIA AGREED THAT ACHIEVEMENT OF THE THREE PROGRAM OUTCOMES AS PRESENTLY STATED IN THE ACTION PLAN TOGETHER WILL LEAD TO THE STRATEGIC OBJECTIVE OF "IMPROVED FAMILY HEALTH" THROUGH AN INTERMEDIATE STAGE OF "INCREASED UTILIZATION OF HEALTH AND FAMILY PLANNING INTERVENTIONS" THIS INCREASED UTILIZATION LINKS THE PRESENT PROGRAM OUTCOMES WITH THE PROPOSED STRATEGIC OBJECTIVE IT WAS AGREED THAT THE FAMILY HEALTH STRATEGIC OBJECTIVE TREE WILL BE REVISED TO REFLECT THIS RELATIONSHIP, AS DESCRIBED IN THE EHMER-DABBS MEMO OF MAY 17, 1994

14 DECLINE IN NON-TRADITIONAL AGRICULTURAL EXPORTS THE ACTION PLAN SHOWS A DROP IN EARNINGS FROM NON-TRADITIONAL AGRICULTURAL EXPORTS THE MISSION EXPLAINED THAT SOME OF THE DROP WAS DUE TO A DETERIORATION IN THE TERMS OF TRADE, AND SOME FROM A CRACK-DOWN BY THE GOB ON OVER-INVOICING WHICH HAD INFLATED REPORTED EXPORT EARNINGS IN EARLIER YEARS HOWEVER, THE VOLUME OF EXPORTS IS INCREASING AND THIS SHOULD LEAD TO HIGHER EARNINGS AS COMMODITY PRICES RECOVER ON WORLD MARKETS

15 NEW ACTIVITY DESCRIPTIONS THE FOLLOWING NEW ACTIVITY DESCRIPTIONS WERE REVIEWED BY THE DAEC

PROJECT ACTION	PROJECT	LOP AMOUNT	RECOMMENDED
FY94			
511-0568	REPRODUCTIVE HEALTH SERVICES	40,300	APPROVE/DELEGATE
FY95			
511-0594	CBMMUNITY & CHILD HEALTH	26,000	APPROVE/DELEGATE

511-0634	DEMOCRATIC DEV & CIT	5,000	APPROVE/DELEGATE
511-0630	BALANCE OF PAYMENTS SUPPORT	18,000	APPROVE/USAID/W
N/A	PL 480 TITLE III	60,000	APPROVE/USAID/W
511-0637	MICRO-FINANCE	10,000	APPROVE/DELEGATE
FY96			
511-0636	TRAINING FOR SUST DEVELOP	5,000	APPROVE/DELEGATE
511-0638	INDIGENOUS RESOURCE MANAGEMENT	5,000	APPROVE/DELEGATE
511-0639	BALANCE OF PAYMENTS	30,000	APPROVE/USAID/W
N/A	PL480 TITLE II	20,000	APPROVE/USAID/W

NOTE ALTHOUGH AUTHORITY TO DEVELOP AND APPROVE THE TRAINING FOR SUSTAINABLE DEVELOPMENT AND THE INDIGENOUS RESOURCE MANAGEMENT PROJECTS IS DELEGATED TO THE MISSION, FUNDING PRIORITIES WILL BE REVIEWED AGAIN NEXT YEAR

BASED ON CONVERSATIONS BETWEEN LAC/DR/HPN AND MISSION PERSONNEL OUTSIDE THE FORMAL REVIEW PROCESS, THE FOLLOWING CLARIFICATIONS WERE OFFERED FOR THE REPRODUCTIVE HEALTH PROJECT, CONSIDERATION WILL BE GIVEN TO MAKING THE INDICATORS FOR THE GOAL AND PURPOSE LEVELS PARALLEL TO THE INDICATORS FOR THE STRATEGIC OBJECTIVE AND PROGRAM OUTCOMES OF THE STRATEGY, ESPECIALLY USING CONTRACEPTIVE PREVALENCE AS AN INDICATOR OF THE GOAL, NOT THE PURPOSE LEVEL FOR THE CHILD AND COMMUNITY HEALTH PROJECT, ACUTE RESPIRATORY INFECTIONS INTERVENTIONS WERE CONFIRMED TO BE A PART OF THE REVISED PROJECT

16 PROGRAM BUDGET THE CURRENTLY AVAILABLE DA BUDGET LEVELS FOR USAID/BOLIVIA ARE DOLS 19 598 MILLION IN FY 94 AND DOLS 29 16 MILLION IN FY 95 THESE LEVELS ARE CONSISTENT WITH THOSE REQUESTED IN THE ACTION PLAN, AS AMENDED PRIOR TO THE REVIEW THE ESF LEVEL CURRENTLY EXPECTED TO BE AVAILABLE IN FY 94 DOLS IS 32 MILLION DOLS 40 4 MILLION IS REQUESTED FOR FY 95 ANTICIPATED PL 480 TITLE II AVAILABILITY IS 22 055 MILLION IN BOTH FY 94

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AND FY 95 THE BUDGETED FY 94 PL 480 TITLE III LEVEL IS  
DOLS 20 MILLION DOLS 7 MILLION OF PL 480 TITLE III IS  
PLANNED FOR FY 95, ALTHOUGH AS DISCUSSED IN PARAGRAPH 9  
ABOVE, THE BUREAU WILL SEEK ADDITIONAL TITLE III RESOURCES  
FOR BOLIVIA  
CHRISTOPHER  
BT  
#2533

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UNCLAS AIDAC SECSTATE 162533

**ANNEX C**

**FEMALE EDUCATION  
APPROVAL REQUEST CABLE**

*file*

ORIGIN AID-1  
INFO CHRON-0 BFO-1 ADM-1 DCM-1 AMB-1

DISTRIBUTION AIDB  
CHARGE AID  
APPROVED DD LLUCKE  
DRAFTED HHR ELAWRENCE ATA  
CLEARED 1 HHR PE, 2 PDI OC, 3 DP RK

VZCZCLPI332  
RR RUEHC  
DE RUEHLP #4288/01 1012052  
ZNR UUUUU ZZH  
R 112052Z APR 95  
FM AMEMBASSY LA PAZ  
TO SECSTATE WASHDC 2934  
BT  
UNCLAS SECTION 01 OF 02 LA PAZ 004288

AIDAC

FOR AA/PPC, COLIN BRADFORD, G/PHN, DUFF GILLESPIE  
INFO G/POP/FPSD, SIGRID ANDERSON, G/HRD, JIM HOXENG

E O. 12356 N/A  
SUBJECT POPULATION USE OF POPULATION FUNDS FOR  
FEMALE EDUCATION PROGRAM IN BOLIVIA

REF. SECSTATE 128823

1 USAID/BOLIVIA REQUESTS APPROVAL TO USE POPULATION FUNDS TO SUPPORT A FEMALE FAMILY HEALTH LITERACY RADIO EDUCATION ACTIVITY UNDER THE REPRODUCTIVE HEALTH SERVICES PROJECT (RHSP - 511-0568) BEGINNING IN FY 1996. THE COST OF THE ACTIVITY FOR FY 1996 AND FY 1997 IS ESTIMATED AT DOLS 2,000,000, ABOUT FIVE (5) PERCENT OF THE TOTAL RHSP PROJECT BUDGET

2. THE FEMALE FAMILY HEALTH LITERACY RADIO EDUCATION ACTIVITY WILL USE THE NEPAL HEAL PROJECT IMPLEMENTED BY WORLD EDUCATION AS A MODEL FOR CONTENT MESSAGES AND CURRICULUM MATERIALS WILL EMPHASIZE FAMILY PLANNING AND REPRODUCTIVE HEALTH CHILD SURVIVAL AND FAMILY LIFE EDUCATION WOULD ALSO BE INCORPORATED INTO THE CURRICULUM.

