

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

REGIONAL

**BEST OPERATIONAL PRACTICES AND LESSONS FOR IMPROVING IMPLEMENTATION AND
EFFECTIVENESS IN HEALTH**

(RG-T4800)

PROJECT DOCUMENT

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REGIONAL BEST OPERATIONAL PRACTICES AND LESSONS FOR IMPROVING IMPLEMENTATION AND EFFECTIVENESS IN HEALTH RG-T4800		
PROJECT SUMMARY		
Operation Type:	Technical Cooperation	
Sector:	HEALTH	
Subsector:	HEALTH SERVICES	
TC Taxonomy:	Research and Dissemination	
Project Number under the Operational Support Taxonomy:	N/A	
Technical Responsible Unit:	SCL/HNP-Health, Nutrition and Population Division	
Unit with Disbursement Responsibility (UDR):	SCL/HNP-Health, Nutrition and Population Division	
Executing Agency:	Inter-American Development Bank	
PROJECT OBJECTIVE		
The specific objectives of the TC are: (I) To analyze the composition, functioning, and performance of the implementation models used in health infrastructure projects to identify best practices; and (II) To assess performance of the implementation of integrated health networks and systematize the experiences		
FINANCIAL INFORMATION		
Financing Type	Fund	Amount in US\$
TCN - Nonreimbursable	W2E - OC SDP Window 2 - Social Development	200,000
Total IDB Financing		200,000
Counterpart Financing		0
Total Project Budget		200,000
Donors:	N/A	
Disbursement Period:	36 months	
Execution Period:	36 months	
ADDITIONAL FINANCIAL INFORMATION		
N/A		

I. JUSTIFICATION AND OBJECTIVE

- 1.1 **Justification.** The portfolio of Health, Nutrition and Population (HNP) projects that finance infrastructure has been increasing in the several years. Fifty-six percent of health projects now include hospital infrastructure. Best practices and lessons from implementation experience of hospital infrastructure and integrated health networks have not been systematized at portfolio level.
- 1.2 Almost all projects with hospital infrastructure experience slow execution and face many delays during implementation. There are different implementation models for the hospital infrastructure projects yet the strengths of each implementation model, what is working well and should be replicated and what has faced challenges and not worked well have not been documented. The analysis of the implementation mechanisms of infrastructure projects will focus on the composition and functioning of the three most common implementation models: (i) self-contained executing agencies in charge of all functions; (ii) executing agencies that depend on other units (either internal or external¹) for the execution of activities; and (iii) external management entities in charge of implementing the projects or who serve as advisors to executing agencies. An analysis of the functioning of the different models used by HNP's projects is necessary and will draw lessons and will be useful during project design, supervision, and execution of infrastructure works.
- 1.3 In addition, the division is systemizing the experience in the contracting phase of hospital works to inform future contracting. In 2020, there was an attempt to document the hospital implementation experience, but the hospital works were at an early stage of construction and the work centered on documenting the type of contracting modality used. Delays of infrastructure works, issues faced, solutions implemented, and good practices have not been systematized. In the last two years and next year there are several projects that are closing which have financed 12 hospital infrastructure works. The systematization of the execution experience will be useful to strengthen existing tools to be used by executing agencies and to make recommendations for project implementation. During project design, an institutional capacity assessment is carried out. However, the tool could benefit from adding a specific section to capture the capacity to manage, contract and implement hospital infrastructure.
- 1.4 Projects that finance or have financed health networks have encountered challenges in achieving outcome indicators and in achieving targets related for example to health governance, which are critical for the establishment and strengthening of health networks. There has not yet been a systematization of operational challenges and what has worked in IDB financed projects that include integrated networks. Although the health networks projects include interventions and activities to strengthen patient referral from primary level to secondary level and counter referral from secondary to primary level the experience and tools used to implement the interventions have not been documented. Referral and counter referral mechanisms are fundamental for the integration of health networks to

¹ Other units refer to departments within the ministry of health. External units may vary and for example could be Ministry of transport, or an institution solely dedicated for construction.

ensure patients' continuity of care. There are tools to support executing agencies in the analysis of health networks, but important gaps remain in understanding the effectiveness of the interventions, limitations, and challenges associated with how the networks are functioning.

