

Country Name	Strengthening Regional Health Network of Santa Cruz Department of the Republic of Bolivia
Bolivia	

**I. Project Outline**

Project Cost	647 million yen	
Project Period	November, 2001 – October, 2006	
Implementing Agency	Ministry of Health and Sports, Prefectural Health Office in Santa Cruz (SEDES), Municipality of Santa Cruz, Municipality of Warnes, Municipality of Okinawa, Municipality of Saavedra, Municipality of Minero, Municipality of Fernandez Alonzo, Municipality of San Pedro	
Cooperation Agency in Japan	International Medical Center of Japan (IMCJ)	
Related Projects (if any)	<ul style="list-style-type: none"> <li>• Santa Cruz General Hospital Project (Technical Cooperation, 1987-1992)</li> <li>• Project on system for Medical Service provision in Santa Cruz (Technical Cooperation, 1994-1999)</li> <li>• Project for improvement of health service delivery at community level (FORSA Phase 2) (Technical Cooperation, 2007-2012)</li> <li>• Santa Cruz General Hospital (Grant Aid, 1983-1985)</li> </ul>	
Background	<p>In Santa Cruz, where the rapid population growth was an issue, the restructuring of the health care system under decentralization was regarded as a means of enhancing people's access to health services. Santa Cruz prefecture had achievements of Santa Cruz General Hospital Project (now the Hospital is called Japanese Hospital) and a few other health sector projects with assistance from Japan. This project was planned to build upon such achievements and experience to strengthen the regional health care system centering on primary health care.</p>	
Inputs	Japanese Side	Bolivia Side
	<ol style="list-style-type: none"> <li>1. Experts: 9 for Long term, 19 for Short term</li> <li>2. Trainees Received: 27 persons trained in Japan</li> <li>3. Equipment: 140 million yen</li> <li>4. Local Cost: 51 million yen</li> </ol>	<ol style="list-style-type: none"> <li>1. CP assigned: 11 persons</li> <li>2. Project Office</li> <li>3. Local cost: 120 million yen (US\$1 million)</li> </ol>
Project Objectives	Overall goal Health status of the inhabitants in Santa Cruz is improved.	
	Project Objective Health system is strengthened so that population in the pilot area can count on the provision of adequate health service.	
	Output(s) <ul style="list-style-type: none"> <li>• Output1: Local residents utilize the preventive, curative and educational services at the primary health care facilities (Health Center (HC) or Centro de Salud (CS))</li> <li>• Output2: Supporting mechanism of Health Network in health services functions adequately.</li> <li>• Output3: Management capacity at each decision making level is sufficiently improved.</li> </ul>	

**II. Result of the Evaluation**

Summary of the Evaluation
<p>In Santa Cruz, which had recent sharp rise in population, majority of migrated population to this area was in poverty and suffered from difficult access to primary health care services including adequate maternal and child health care services.</p> <p>This project has partially achieved the improvement in the use of health care services, shown as the increasing number of consultations for outpatients and prenatal checkups, percentage of hospital delivery in pilot sites, in the four pilot areas (Health Networks)<sup>1</sup> for the project purpose of strengthening health system in the pilot areas. As for sustainability, some problems have been observed in terms of institutional, technical and financial aspects due to frequent staff turnover and insufficient budget allocation to continuously practice the strengthened health care system.</p> <p>For relevance, the project has been relevant with Bolivia's development policy, development needs, as well as Japan's ODA policy. For efficiency, the judgment on the project cost was not possible due to unavailability of the data on the planned amount.</p> <p>In the light of above, this project is evaluated to be partially satisfactory.</p>

**1 Relevance**

<p>This project has been highly relevant with Bolivia's development policy (improving access to primary health care services as set in Five Year Action Plan for National Development (1997-2002) and development plans Sanchez (2002-) and Morales (2006-) administrations), development needs (strengthening medical and health care system to provide adequate health services for increasing population in Santa Cruz), as well as Japan's ODA policy "Country Assistance Plan for Bolivia", at the</p>
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<sup>1</sup> Santa Cruz Prefecture has 15 Health Networks. The coverage of the pilot Networks varies from 8-16 Health Centers (HCs)/ Network and 40 thousand – 253 thousand population/ Network (at the time of ex-ante evaluation in 2001).

time of ex-ante evaluation and project completion. Therefore, relevance of this project is high.

## 2 Effectiveness/Impact

This project has somewhat achieved the project purpose (improvement of health care system) and overall goal (improvement of health status) through development of the FORSA model, a participatory health care model consisting of planning, implementing and monitoring of health care activities participated by people (mainly targeted to mothers and under-five children) and health service providers, and application of the model in various activities such as formation of committees and hygiene and nutrition improvement in the four Health Networks designated as the pilot sites. Also, the systems of medical equipment maintenance and emergency medical services were strengthened through capacity development of Municipal Institute for Medical Equipment in Santa Cruz (IME) and Integrated System for Medical Service Emergency (SISME), respectively.