3 THE FEMALE FAMILY HEALTH ACTIVITY WOULD CAPITALIZE ON BOLIVIA'S INTERACTIVE RADIO KNOW-HOW AND INFRASTRUCTURE BUILT UP OVER YEARS OF EXPERIENCE TEACHING MATH AND HEALTH TO OVER 300,000 CHILDREN THOSE THAT RECEIVED THE RADIO LESSONS INCREASED THEIR UNDERSTANDING OF HEALTH CONCEPTS 34 PERCENT GREATER THAN CONTROL GROUPS UNLIKE THE INTERACTIVE RADIO

*(HLS*  
*HHR 2*  
*D/DO*  
*C*  
*PD+I*  
*DP*  
*RF*

*43*

LEARNING PROJECT, HOWEVER, THE FEMALE FAMILY HEALTH INITIATIVE WOULD BE AIMED AT OUT-OF-SCHOOL WOMEN AND GIRLS

4 THE PERCENTAGE OF BOLIVIAN WOMEN OF FERTILE AGE NEVER HAVING ATTENDED SCHOOL RANGES FROM 26 FOR 15-19 YEAR OLDS TO 36 FOR 45-49 YEAR OLDS, ACCORDING TO OUR 1994 DEMOGRAPHIC HEALTH SURVEY (DHS) THE AVERAGE PERCENTAGE OF WOMEN WHO NEVER ATTENDED SCHOOLS FOR ALL WOMEN 15-49 IN RURAL BOLIVIA IS 23 AND ONLY ABOUT HALF HAVE COMPLETED GRADE SCHOOL

5 WHY RADIO? OVER 92 PERCENT OF URBAN HOMES AND 68 PERCENT OF RURAL HOMES HAVE RADIOS, ACCORDING TO THE DHS, AND LISTENING HABITS MAKE RADIO A POWERFUL TOOL IN BOLIVIA ABOUT 75 PERCENT OF BOLIVIAN WOMEN OF FERTILE AGE (15-49) LISTEN TO THE RADIO AT LEAST ONCE A DAY EVERY DAY OF THE WEEK THIS LISTENING PATTERN IS FOLLOWED BY 84 PERCENT OF URBAN WOMEN AND 58 PERCENT OF RURAL WOMEN RADIO LISTENING IS PARTICULARLY HIGH AMONG WOMEN IN THE RURAL ALTIPLANO WHERE 79 PERCENT LISTEN DAILY AND WHERE FERTILITY IS HIGH (55) AND MATERNAL MORTALITY IS VERY HIGH (929/100,000)

6 THE FEMALE EDUCATION ACTIVITY WILL BE BASED ON DECADES OF EXPERIENCE IN TEACHING LITERACY IN LATIN AMERICA, INCLUDING THE HONDURAS LITERACY PROJECT WHICH SUCCESSFULLY USED RADIO TO TEACH ADULTS TO READ BOTH IN THEIR HOMES AND IN LITERACY CENTERS PREVIOUS INTERACTIVE RADIO LEARNING PROJECTS HAVE EQUIPPED BOLIVIA WITH AN INSTITUTIONALIZED RADIO LEARNING DEPARTMENT IN THE NATIONAL SECRETARIAT OF EDUCATION AND A PVO SPECIALIZED IN PROVIDING TEACHER TRAINING AND TECHNICAL ASSISTANCE IN RADIO LEARNING

7 THE FEMALE EDUCATION ACTIVITY WILL MOBILIZE BOLIVIA'S VAST NETWORK OF PVOS TO ORGANIZE LISTENING FORUMS AT THE COMMUNITY LEVEL. BOLIVIA'S PROCOSI PROJECT, FOR EXAMPLE, CONSISTS OF 20 PVOS THAT ARE GEARING UP TO PROVIDE REPRODUCTIVE HEALTH SERVICES AND INFORMATION TO A POTENTIAL 30 PERCENT OF RURAL BOLIVIAN WOMEN TO AVOID LOSS OF LITERACY SKILLS, LOW-COST FAMILY PLANNING AND HEALTH EDUCATION MATERIALS WILL BE PROVIDED ON A CONTINUING BASIS TO THE PROCOSI NETWORK AND OTHER COLLABORATORS

8 STRONG LINKAGES AND JOINT ACTIVITIES WILL BE DEVELOPED BETWEEN THE FEMALE EDUCATION ACTIVITY AND USAID/BOLIVIA'S REVITALIZED CONTRACEPTIVE SOCIAL MARKETING (CSM) PROJECT THE CSM PROJECT, TO BE FINANCED AT OVER A MILLION DOLLARS A YEAR, WILL HAVE MOBILE VIDEO VANS AND CONTRACEPTIVE PRODUCTS FOR SALE THROUGHOUT RURAL AND PERIURBAN BOLIVIA, THE SAME

TARGET AREAS AS THE FEMALE EDUCATION ACTIVITY  
MUTUALLY REINFORCING AND SUPPORTIVE MESSAGES WILL B  
E  
DEVELOPED BETWEEN THE CSM AND FEMALE EDUCATION  
ACTIVITIES SIMILAR COLLABORATION WILL BE DEVELOPED  
BETWEEN THE FEMALE EDUCATION ACTIVITY AND THE NATIONAL  
REPRODUCTIVE HEALTH SERVICES MASS MEDIA CAMPAIGN BEING  
CARRIED OUT WITH TECHNICAL ASSISTANCE FROM JOHNS  
HOPKINS UNIVERSITY POPULATION COMMUNICATION SERVICES  
PROJECT SPECIAL ATTENTION WILL BE PAID TO POTENTIAL  
LINKAGES WITH THE RADIO COMPONENT OF THE MASS MEDIA  
CAMPAIGN

9 LINKAGES WILL ALSO BE ESTABLISHED BETWEEN THE  
FEMALE EDUCATION ACTIVITY AND BOLIVIA'S MAJOR  
PROVIDERS OF FAMILY PLANNING SERVICES THE FEMALE  
EDUCATION ACTIVITY COMMUNITY LEVEL WORKERS WILL BE  
FURNISHED WITH REFERRAL CARDS TO CIES -- THE NEW IPPF  
AFFILIATE WITH AN EXPANDING NETWORK OF CLINICS,  
AFFILIATED PHYSICIANS, COMMUNITY BASED DISTRIBUTORS,  
AND ADOLESCENT CENTERS -- PROSALUD -- WITH 20 PRIMARY  
HEALTH CARE CENTERS -- THE NATIONAL SECRETARIAT OF  
HEALTH CLINICS -- WITH AN ESTIMATED COVERAGE OF 30  
PERCENT OF THE POPULATION -- AND OTHER REPRODUCTIVE  
HEALTH CARE PROVIDERS

10 USAID/BOLIVIA ANTICIPATES TECHNICAL ASSISTANCE  
WITH THE DESIGN OF THE FEMALE EDUCATION ACTIVITY FROM  
G/HCD AND THEIR ABEL 2 PROJECT (936-5832), THE  
G/POP/CMT AND THEIR POPULATION COMMUNICATION SERVICES  
PROJECT (936-3052), AND G/POP/FPSD THE WOMEN'S STUDY  
PROJECT (936-3060) AND OTHER OPERATIONS RESEARCH WILL  
PROVIDE CONTINUING SUPPORT FOR THE ACTIVITY

11 USAID/BOLIVIA REQUESTS THAT YOU APPROVE USE OF  
POPULATION DA FUNDING FOR THIS POPULATION RELATED  
ACTIVITY

KAMMAN  
BT  
#4288

NNNN((((((((((((

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**ANNEX D**

**IEE DETERMINATION**



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

LAC-IEE-95-08

**REQUEST FOR A CATEGORICAL EXCLUSION**

Project Location : Bolivia

Project Title : Expansion of Child Spacing Services (amendment)

Project Number : 511-0568

Funding : \$7.5 million (original)  
\$57.5 million (as amended)

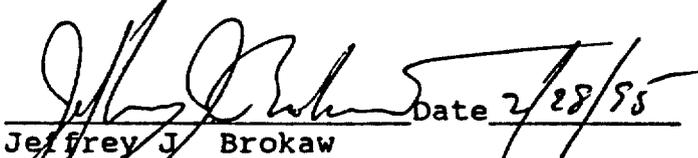
Life of Project : 5 years (original)  
7 years (as amended)

IEE Prepared by : Michael Yates, ENR Officer

Recommended Threshold Decision : Categorical Exclusion

Bureau Threshold Decision : Concur with Recommendation

Comments : None

  
Date 2/28/95  
Jeffrey J. Brokaw  
Chief Environmental Officer  
Bureau for Latin America  
and the Caribbean

- Copy to : Lewis Lucke, Director  
USAID/Bolivia
- Copy to : Michael Yates, MEO  
USAID/Bolivia
- Copy to : Bruce Kernan, REA/SA  
USAID/Ecuador
- Copy to : Gordon Bertolin, LAC/SPM/SAM
- Copy to : Wayne Tate, LAC/SAM
- Copy to : IEE File

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INITIAL ENVIRONMENTAL EXAMINATION  
OR  
CATEGORICAL EXCLUSION

PROJECT COUNTRY. Bolivia

PROJECT TITLE AND NO., Expansion of Child Spacing Services (Amendment)  
(511-0568)

FUNDING. \$7.5 million (original) \$57.5 million (as amended)

LOP. 5 years (original), 7 years (as amended)

IEE PREPARED BY. Michael Yates ENR Officer

IEE APPROVED BY. Lewis W. Lucke, Director USAID/Bolivia

ENVIRONMENTAL ACTION RECOMMENDED.

Positive Determination	_____
Negative Determination	_____
Categorical Exclusion	_____XXX_____
Deferral	_____

SUMMARY OF FINDINGS. The purpose of this project is to increase access to voluntary family planning services. The goal is to improve the health of Bolivian families through development of, access to, and use of quality family planning services. Major project components include 1) delivery of family planning services, including support to improve program management in both the public and private sectors, 2) improved public awareness of population and family planning issues, including contraceptive options and the competence of service providers, 3) developing policy dialogue, employing information generated through research to link population growth to sustained development, and 4) research and evaluation activities, to monitor progress and identify problems and lessons learned. The project received a categorical exclusion under 22 CFR Part 216(c)(2) when reviewed on February 23, 1989, as

- (i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.) and,
- (viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)

In addition, the Project will "not have an effect on the natural or physical environment" (c)(i), and such projects are generally not subject to further environmental review.