- 1.5 **Objective.** The specific objectives of the TC are: (I) To analyze the composition, functioning, and performance of the implementation models used in health infrastructure projects to identify best practices; and (II) To assess performance of the implementation of integrated health networks and systematize the experiences. The division has elaborated a plan on the prioritized tools and assessments needed for improvement of the three phases of life cycle of projects that finance hospital infrastructure. The resources of this Research and Development Technical cooperation complement other efforts that HNP is carrying out such as the elaboration of tools to enhance project preparation of typical health interventions funded by RG-T4816². It is expected that good practices identified from the systematization of experiences will be linked to the tools to improve project preparation. In addition, the activities of this TC will document experience in the implementation phase of hospital infrastructure works whereas RG-T4453³ will finance the documentation of experiences in the hospital investment cycle (from planning, preparation, design, contracting) by type of procurement modalities. The assessments will be coordinated to ensure complementarity.
- 1.6 **Strategic Alignment.** This TC is aligned with the objectives of IDB Group's Institutional Strategy: Transformation for Greater Scale and Impact (CA-631) by: (i) reducing poverty and inequality by supporting the capacity to learn from operational experiences to improve project execution and project preparation. The TC also aligns with the following areas of operational focus: (i) sustainable, resilient and inclusive infrastructure; (ii) gender equality and inclusion of diverse groups, by taking into consideration these groups in the service provision analysis to determine how projects are addressing specific challenges faced by women and diverse populations; (ii) institutional capacity, rule of law and citizen security, through the analysis of alternatives to better evaluate of institutional capacity of executing agencies to execute hospital infrastructure projects to strengthen their capacity for project execution; and (iii) social protection and human capital development, as it aims at promoting effectiveness in projects of these areas.
- 1.7 This TC is part of stream T2 "Strategic knowledge of factors driving development effectiveness" of the Development Effectiveness Impact Fund (DEIF) 2025. This project has been selected for DEIF under a rigorous competitive process involving VPS, VPC, and SPD. The DEIF initiative supports projects that generate knowledge and address strategic gaps in development effectiveness through impact evaluations, analysis of execution factors, and effective enhancement initiatives. Following the OC-SDP framework, this initiative is aligned with W2E-OC SDP Window 2 - Social Development and mention alignment with the (GN--2819-14), under the priority area '5' Inclusive Social Development. The systematization of experiences to be analyzed under this TC will inform project design and enhance its quality. At the same time, this systematization will strengthen health sector ministries, improving the effectiveness of Bank-financed operations.

² Building health Legos for Effectiveness.

³ Operational support and consolidation of lessons learned in management of health services.

II. COMPONENTS

- 2.1 **Component I: Implementation models of infrastructure projects (US\$155,000).** This component will finance: (i) the analysis on hospital infrastructure implementation models; (ii) systematization of challenge faced, successful solutions, and lessons from implementation of infrastructure works from the different contracting modalities and will include case studies; and (iii) development of a toolkit to evaluate institutional analysis for executing agencies that will manage hospital infrastructure (which will complement the Bank's institutional capacity tool). This component will finance consultants, consulting firms, workshop, editing and printing services. The workshops will be virtual and will include projects' team members and the consultants who prepared the studies will be presenting the findings of the studies.
- 2.2 **Component II: Integrated networks model experiences (US\$45,000).** This component will finance: (i) the systematization of the implementation of health integrated networks models from IDB projects; (ii) systematization of good practice and experience from patient referrals and counter referral mechanisms to analyze whether continuity of care is taking place and to identify opportunities for improvements. The assessment will take into considerations potential for digital tools. This component will finance consultants, workshops, editing and printing services.
- 2.3 **Expected Results.** This TC will generate assessments that will systematize best practices that will support improvements in project design and will be linked with other tools designed to improve project effectiveness and will provide insights to improve project implementation phases of projects with hospital infrastructure. Also, the TC will elaborate tools to be used by the implementing agencies to manage challenges faced during the execution phase of hospital infrastructure. The aim is to systematize learning that may be used to improve implementation capacity. The learning materials will be used by the project execution units to assess institutional capacity, to improve project planning, execution and project effectiveness.