For the purpose of the project, most of the indicators, including the number of consultations for outpatients and percentage of hospital delivery, have achieved at certain level of improvement in the four Health Networks. Some indicators show decline from the time of project completion to the time of ex-post evaluation in some Networks, possibly because it was difficult to keep the achievement level due to insufficient human and financial resources (see "4 Sustainability").

Overall goal could not be judged due to difficulty in obtaining reliable data as of ex-post evaluation. However, it is expected that the better primary health care services that people of Santa Cruz now receive will lead to their better health status. Besides, ripple benefits were observed in that FORSA model is used in more than half of health networks in the prefecture of Santa Cruz. Therefore, effectiveness/impact of this project is fair.

### Achievement of Project Purpose indicators (excerpt)

Project Purpose: Health system is strengthened so that population in the pilot area can count on the provision of adequate health service.

Indicators (target value)	Actual at project completion (2006)	Actual at ex-post evaluation (2011)
1. Total number of consultations for outpatients in pilot site increases by 10% compared with actual value in 2003. (under 5 years old)	Network North: +16% Network South: +39% Network Bishop Santistevan: +26% Network Warnes: +59%	Network North: +3% Network South: +20% Network Bishop Santistevan: +12% Network Warnes: +134%
2. Percentage of hospital delivery in pilot site increases by 10% compared with actual value in 2003.	Network North: +5% Network South: +5% Network Bisshop Santistevan: +37% Network Warnes: +24%	Network North: +5% Network South: +25% Network Bishop Santistevan: +68% Network Warnes: +76%
3. Number of Health Center (HC) where each sub-system functions reaches 80% of all targeted 16 HCs.	Service Quality Committee: 16 HCs (100%) FORSA model: 12HCs (75%) Medical equipment maintenance: 16HCs (100%) Referral and Counter Referral: 16 HCs (100%) Health administration and management system: 16HCs (100%)	Service Quality Committee: 11 HCs (69%) FORSA model: 10 HCs (63%) Medical equipment maintenance: 12 HCs (75%) Referral and Counter Referral: 14 HCs (88%) Health administration and management system: 11HCs (69%)

Source: Health Information System in SEDES Santa Cruz.

## 3 Efficiency

While the inputs were appropriate for producing the outputs of the project and the project period was as planned, it was impossible to judge on the project cost due to unavailability of the data on the planned amount. Therefore, efficiency of this project is fair.

## 4 Sustainability

The project has some problems at the time of ex-post evaluation in institutional, technical and financial aspects of the implementing agencies due to insufficient continuity of some activities after the completion of the project (see Indicator 3 above) because of insufficient institutionalization of committee activities in some municipalities in rural areas, frequent turnover of staff who received technical transfer from this project, and insufficient allocation of specific budget to committee activities by most of municipalities as the committees allocate most of the available budget to training. However, SEDES has taken initiatives to further promote institutional set-ups for FORSA-applying health promotion and capacity development in collaboration with FORSA Phase 2. Also, no problem has been observed in policy background as the FORSA model is consistent with the SAFCI (Salud Familiar Comunitaria Intercultural=Family Health in intercultural community) policy 2008, which requires more participation of communities for health management. Therefore, sustainability of this project is fair.

## III. Recommendations & Lessons Learned

### Recommendations for Implementing agency

- 1) To institutionalize formed committees by the Government Health Office in Santa Cruz (SEDES), and implement continuous capacity development based on the plans agreed by the committees.
- 2) To further promote FORSA model of health promotion that is being implemented in more than half of health networks in the prefecture of Santa Cruz
- 3) To systematize the experiences of the project in order to raise the institutionalization and wider application of FORSA model under the Ministry of Health and Sports. To formalize its use as a tool of SAFCI could be one way for the systematization.

Good practice: establishment of a municipal focal point for technology transfer on maintenance of Medical Equipment to rural area.

As a result of the technical transfer by this project, IME (Municipal Institute for Medical Equipment of Santa Cruz) became able to provide equipment maintenance services to health facilities in municipality of Santa Cruz. Also, it transfers knowledge by provision of training for technicians and operators in other rural municipalities. As this type of organization that can comprehensively address rural health institutions' technical needs on medical equipment maintenance is unique nationwide, the Ministry of Health and Sports is developing similar institutes in other departments from this experience (three municipalities).



Training on emergency care for children (Japanese Hospital)



Activities on health care in rural community