The proposed amendment will add additional funding to this successful activity, and extend the project's PACD two additional years. No significant substantive changes are proposed. Based on this assessment, USAID/La Paz recommends a categorical exclusion for this amendment to the Project.

**CONCURRENCE.**

Bureau Environmental Officer

APPROVED. \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_  
DATE \_\_\_\_\_

**ANNEX E**

**DATA COLLECTION, MONITORING AND  
EVALUATION PLAN, REVISED**

## A N N E X E

### 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 1995-1997. 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 SNS, CNS and DPP. The SNS and CNS performance reports (provided quarterly by the Quipus and SNISS system at the SNS 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 and 1994 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 1996. 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.

In 1994, the second Demographic and Health Survey (DHS) was undertaken to measure reproductive health performance indicators, approximately five years following the first baseline DHS of 1989. The 1994 DHS showed an increase in use of modern contraceptive methods of 6% from 12% in 1989 to 18% in 1994. This second DHS survey provide an indication that the RHSP goal and purpose indicators can be reached in 1997. Also, data derived from the 1992 National Census are available to the DPP, which continues to study the analysis of census data 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 USAID/Washington, the SNS, CNS, and DPP, 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: One important objective 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. DPP, INE, CIAES,) 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). Family Planning Service Statistics will continue to be collected by Pathfinder which will provide technical assistance in this vital area.

#### 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 SNS currently collects mortality and morbidity data in each district, its reliability is suspect. The SNS, USAID and other donors are supporting activities to increase the reliability of health data. As reliability improves, the SNS'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 SNS 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.

The DHS was conducted in 1989, 1994 and is scheduled again in 1999. The DHS covers the entire country and is 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 conducted a nationwide maternal mortality survey as part of the 1994 DHS, which for the first time ever provided better baseline figures on the maternal mortality rate in Bolivia. The average maternal mortality was 390/100,000 live births. In the Altiplano it was around 600/100,000 live births. In the urban altiplano, maternal mortality was 346/100,000 live births, but in the rural areas it was 929/100,000 live births.

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 18% to 24% among sexually active women, and is higher than the national average in target areas (La Paz, Santa Cruz, and Cochabamba plus selected smaller cities and rural areas).
- Increase from 1992 baseline levels of number of active users of family planning methods, using participating service delivery mechanisms
- In 1995 with the improvement of the available service statistics, we will add couple years of protection (CYP) and the number of new contraceptive users

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 (12%), the four-year implementation has been measured in 1994 (18%), and the prevalence will be measured again in 1999. 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 type of contraception chosen) will be collected as part of service statistics of project site through the management information system (MIS) (called QUIPUS) established by TFG/Options and maintained by Pathfinder. The result of PSI and PROSALUD's

contraceptive social marketing (CSM) project 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:

- SNS project facilities in all nine departments with maternal and child health services that include family planning services
- 41 CNS facilities nationwide with maternal and child health services include family planning services
- 70 participating NGO facilities provide family planning services in expanded project area
- 3,284,821 condoms sold
- 276,766 pill cycles sold
- 8 national reproductive health clinical training centers established in 6 SNS 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,

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contraceptive methods, and sources of supply

- SNS Service delivery norms followed
- Informed choice of family planning methods by client
- Number and variety of family planning methods offered at each site
- 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, SNS, CNS program performance data and USAID monitoring reports.

For example, data on the percent of SNS project facilities and CNS facilities nationwide with maternal and child health services that include family planning services will be derived through an analysis of SNS 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 percentage of SOMARC outlets which offer the full range of pills and condoms offered by the program will be verified by analyzing PROSALUD sales records by outlet and by periodic site visits to the outlets by the USAID Project Managers.

#### E. Special Studies

This project is helping to establish an MIS system for improving the quality of reproductive health service statistics. Pathfinder will continue its efforts to provide aggregate data reports and provide technical assistance to RHSP-supported family planning service providers. Support will also be provided to DPP to strengthen capabilities in population and development planning. This project will also assist private sector evaluation and research efforts over the period 1995-1997. For example, See Annex F, 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

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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 \$5,750,000, ten percent (10% of the total 1990-1997 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.

<u>ACTIVITY</u>	<u>BUDGET</u>
1. DHS, 1994, 1999	\$1,750,000
2. QUIPUS, Strengthening MIS	\$450,000
3. Operations Research	\$2,600,000
4. IEC Evaluation Research	\$800,000
5. Mid-term Project Evaluations	<u>\$150,000</u>
 TOTAL	 \$5,750,000

**H. Evaluation Schedule**

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

<u>ACTIVITY</u>	<u>IMPLEMENTATION DATE</u>	<u>COMPLETION DATE</u>
1. 1994 DHS	2/94	12/94
2. QUIPUS Evaluation	9/93	11/93
3. Final Evaluation	9/96	12/96

**I. Evaluation, Monitoring, and Reporting Mechanisms**

An inventory of project evaluation, monitoring, and reporting mechanisms follows

**1. EVALUATIONS**

a. In Depth Evaluations. An in-depth evaluation of the RHSP was conducted in September 1992 by an outside team. A second in-depth evaluation is planned for September 1996.

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b. Demographic Health Survey. The Demographic Health Survey (DHS) was done by the National Institute of Statistics (INE) with technical assistance from Macro, Inc. in 1989 and 1994. It showed a 21% improvement in use of family planning. The next DHS is planned for 1999.

c. National Census. The INE also conducted a national census in 1992 and conducts a Permanent Household Survey. Data from these studies is used by the (USAID-supported) Population Policy Unit (DPP) in their studies.

d. Central Project Evaluations. A number of evaluations of centrally-funded projects have included site visits to Bolivia. The Population Council's INOPAL project, the MotherCare I project, the Futures Group RAPID IV project, the MSH/FPMD project, and the DDM/CDC and DDM/Policytech project, have been included.

e. Activity Evaluations. The training, social marketing, and communication Cooperating Agencies (CAs) carry out mini-evaluations of training events and communication products. The JHPIEGO and DAI projects carry out pre- and post training tests; the Futures/SOMARC project pretests advertising materials and JHU/PCS pretests print materials and T.V. and radio spots with focus groups. JHU/PCS also gathered pre-campaign knowledge, attitude, and practices (KAP) baseline data prior to the 1994 campaign launch and will measure the impact/effectiveness of the effort through comparative post campaign KAP studies.

f. Special Studies. The RHSP has a research component carried out by the Population Council (1991-1994) and Family Health International (FHI) beginning in 1995. The Population Council completed five major studies and collaborated on several others related to the provision of family planning services. FHI will conduct a minimum of ten additional studies in the next two years. Additionally, the centrally-funded Women's Study Project at FHI will conduct formal studies with Bolivian counterpart institutions. The RHSP also has a line item for special studies and has utilized PD&S funds to commission studies on special topics of importance to the project such as the Quipos System and distribution of pharmaceutical products. The DPP has published 34 major studies since 1991 on topics related to the USAID population program. All of these studies provide basic information on services and policies that is valuable in guiding the RHSP. The Cooperating Agencies also commission special studies.

## 2. MONITORING

a. The National Reproductive Health Services Committee The RHSP set up a National Reproductive Health Services Committee, to help monitor, coordinate, and implement RHSP activities. The National Committee has four sub-committees, or working groups, that focus on services, research, training, and information, education,

and communication (IEC) Membership includes representatives from USAID, the Pan American Health Organization (PAHO), other donors, the Secretariat of Health (SNS), the Population Policies Unit (DPP), the Social Security Institute of Health (Caja Nacional de Salud), the Bolivian Society of Obstetrics and Gynecology, and NGOs. The Office of Population Cooperating Agencies provide support to the four working committees Since the inception of the National Committee and its four working groups, their scope of activities has broadened to encompass all reproductive health activities in Bolivia, not just those financed by the RHSP. The National Committee, chaired by a representative from the SNS meets only a few times per year as needed. The working groups meet every month. USAID attends all of the working group meetings which provides an excellent monitoring opportunity. Reproductive Health Committees are beginning to be formed in Santa Cruz and Cochabamba.

b. PIO/Ts and Scopes of Work (SOW). The technical assistance activities of the RHSP are implemented by centrally-funded cooperating agencies (CAs). The PIO/Ts and the SOWs for these activities are maintained in the Office of the project manager for the RHSP. They serve as a baseline for monitoring activities and are referred to regularly as project reports and debriefings are received from CAs.

c. Project Paper Revisions and Management Reviews. The RHSP was amended in 1993 and will be amended in 1995. Both of these amendments entailed in-depth management reviews of project accomplishments, performance indicators, output targets, and financial data. This structured review constituted a major project monitoring exercise which complements periodic management reviews.

d. Weekly Monitoring Meeting The RHSP manager, the RHSP coordinator, the Univ. of Michigan Fellows, the AIDS/Social Marketing project manager, and the HHR RHSP acting administrative assistant all meet every Monday at 9:00 a.m. to coordinate project monitoring appointments and to discuss implementation issues.

e. HHR Office Weekly Meeting. The HHR Office has weekly meetings every Thursday at 9:00 a.m. to monitor all pending actions associated with HHR projects and to discuss project issues. The RHSP has a prominent place at the HHR weekly meetings.

f. HHR Office Retreats. The HHR Office has held one or two all-day retreats yearly. The pattern has been to focus on general office issues in the morning and on individual projects in the afternoon. Some of these retreats have included counterparts, while the two most recent have focused on HHR internal management of the RHSP.

g. USAID Semi-Annual Reports (SARS). The SARS for the RHSP are prepared by the HHR staff and used between reporting periods as a reference and monitoring tool.

h. Technical Assistance Briefings. The technical assistance for the RHSP is provided through add-ons and buy-ins to the centrally-funded projects. At the time of each technical assistance visit, staff and consultants of the centrally-funded projects provide debriefings to USAID project managers. Frequently, technical assistance visits involve an initial orientation meeting at USAID and a second meeting for debriefing at the end of the project personnel visit. In addition, each visit results in a detailed, written trip report which is reviewed by HHR RHSP managers. Cooperating Agency professionals and consultants check in frequently by telephone to HHR while they are in Bolivia and from their headquarters in the United States. HHR has one or more calls daily from specialists reporting on project developments. The project has averaged about seven visitors a month since 1990

i. Progress Reports. The Caja and DPP publish quarterly reports and the SNS periodic reports which are reviewed carefully in HHR. San Gabriel and the centrally-funded projects also publish periodic progress reports.

j. Audits. Thorough audits of the public sector grants have been completed. The DPP has been audited twice. A second audit is underway in the Caja. An auditor has been selected for the second audit of the SNS. USAID hired an administrator to assist the SNS with proper accounting as a result of the first audit which found some deficiencies. The USAID grant to the SNS is a complementary grant to the SNS reproductive health project which is primarily a UNFPA/PAHO project. Those organizations have primary responsibility for improving SNS management and administration. PROSALUD and San Gabriel, the two private sector RHSP grantees have also been audited. Financial accounting of Buy-in activities in Bolivia are examined under USAID/W audits of centrally-funded projects.

k. Monitoring Field Trips and Site Visits The HHR staff make frequent field trips and site visits for monitoring project activities. The RHSP project coordinator attends a technical meeting twice a month at the Caja. On the average she makes a monthly trip outside of La Paz to visit field activities of the public sector. The University of Michigan Fellow makes weekly visits in the La Paz area to both public and private sector clinics supported by the project and, as soon as we have SNS approval of project supported travel, she will begin national travel to complete her scope of work which is monitoring of service provision quality nationwide. The social marketing activity coordinator makes monthly trips to Santa Cruz to evaluate program development and sales. The RHSP project manager made monitoring trips to Oruro, Sucre, Cochabamba, and Santa Cruz in 1994 and is scheduled to make monthly monitoring trips outside of La Paz in 1995. Additionally, the HHR Office Director makes frequent monitoring trips. HHR staff attend training events, workshops, and technical

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assistance meetings as often as possible.

l. Service Statistics The RHSP set up a computerized service statistics information system, called Quipos, so that performance of all family planning service providers could be monitored. Through a buy-in to Pathfinder, the service providers receive continued technical assistance to maintain high quality statistical reporting. Pathfinder provides USAID with quarterly reports and analysis. Within HHR, two monitoring reports are maintained, a flowchart of technical assistance visits and an HHR financial pipeline report. In addition, the RHSP management unit utilizes the Controller's Office "Program Financial Operations Status Report," the quarterly accruals printouts, and other financial reports.

m. Social Marketing Statistics To monitor the social marketing component, the activity coordinator receives quarterly reports from PROSALUD and monthly sales reports. She also receives monthly reports from CEAS, the SNS commodity distribution unit.

n. Contraceptive Monitoring. In addition to site visits to clinics and storage facilities, the RHSP utilizes the USAID Global Bureau automated commodities tracking system (Newvern). Additionally, the Office of Population FPLM project makes semi-annual visits and conducts an inventory of in-country supplies and makes needs projections. The RHSP receives reports from CEAS, the public sector distributor of AIDS condoms, and closely coordinates with FAMES, the family planning commodities distributor for the private sector. Pathfinder monitors the commodities it distributes and assists in national monitoring.

o. The C.A.s Lunches The Cooperating Agencies in country representatives and visiting consultants meet monthly for a brown-bag lunch at USAID and a two and a half hour session of information sharing, coordination, and a frank discussion about implementation problems. After a brief suspension of this activity, we have started again on a fixed schedule (every third Thursday) and broadened the meeting to include other international donors and primary project implementors.

p. Visits of USAID CTOs and C.A. Project Directors. An important source of project and C.A. performance review are visits by Office of Population and Office of Health CTOs and by the Directors of Cooperating Agencies. In recent months, HHR has hosted visits by the CTO of the Johns Hopkins University/Population Communication Project (JHU/PCS), the Director of JHU/PCS, the Associate Director of the Pathfinder Project, the Director of the University of Michigan Population-Environment Fellows Project, the CTO of the Georgetown University Project, the CTO of the MotherCare I Project, the Associate Director of the MotherCare II Project, the Project Director of Development Associates, the Project Director of the JHPIEGO Project, the Director of Management Sciences for Health

(MSH), and the Director of the International Planned Parenthood Federation (IPPF/WHR)

g. Visits to USAID/Washington and Cooperating Agencies The Director of HHR and project manager of RHSP attended the 1994 Meeting of the Office of Population Cooperating Agencies. Apart from official reporting sessions, HHR staff arranged individual and group meetings with most of the C.A. personnel working in Bolivia and separate trips to USAID to meet with the CTOs of all the centrally-funded projects working in Bolivia. A major meeting with high-level representatives from most of the Offices in the Global Bureau was arranged to present the HHR/Bolivia portfolio and discuss possible areas of collaboration. The RHSP manager also took advantage of a Washington stop while on R&R leave to visit CTOs and several C.A.s. for substantive discussions on project implementation.

r. Proposal Reviews Local Grants made under the RHSP start with comprehensive proposals which are reviewed by the RHSP Project Committee made up of representatives from various offices within the USAID/Bolivia Mission. The review sessions serve as an evaluation of the proposed activity, the grant process involves monitoring and approval of the Contracts and Controller's Offices, and the final proposals serve as important baselines for monitoring implementation. Recently reviewed were proposals from PROCOSI and IPPF/WHR. In 1995, proposals from PROSALUD, Population Services International (PSI), and San Gabriel will be reviewed by the RHSP Project Committee.

s. Technical Assistance from USAID/W The G Bureau Office of Population sent representatives to participate in the original design of the RHSP and in the mid-term evaluation. The LAC/DR/HPN Office has maintained an active liaison with HHR/Bolivia and the Bolivia desk officers have visited HHR and the RHSP implementing agencies. The Office of Health sent two child survival specialists to participate in the 1993 sector assessment and Community and Child Health (CCH) project evaluation. In October, the Deputy Director of the G Bureau Office of Health worked with HHR to initiate a new G Bureau-USAID/Bolivia Joint Programming Exercise. In November, a Global team of three specialists, two from the Office of Health and one from the Office of Population, worked with HHR on long-term planning and sector assessments. The Office of Population specialist visited RHSP activities in La Paz, El Alto, Santa Cruz, and Cochabamba and remained an extra week to assist with the RHSP Project Paper Amendment.

t. Formal Meetings. HHR staff are frequently (twice or more times each month) included in formal meetings called by the Secretariat of Health, international donors, or one of the RHSP implementing agencies. While some of these meetings are ceremonial -- for launching a new health initiative, signing an agreement, inaugurating a new facility, or celebrating the production of a new

publication -- opportunities inevitably come up for conducting business related to project monitoring and implementation.

u. Controller's Office Monitoring and Seminars The USAID Controller's Office monitors financial aspects of the RHSP and provides seminars for RHSP project implementors on proper accounting and financial procedures.

v. Informal Information Exchange A very important and useful part of project monitoring occurs at small dinners and large cocktail parties hosted and attended by HHR staff. The managers of the RHSP take advantage one or more times a month of the visits of important consultants to arrange dinners and cocktails and to invite officials from the Secretariat of Health and Bolivian Institutions which are implementing the RHSP project. HHR staff attend these functions and frequently find greater exchange of information and technical discussion than occurs at more formal meetings

**ANNEX F**

**U.S. COOPERATING AGENCIES,  
UPDATED DESCRIPTION**

## Annex F

### 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 (G/PHN/POP). G/PHN/POP has developed strong technical capabilities in policy, research, training, IEC and service activities. These strengths are available to USAID population projects around the world via certain CAs.

To access these capabilities, the project planned a series of buy-ins and add-ons to technical CAs centrally-funded by G/PHN/POP. With FY 90 funding, the Reproductive Health Services (RHS) project bought into four 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. In FY 93, the project completed five buy-ins to continue the work of Pathfinder, the Population Council, Development Associates, the Futures Group, and Management Sciences for Health.

In FY 94, buy-ins were made to Johns Hopkins University, Pathfinder, John Snow (for MotherCare II), the Population Council, JHPIEGO, the Futures Group (policy), plus the new Prime project for training. See Financial Tables 1 and 2 for a simple listing of U.S. CAs and the funding each has received since FY 1990.

The following pages describe twenty-one (21) centrally-funded projects 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, 1990-1994, and future activities planned in the 1994 Global/Mission Joint Programming Exercise through the PACD 1997 of each CA within the RHS project in Bolivia.

## II. Technical Assistance Activities

### 1. Demographic and Health Surveys (DHS), Macro International (Macro) - 936-3023

#### 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 data generated by this project will be used by developing country governments to evaluate recent family planning and demographic levels and trends, and to improve programs for providing family planning and MCH services to the poor

For two decades, USAID has been a leader in supporting sample surveys to monitor trends in fertility and family planning 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 up to \$45,964,568

#### B. Summary of DHS Involvement in Bolivia

The 1994 DHS showed a 6% increase in the Prevalence of use of modern contraceptive methods in Bolivia from 12% in 1989 to 18% in 1994. Use of all methods rose from 30% to 45%. The total fertility remains high at 4.8 with significant differences between the urban and rural areas. Rural women have an average of 2.5 more children than their urban counterparts. Infant mortality is 75 per 1000 births and maternal mortality is 390 per 100,000 live births

#### C. Planned DHS Activities

A new DHS is planned for Bolivia in 1999.

### 2. The Population Council - Operations Research (OR) (INOPAL) 936-3030

#### 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 family planning 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 project provides technical assistance and funding for OR to both public and private sector service providers. Priorities for the project include using OR and technical assistance to (1) increase access to family planning and other reproductive health services; (2) increase the availability and use of underutilized contraceptive methods; (3) improve the efficiency and sustainability of programs, (4) improve the quality of existing services, (5) provide more acceptable services to special populations, including adolescents, post-abortion women, indigenous groups, men and post-partum women; and (6) test the integration of other reproductive health services into family planning programs. To date more than 300 subprojects have been completed, and 100 are ongoing in more than 55 countries in Asia and the near East, Latin America and the Caribbean, and Africa.

The duration of the INOPAL LAC portion of the contract is from 1994 to 2000 at a level of \$15,000,000.

#### B Summary of INOPAL Involvement in Bolivia.

In 1991, the Population Council established a resident advisor in La Paz to support Population Council activities under the Reproductive Health Services Project. A major objective was to provide technical assistance and training to agencies to design, conduct, analyze, and disseminate the results of operational research. The advisor supported the subcommittee on Research and Population Policy. The project conducted studies on a middle class clinic with CIES, a KAP study with CARE, a nurse IUD insertion study with CCH, a study on attitudes of Aymara Market Women, and conducted seminars and workshops.

#### C. Planned INOPAL Activities

Since future research will be carried out by FHI, INOPAL has phased out its resident advisor and will carry out only limited research activities in Bolivia.

3. Family Planning Training for Paramedical Auxiliary and Community (PAC) Personnel, Development Associates, Inc (DA) - 936-3031.

#### A. PAC Iib Activities Worldwide

The purpose of this project was 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 were developing country regional and in-country family planning training institutions and programs, particularly the training staff of

these programs

PAC I Ib provided assistance in family planning training to a variety of family planning workers including nurses, midwives, auxiliary and community workers, and traditional practitioners. The project emphasized building the capability of developing country institutions to carry on effective, self-sustaining family planning training programs for PAC workers. Assistance included technical and other support to develop and strengthen family planning 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 workers. The project emphasizes training in mid-level management/supervision, training of trainers, service delivery skills and pre-service education.

PAC I Ib was a worldwide five-year contract, 9/89 - 9/94, funded centrally up to \$54,000,000.

#### B. Summary of PAC I Ib Involvement in Bolivia

DA's goals in Bolivia were 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 family planning information and services. A secondary goal was to test and evaluate training strategies for reaching Bolivia's large indigenous population.

To meet these goals, DA organized and implemented several Training of Trainer (TOT) activities: IUD insertion training for physicians in Ecuador; TOT for non-clinical trainers in Guatemala, and, replication of the non-clinical TOT course in Bolivia. DA supported field worker training projects in three cities with NGOs. DA provided initial technical assistance to the SNS'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 I Ib Activities

The PAC I Ib project will be followed up in 1995 with a replacement project called Prime. The RHS project will continue buy-ins to Prime to:

- 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;
- follow-up with auxiliary nurse training schools to prepare faculty to teach the revised curricula, and,
- work with the SNS to train leaders of the national federation of campesina women as reproductive health promoters.

4. Options for Population Policy (OPTIONS), The Futures Group (TFG) - 936-3046

A. OPTIONS Activities Worldwide

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

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

An evaluation of the MIS component within the RHS project, of which OPTIONS activity is one element, was completed in early 1994. With the evaluation and other data, the 1993 RHSP Management Review concluded that Pathfinder would take over maintenance of the MIS/QUIPOS system.

### 5. Family Health International (FHI) 936-3041

#### A. Summary of FHI Activities Worldwide

The purpose of the project is to develop, evaluate, and introduce a range of safe, effective, and acceptable methods of family planning, and to enhance the capability of family planning researchers and programs in developing countries to evaluate and provide these methods.

The project includes the following activities. (1) developing new contraceptive methods and providing the documentation for regulatory approval of those methods, (2) conducting clinical trials and epidemiological studies to evaluate the safety and efficacy of various contraceptive methods under different conditions; (3) assessing the acceptability and impact on users and programs of various contraceptive methods; (4) carrying out surveillance and testing of contraceptive commodities to ensure product quality; (5) training overseas clinicians in contraceptive technology, and (6) collecting, analyzing and disseminating research findings.

#### B. Summary of FHI Activities in Bolivia

FHI has conducted a needs assessment in Bolivia and will begin implementing its proposed research plan under the 1995 RHSP amendment and FY 1995 buy-in.

#### C. Planned FHI Activities

FHI has proposed to undertake a total of 11 projects between April 1995 and September 1997, which have been developed after discussion with representatives of several Bolivian organizations that work in the reproductive health field. The primary goal of the projects is to improve the reproductive health of Bolivian women and men by increasing the availability, acceptance and use of family planning, evaluating the quality of service provided,

and assessing the levels of knowledge and attitudes regarding reproductive health issues

The proposed projects focus primarily on research-oriented activities and involve both the private and public sector. Approximately one-half of the proposed research agenda addresses issues relating to service delivery, such as the integration and evaluation of services, accessibility, and quality of care, which are concerns that have significant programmatic implications for reproductive health care in both urban and rural Bolivia. Other studies focus on the acceptability of specific reversible contraceptive methods, while others target specific groups such as men, adolescents, migrants and/or sex workers, in order to understand the needs and challenges of providing appropriate services to these population groups.

Planned activities include

- Introduction of DMPA in Rural areas
  - Integration of Reproductive Health Services (Phase I STD Situational Analysis in Primary Health Care and Family Planning Settings, Phase II: Assessment of Integrated Women's Services)
  - Increasing Correct, Continued Use of Oral Contraceptives among PROSALUD Clients
  - Qualitative Study of the Acceptability of Reversible Contraceptive Methods to Compliment Quantitative Data from DHS
  - Female Condom Acceptability Study (among a group of prostitutes and their clients and male attitudes/opinions of use of the female condom)
  - Evaluation of Post-abortion Family Planning Services
  - Adolescents' Knowledge and Attitudes towards Abortion and Contraception
  - Maximizing Access to Reproductive Health Care Services
  - El Alto: Use of Reproductive Health Services
  - PROSALUD Quality of Care Assessment
  - District-level Reproductive Health Update (RHU) Seminars (to review and discuss with local service providers, program managers and policy makers the latest scientific and programmatic information about contraceptive technologies, reproductive health, and new and/or successful programmatic approaches to family planning and reproductive health services).
6. Resources for the Awareness of Population Impacts on Development (RAPID), The Futures Group and Research Triangle Institute (RTI) - 936-3046
- 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 are 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 family planning program requirements to meet expected future demand for services. Analyses utilize micro-computer-based simulations that project population growth under alternative fertility and family planning 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 Departamento Políticas de Población (DPP, ex-CONAPO) at the Ministry of Human Development and Ministry of Sustainable Development and the Environment, and occasionally with the SNS and CORDECRUZ. The main thrust has been to create awareness and policy support for population and development activities in general, and family planning 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 DPP has developed a reputation for professionalism and expertise in population and development. The unit was instrumental in changing the GOB position toward family planning, from a total ban on family planning activities to incorporating family planning as a legitimate activity within the National Plan for Child Survival and Maternal Health and the National Plan for the Reduction of Maternal Mortality (Plan Vida). DPP was able to incorporate a chapter on population within the draft Economic and Social Strategy of the GOB. From 1991-1994 the DPP has published 34 major 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 Raíces", "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 family planning 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 projections, to be published in four parts. national situation, regional situation, adolescents and sterilized women and migrants to large cities
- elaboration of three of the four planned reports on the family planning situation in Bolivia, based on DHS data;
- projection of unmet need for family planning, 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 family planning needs.

The DPP will now be focusing on analysis of the data from the 1994 DHS

### C. Planned RAPID Activities

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

Within the SNS and CNS there is still a some opposition to family planning activities. The implementation of family planning services in the health sector needs to be accompanied by a systematic strategy of educating health professionals about family planning 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 family planning needs. The RAPID project will continue to support the DPP particularly in the analysis of the 1994 DHS. To do this RTI will train

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professionals, update equipment and prepare the DPP institutionally for the multitude of secondary analyses that will need to be generated

7 Population Communication Services (PCS), Johns Hopkins University - 936-3052

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 service delivery programs. The beneficiaries are developing country population/family planning service organizations with rural outreach programs and established service delivery facilities, and 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 family planning, 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 family planning 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 family planning 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 six-year contract, 7/90 - 7/96, 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 focus was to strengthen the communication process by successfully transferring IEC technology, improving the quality of care provided by the reproductive health care 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 the materials design process, and train service providers in interpersonal communication.

With technical assistance from PCS, the IEC subcommittee developed a national logo for the reproductive health 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, 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

PCS is working with CIES, the DPP, and other organizations to develop institutional communication plans and to strengthen their skills and experience in IEC activities. They are also working with the National Secretariat of Health (SNS) at the policy level to develop some technical communications capability.

JHU/PCS launched a mass media campaign in 1994 under the auspices of the SNS and the National Reproductive Health Subcommittee on IEC. The nine-month campaign included 11 television spots, 48 radio spots, a poster, and signs promoting reproductive health centers. Baseline data will be compared to post-campaign evaluation to measure impact.

### C. Planned PCS Activities

PCS will continue 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:

- evaluating and continuing the mass media campaign and producing additional commercial quality TV and radio spots featuring the symbolism of the logo;
- co-producing public relations products such as TV and radio magazine pieces;
- developing of specific materials for the press and policy makers, including an improved version of the IEC Committee journal;
- conducting a workshop in the use of the in-clinic videos for clinic waiting rooms;
- conducting an interpersonal communication/counseling

- workshop and producing training videos in interpersonal communication/counseling,
- adapting, testing and printing revised versions of the print materials for rural audiences;
  - creating additional audio-cassettes for city buses;
  - conducting an evaluation workshop for reproductive health IEC materials,
  - continuing communication policy assistance to SNS
  - conducting a health communications course in La Universidad Mayor de San Andres,
  - conducting a workshop in the "PRO Approach," a campaign methodology that focusses on promoting reproductive health service providers and services;
  - reprinting of the flyer on Depo Provera and assisting institutions with the promotion of Depo;
  - producing a radio program for adolescents; and
  - continuing operations research.

8 Family Planning Management Development (FPMD), Management Sciences for Health (MSH) - 936-3055

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) family planning 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 family planning 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 family planning 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 technical assistance 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 management workshops.

In addition to specific agency activities, the FPMD supported a resident advisor in Bolivia to coordinate all logistical and technical activities of the G/HPN/POP/IT Division CAS (FPMD, DA, PCS, JHPIEGO). The purpose was 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, through the provision of intermittent technical assistance. The resident advisor was phased out in 1994.

## 9. Cooperative for American Relief Everywhere - CARE -936-3058

### A. CARE Activities Worldwide

The purpose of the USAID CARE project is to lower fertility by increasing the availability and use of voluntary family planning services. CARE, the largest private non-sectarian development and relief agency in the world, has made population a priority. CARE has added family planning to their on-going worldwide, multisector development program. With USAID assistance, CARE is developing the technical resources and systems necessary to integrate family planning services into their programs through development of partnerships with government and non-governmental organizations. CARE will test new approaches to providing family planning information, services, and supplies to rural and other hard-to-reach populations. CARE will provide matching funds with its ten CARE international members and other donors to increase resources available.

## B Summary of CARE Involvement in Bolivia

CARE has a twenty-five year history of development operations in Bolivia, including agricultural, water supply and sanitation, nutrition, child survival, and community development activities. In 1994, CARE initiated family planning activities in rural Tarija, including operational research on IUD insertion by nurses and nurse auxiliaries. The project achieved a 12% modern contraceptive method use in only a year of operation in the Iscayachi District. The project was funded with European and non-USAID funds.

## C. Planned CARE Activities

CARE plans to replicate the Iscayachi project in peri-urban and rural districts in Potosi, Tarija, and Santa Cruz. Specific target districts will include Yacuiba, Entre Rios, Villam/Camiri, Tupiza, and Montero/Amboro. CARE will integrate family planning activities with its development projects throughout Bolivia.

10 Initiatives in Natural Family Planning (NFP) and Breastfeeding (BF), Institute for Reproductive Health, Georgetown University - 936-3061

### A. Georgetown Activities Worldwide

The purpose of this project is to improve fertility awareness and the acceptability, availability, and effectiveness of natural family planning (NFP) and breastfeeding for childspacing. The project seeks to improve the information and technical resources on NFP and breastfeeding available to family planning service providers and consumers, researchers, educators, and developing country policymakers. It undertakes a wide range of activities that include biomedical, social science and operations research; information, education, and communication, and training; technical assistance and policy support; and service delivery. Other NFP and breastfeeding activities include developing ovulation prediction and detection kits; fertility awareness and education; assessing the fertility impact of breastfeeding, specifically the effectiveness of lactational amenorrhea method (LAM); training NFP trainers in health and family planning organizations; improving and expanding service delivery by incorporating breastfeeding and LAM; developing breastfeeding guidelines for use in suboptimal and long-term conditions, publishing findings in journals and presentations at scientific meetings; and collaborating with international groups and organizations.

Georgetown's contract is for five years August 1991-August 1996. The worldwide project is funded at a level of \$17,500,000.

## B. Summary of Georgetown Involvement in Bolivia

Georgetown's efforts in Bolivia began with a request from JHU/PCS for help with introducing LAM into materials being developed for the IEC subcommittee of the National Coordinating Committee of the RHSP. The members of the subcommittee subsequently requested a conference to introduce LAM to the decision makers of the National Coordinating Committee, which was held in May, 1993. During the follow-up meetings to the conference, it was decided to train personnel from the different service delivery members of the National Coordinating Committee. A week long Training of Trainers (TOT) workshop on LAM was held in late November, 1993 and was a success, with all participants developing sound work plans for introducing LAM into their institution's programs. The workshop participants formed a LAM committee to assure the continuation of LAM introduction in Bolivia. This committee has already spearheaded a successful effort to have the SNS include LAM into its policy and integrate LAM curriculum into its training program on reproductive health.

## C. Planned Georgetown Activities

The 1995 RHSP amendment will augment Georgetown projects in Bolivia. The purpose of the new project is to have LAM incorporated into the national reproductive health effort in Bolivia in order to increase contraceptive choice, promote optimal breastfeeding behavior, and enhance the quality of service delivery. More specifically, the program will:

- train health and family planning workers at the decision making level as well as at the service delivery level in LAM,
- incorporate LAM into service delivery systems nationally,
- and introduce LAM into select service delivery programs to serve as a national model.

## 11. The Pathfinder Fund - Family Planning Services - 936-3062

### A. Pathfinder Activities Worldwide

The purpose of Pathfinder activities is to introduce voluntary family planning services, information, and training in developing countries and to make existing family planning service systems more effective in both public and private sectors. The beneficiaries are rural and urban couples who gain access to comprehensive family planning 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 family planning programs and activities throughout the developing world. Since USAID funding began in 1967, Pathfinder International has

sponsored over 2,400 projects in 85 countries and has helped encouraged the establishment of national family planning 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 programs, information and education projects, institutional development efforts, commodity and logistics support, and youth programs

Pathfinder has a worldwide five-year agreement up to \$136,000,000 with HPN/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 Bolivia are to 1) demonstrate the health benefits of family planning and its viability as an option to improve maternal-child health by offering high quality services in selected public and private health clinics, 2) increase access to family planning for indigenous and adolescent clients in urban areas, and, 3) contribute to the institutional development of selected public and private sector institutions

To date Pathfinder has supported three La Paz NGOs the Centro de Investigación, Educación y Servicios (CIES), Fundación Médico-Social (FAMES), and the Fundación San Gabriel, four Cochabamba NGOs: COMBASE, MEDICO, PROMEFA, and CPCCM; and, in the public sector, the Secretariat Nacional de Salud (SNS) and the Caja Nacional de Salud (CNS) Support includes TA, some operational expenses, equipment, commodities, and training.

In 1993, Pathfinder placed a resident advisor in La Paz to coordinate and manage local activities and in 1994 added additional professional and support staff (including a representative in Cochabamba) to embrace an expanded role in coordination within the RHS project, including commodities supply, service statistics management, logistics assistance, and technical assistance to the subcommittees on services and research.

#### C. Planned Pathfinder Activities

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

- continued assistance to the Centro de Investigaciones, Educacion y Servicios (CIES) in supply of commodities and post-partum family planning training IPPF/WHR will provide overall institutional support to CIES to expand its services through clinics, community promoters and affiliated physicians;

- clinic-based services for high-risk women in urban areas (CNS);
- family planning service activities for young couples in marginal, urban areas of La Paz and continue the provision of post-partum programs (San Gabriel),
- technical assistance to the SNS and CNS,
- management of the MIS/QUIPOS system, and
- launch of a pilot effort of technical assistance in Trinidad

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 family planning into health services, a need for commodities and technical assistance in administering a family planning program. The CA will continue to support a local representative to assess new small scale initiatives as they surface.

12. Association for Voluntary Surgical Contraception (AVSC) - 936-3068

A. AVSC Activities Worldwide

AVSC works around the world to make safe and voluntary surgical contraception a known and accessible choice for women and men. AVSC's work emphasizes high quality service delivery of female sterilization, vasectomy, implants, intrauterine devices, and injectables.

AVSC provides technical and other assistance to countries and donors in the following areas: conducting needs assessments and planning for clinical contraception service delivery; managing effective client-centered service delivery systems; conducting service-based training; developing service guidelines and quality assurance systems; establishing client counseling and information and education services, introducing contraceptive technologies; determining medical equipment/supply needs and assisting with procurement; conducting service-based programmatic research; and evaluating the impact of programs and activities.

AVSC's agreement runs from 1993-1998 up to \$118,000,000

B. Summary of AVSC Activities in Bolivia

AVSC activities have been limited in Bolivia.

C. Planned AVSC Activities

Prescribed centrally-funded activities are planned for Bolivia in FY 1995 and FY 1996. A buy-in is planned in FY 97 to assist in developing in-country expertise in long-term family planning methods at the regional, district, and municipality levels.

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13. Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) - 936-3069

A JHPIEGO Activities Worldwide

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

JHPIEGO works closely with developing country medical and nursing schools to incorporate family planning into their curricula. JHPIEGO trains developing country physicians, nurses, midwives, and medical administrators in family planning 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, 8/93 - 9/98, funded centrally up to \$272,000,000.

B Summary of JHPIEGO Involvement in Bolivia

During the past three years JHPIEGO has worked with the SNS 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 family planning service guidelines; establishment of six national reproductive health training centers; and, integration of maternal and child health into medical and nursing school curricula.

The "Texto de Referencia," a book of reproductive health services guidelines, published in 1994, has been an important step in support of the introduction of reproductive health services, particularly family planning, within SNS services. These guidelines will help 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 technical assistance from JHPIEGO, a committee of Bolivian experts was formed to draft the Guidelines.

Prior to actually establishing training centers, JHPIEGO worked closely with PAHO and SNS officials to lay the technical groundwork. JHPIEGO supported an observational tour in Baltimore

and Mexico for SNS officials to provide the latest knowledge regarding the health benefits of family planning 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 family planning methodologies to three sites in particular -- Garita de Lima and Hospital San Gabriel in La Paz, and Hospital Materno-Infantil German Urquidí in Cochabamba.

While the training centers are making a vital contribution to improving the quality of family planning 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 technical assistance and educational materials.

#### C. Planned JHPIEGO Activities

Because of the difficulty and expense of travel for training in Bolivia, JHPIEGO will set up three additional training centers in Oruru, Potossi, and at the Hospital de las Clinicas in La Paz. The existing 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. Other activities of JHPIEGO include:

- Continued support to Bolivia's thirteen medical and nursing schools, including strengthened linkages with the clinical practice network.
- If funding permits, training for private physicians willing to finance the costs of their training.

#### 14. Population Leaders Fellowship Program (PLFP)

##### A. PLFP Activities Worldwide

PLFP is a new (FY 1995) five-year Cooperative Agreement with the Western Consortium for Public Health, Berkeley, California. The principal purposes of the program are to enhance the effectiveness of the USAID population, family planning, reproductive health programs by providing critical mid- and senior-level technical and management consultation, and to assist missions and selected organizations worldwide in the development of effective population and family planning policies and to assist in the implementation of successful programs.

The PLFP includes field or USAID/W placement, a leadership/continuing education component which consists of self study, interactive learning, and dissemination of products to a variety of audiences who will be able to adapt lessons learned by fellows.

B Summary of PLFP Involvement in Bolivia

The PLFP is a new project and has not worked in Bolivia.

C. Planned PLFP Activities

The PLFP will place a Western Consortium Population Fellow in USAID/Bolivia's Health and Human Resources Office to help with the administration and management of the RHSP. The Fellow will assist in the administration of commodities, logistics management, and coordinating technical assistance and financial aspects of buy-ins, add-ons and OYB transfers to the USAID/Washington centrally-funded activities. The Fellow will monitor activities in the field, paying particular attention to the administration and management of family planning clinics

15. Prime 936-3072

This project is being developed and will come on line in FY 95 to replace the PAC IIB project.

16 Adolescent Reproductive Health Initiative (CHOICES)

This Agency-wide project is under development and scheduled to begin in FY 95.

Bolivia has put in a request to be a Demonstration Country for the Adolescent Initiative

17. Policy 936-3072

This Agency-wide project is under development and scheduled to begin in FY 95. It will incorporate the Options, Rapid IV, and some additional Office of Population centrally-funded activities. A 1997 buy-in is anticipated.

18. MotherCare II, John Snow, Inc 936-5966 07

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 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 first Mothercare project completed its activities on September 30, 1993. A follow-on Mothercare II project 1994-1998 is now in place and will emphasize nationalization of pilot projects carried out under Mothercare I.

#### B. Summary of MotherCare Involvement in Bolivia

Cochabamba was the site of the MotherCare I pilot demonstration activity within a urban/peri-urban community setting. The project consisted 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 served as the basis for the development of specific strategies and messages aimed at improving maternal and neonatal health

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 technical assistance to strengthen management and financial skills, funded much of the equipment upgrade, provided commodities, and supported community outreach activities. Because of the success of these NGOs in providing services, Pathfinder took over their support and continues to provide technical assistance.

MotherCare's IEC strategy was based primarily on the results of the qualitative and baseline quantitative studies. With technical assistance, the project's IEC Coordinator developed, produced and distributed: a documentary for general "sensitization" of community leaders; TV and radio spots on general reproductive health and prenatal care; an information packet for policy makers; and four modules of technical materials for providers. MotherCare I also provided training courses in the use of these materials.

In its rural Inquisive project with Save the Children, MotherCare I increased modern contraceptive prevalence from 0% to 27% and reduced infant mortality by 50% in this remote Aymara-speaking community on the Altiplano.

### C. Planned MotherCare II Activities

Under MotherCare II, there will be a follow-up on the production and national distribution of the IEC materials on prenatal care, safe/clean birth, post partum/neonatal care and family planning. The project will also follow-up on the Cochabamba activities with an expansion into the rural areas. MotherCare II will also

- set up an office in La Paz to assist the public and private sector in incorporating successful reproductive health services programming into existing and new primary health care programs;
- transfer the Mothercare/Save the Children methodology to the 12 NGO members of the PROCOSI network;
- work with the SNS, providing policy guidance particularly in the area of NGO provision of primary health care and connection with SNS health facilities, and
- work with the nursing colleges of Bolivia to incorporate reproductive health and maternal/child survival methodology into the curriculum.

### 19. Data for Decision Making/Policytech, Harvard University - 936-5991.01

#### A. DDM/Policytech Activities Worldwide

DDM/Policytech works with decision makers at senior levels to help them use information collected about the health sector with the goal of improving the process of decision making. A number of analytic, presentation, consensus building and promotional tools are used to work with all parts of the government policy development, technical decision making and advocacy activities. Specific services include:

- technical assistance and training
- dissemination
- policy dialogue and research
- analysis and training in the use of demographic and health surveys.

#### B. Summary of DDM Activities in Bolivia

At the invitation of the GOB, DDM/Policytech has made technical assistance site visits to Bolivia and has explored options with high level officials at several private and public sector Bolivian institutions for assistance in health sector policy reform.

### C. Planned DDM/Policytech Activities

DDM/Policytech plans to provide in-depth technical assistance to a team of Bolivian professionals to 1) strengthen their capacity to devise and analyze policy and programmatic alternatives; 2) explore cost-recovery options; (3) build alliances for action, and 4) monitor and evaluate action. The project will work with the Information and Planning Unit in the Secretariat of Health, the Ministry of Human Development and the Ministry of Sustainable Development and the Environment, and the Non-Government Sector.

#### Centrally-Funded Activity

1 Women's Studies Project, Family Health International 936-3060

##### A. Women's Studies Project Activities Worldwide

This project conducts a program of research and other activities on the impact of family planning programs on women's lives. The project: 1) supports social and behavioral science research on the immediate and long-term consequences for women of family planning programs and methods, and 2) helps improve family planning and related reproductive health policies and programs through increased knowledge of the needs and perspectives of women. The Women's studies project supports country-specific research as well as cross-country and comparative research. The project communicates research findings to policy-makers, researchers, advocates, program managers, and service providers.

To fully develop the research, the Women's Studies Project uses the following themes to set the limits and priorities:

- Use (or not) by women of fertility regulation methods
- Research surrounding contraceptive morbidity
- Adolescents
- Males
- Unplanned pregnancy
- Strengthening the capacity of research programs in the countries where the project operates.

##### B. Summary of Women's Studies Project Activities in Bolivia

The Women's Studies Project has conducted a preliminary needs assessment in Bolivia and found a wealth of potential counterpart institutions in a wide array of women's organizations

##### C. Planned Women's Studies Project Activities

The Women's Studies Project plans to conduct a thorough in-depth needs assessment in early 1995. The project's methodology

involves setting up an in-country advisory group to shape the research priorities in Bolivia. The project also receives guidance from an international technical advisory committee.

## II. Contraceptive Social Marketing

### 1. Contraceptive Social Marketing (CSM), The Futures Group (TFG) - 936-3051

#### 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, family planning professionals, USAID 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 up to \$39,961,237.

#### 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

The 1994 Global - USAID/Bolivia Joint Programming Exercise determined that this activity has been successfully institutionalized within PROSALUD which will continue the CSM program with a direct grant and 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.

New contraceptive social marketing plans are envisioned through a grant to Population Services International (PSI). Technical assistance from the SOMARC project will be phased out.

#### IV. USAID/Bolivia Direct Grant

##### 1. IPPF/WHR

###### A. IPPF/WHR Activities Worldwide

The purpose of the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) activities is to improve and expand family planning services in Latin America and the Caribbean and to assist Family Planning Associations (FPAs) to make the transition to sustainable programs without USAID funding.

###### B. Summary of IPPF/WHR Activities in Bolivia

IPPF/WHR has had a long history of helping various private sector family planning organizations in Bolivia. Until recently none of these organizations proved to be economically sustainable. In recent years the Centro de Investigaciones, Educacion, y Servicios (CIES) has emerged as the leading provider of family planning services in Bolivia and an excellent candidate institution for affiliation with IPPF.

###### C. Planned IPPF/WHR Activities

The RHS Project Committee has approved a direct grant to IPPF/WHR to strengthen CIES management, assist them in upgrading their existing clinics and to open others, increase and train staff,

improve the quality of the services offered, create a contraceptive social marketing program, and generally improve the organization so that it can become Bolivia's IPPF affiliate. Under the grant, CIES will purchase buildings, vehicles, and equipment so that it can become a financially self-sustaining organization.

**ANNEX G**

**PLANNED OBLIGATIONS  
1990 - 2000**

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**ANNEX G**  
**PLANNED OBLIGATIONS**  
**REPRODUCTIVE HEALTH SERVICES PROJECT (511-0568)**  
**1990 - 2000**  
**(\$000)**

	DESCRIPTION	FY90	FY91	FY92	FY93	FY94	FY95	TOTAL TO DATE	FY96	FY97	FY98	FY99	FY00	TOTAL
<b>I</b>	<b>Support for GOB Activities</b>													
	1 UPP	400	0	0	0	119	250	769	350	300	250	150	150	1,969
	2 CNS	450	0	0	0	0	200	650	325	500	200	175	50	1,900
	3 SNS	250	0	0	0	217	350	817	300	300	300	250	100	2,067
	4 CCH	0	0	0	150	550	550	1,250	50	535	500	0	0	2,335
	<b>SUBTOTAL</b>	<b>1,100</b>	<b>0</b>	<b>0</b>	<b>150</b>	<b>886</b>	<b>1,350</b>	<b>3,486</b>	<b>1,025</b>	<b>1,635</b>	<b>1,250</b>	<b>575</b>	<b>300</b>	<b>8,271</b>
<b>II</b>	<b>Technical Assistance Activities</b>													
	DHS 936-3023	0	0	450	0	0	0	450	0	0	0	700	0	1,150
	POP COUNCIL 936-3030	0	150	200	350	100	0	800	0	100	100	0	0	1,000
	DAI 936-3031	125	0	225	100	250	0	700	0	0	0	0	0	700
	OPTIONS 936-3035	0	0	150	0	0	0	150	0	0	0	0	0	150
	FHI 936-3041	0	0	0	0	0	250	250	200	200	200	100	100	1,050
	RAPID IV 936-3046	150	0	300	0	300	300	1,050	0	0	0	0	0	1,050
	JHU/PCS 936-3052	0	194	820	0	700	500	2,154	1,000	1,000	500	500	500	5,654
	MICHIGAN FELLOWS 936-3054	0	0	0	0	0	100	100	200	200	200	100	100	900
	MSH/FPM 936-3055	0	150	450	150	0	0	750	300	300	300	200	100	1,950
	CARE 936-3058	0	0	0	0	0	1,150	1,150	1,000	1,000	1,000	500	0	4,650
	GEORGETOWN 936-3061	0	0	0	0	0	0	0	200	0	0	0	0	200
	PATHFINDER 936-3062	200	200	666	500	700	250	2,516	1,215	1,000	500	500	500	6,231
	AVSC 936-3068	0	0	0	0	0	0	0	100	100	0	0	100	300
	JHPIEGO 936-3069	0	0	250	0	300	0	550	400	400	400	100	150	2,000
	PLFP 936-3070	0	0	0	0	0	200	200	200	150	150	150	100	950
	PRIME 936-3072	0	0	0	0	0	0	0	100	200	200	100	0	600
	ADOLESCENT 936-3073	0	0	0	0	0	0	0	100	0	0	0	0	100
	POLICY 936-3078	0	0	0	0	0	0	0	300	300	300	225	0	1,125
	MOTHERCARE I 936-5966 01	300	300	300	0	955	0	1,855	0	0	0	0	0	1,855
	MOTHERCARE II 936-5966 07	0	0	0	0	0	1,000	1,000	1,000	1,000	1,000	500	0	4,500
	DDM 936-5991 01	0	0	0	0	0	900	900	0	0	0	0	0	900
	<b>SUBTOTAL</b>	<b>775</b>	<b>934</b>	<b>3,811</b>	<b>1,100</b>	<b>3,305</b>	<b>4,650</b>	<b>14,575</b>	<b>6,315</b>	<b>5,950</b>	<b>4,850</b>	<b>3,675</b>	<b>1,650</b>	<b>37,015</b>
<b>III</b>	<b>Contraceptive Social Marketing</b>													
	SOMARC 936-3051	250	150	150	300	0	0	850	0	0	0	0	0	850
	PSI	0	0	0	0	0	900	900	1,000	1,000	1,000	1,000	500	5,400
	<b>SUBTOTAL</b>	<b>250</b>	<b>150</b>	<b>150</b>	<b>300</b>	<b>0</b>	<b>900</b>	<b>1,750</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>500</b>	<b>6,250</b>
<b>IV</b>	<b>Direct Funding</b>													
	PROSALUD	0	0	0	0	600	1,500	2,100	1,000	1,000	1,000	1,000	0	6,100
	FSG	0	0	0	100	0	200	300	60	0	0	0	0	360
	PROCOSI	0	0	0	0	800	1,400	2,200	1,000	1,000	500	100	100	4,900
	IPPF/WHR	0	0	0	0	600	1,500	2,100	1,000	1,000	600	500	200	5,400
	<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>2,000</b>	<b>4,600</b>	<b>6,700</b>	<b>3,060</b>	<b>3,000</b>	<b>2,100</b>	<b>1,600</b>	<b>300</b>	<b>16,760</b>
<b>V</b>	<b>STD/AIDS Prevention</b>													
	PUB/PRIV SUPPORT	0	0	0	0	0	0	0	50	100	100	50	50	350
	<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>50</b>	<b>50</b>	<b>350</b>
<b>VI</b>	<b>Female Radio Education</b>													
	NGO Support	0	0	0	0	0	0	0	1,000	1,000	1,000	1,000	1,000	5,000
	<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>	<b>5,000</b>
<b>VII</b>	<b>Management Support</b>													
	AID/PMU	150	162	175	0	0	150	637	300	300	300	200	200	1,937
	Audit	0	54	49	0	0	50	153	50	0	0	0	0	203
	Commodities	0	175	100	0	0	100	375	300	300	300	200	100	1,575
	Logistics Support	0	105	15	0	0	100	220	50	0	0	0	0	270
	Evaluation	0	0	0	0	0	0	0	150	0	0	150	0	300
	Studies/Training	0	0	0	0	219	100	319	100	100	100	50	0	669
	<b>SUBTOTAL</b>	<b>150</b>	<b>496</b>	<b>339</b>	<b>0</b>	<b>219</b>	<b>500</b>	<b>1,704</b>	<b>950</b>	<b>700</b>	<b>700</b>	<b>600</b>	<b>300</b>	<b>4,954</b>
	<b>GRAND TOTAL</b>	<b>2,275</b>	<b>1,580</b>	<b>4,300</b>	<b>1,650</b>	<b>6,410</b>	<b>12,000</b>	<b>28,215</b>	<b>13,400</b>	<b>13,385</b>	<b>11,000</b>	<b>8,500</b>	<b>4,100</b>	<b>78,600</b>
	Total Obligations since start of Project	2,275	3,855	8,155	9,805	16,215	28,215		41,615	55,000	66,000	74,500	78,600	

NOTE: Figures in this table do not correspond to Table 1 because this table is an illustrative plan through FY 2000 pending available funds

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