III. BUDGET

- 3.1 **Budget.** The total budget of this TC is US\$200,000 which will be financed by the Ordinary Capital Strategic Development Program (Window 2, priority area 5; W2E - OC SDP Window 2 - Social Development). This TC has no local counterpart. The TC will fund the hiring of individual consultants, consulting firms, and the implementation of meetings and workshops. The disbursement and execution period will be 36 months.

Budget in US\$		
Components	W2E	Total Funding
Component 1: Implementation models of infrastructure projects	155,000	155,000
Component 2: Integrated networks model experiences	45,000	45,000
Total	200,000	200,000

- 3.2 Monitoring, Reporting, and Supervision.** The IDB, through the TC Team Leader (TL), SCL/HNP Principal Operations Specialist, will be the focal point for execution and oversight of each component. In consultation and close collaboration with Team leaders that are responsible for projects with hospital infrastructure, the team leader of this TC will oversee the preparation of the studies and analyses to be carried out as well as the supervision of the activities for the achievement of the expected results. The TC will be monitored and evaluated in accordance with the Bank's applicable policies and through the Results Matrix. The Bank's TC Monitoring and Reporting system will be utilized. The annual reports and the final report shall be prepared as required by the OP-1385-4 document approved by the OPC.

IV. EXECUTION STRUCTURE

- 4.1** The TC will be executed by the Inter-American Development Bank (IDB), based on a request by the beneficiaries, in accordance with the Bank's Technical Cooperation Policy (GN-2470-2) and the Procedures for the Processing of Technical Cooperation Operations and Related Matters (OP-619-4), through the Unit of SCL/HNP. Considering that the taxonomy of the Technical Cooperation is R&D, the Technical Cooperation is an initiative promoted by the Bank, and therefore it will be executed by the Bank.
- 4.2 Procurement.** All procurement to be executed under this Technical Cooperation have been included in the Procurement Plan (Annex IV) and will be hired in compliance with the applicable Bank policies and regulations as follows: (a) Hiring of individual consultants, as established in the regulation on Complementary Workforce (AM-650) and (b) Contracting of services provided by consulting firms in accordance with the Corporate procurement Policy (GN-2303-33) and its Guidelines.
- 4.3 Intellectual Property.** All knowledge products derived from this TC will be the Bank's intellectual property. Knowledge products will be published through the Bank's web page and other means accounted for in the indicative budget such as the webpage for digital material of the Social Sector (Social Digital). All products financed by this TC will provide knowledge and that can be usable and replicable

for all countries in the region. For activities in participating countries, the team will obtain the approval of counterparts prior to the start of implementation.

V. POTENTIAL RISKS

- 5.1 There are limited implementation risks. The studies for this TC have been selected from a diagnostic with team leaders who oversee hospital infrastructure projects and who have expressed that the systematization will provide efficiencies in troubleshooting and support improvements in implementation. There is a low risk of uptake from the tools designed. To address the risk, the work will have several consultation phases.

VI. EXCEPTIONS TO BANK POLICIES

- 6.1 There are no exceptions to Bank policy.

VII. ENVIRONMENTAL AND SOCIAL ASPECTS

- 7.1 This Technical Cooperation is not intended to finance pre-feasibility or feasibility studies of specific investment projects or environmental and social studies associated with them; therefore, this TC does not have applicable requirements of the Bank's Environmental and Social Policy Framework (ESPF).

REQUIRED ANNEXES:

- Annex I: Request from Client
 - Annex II: Results Matrix
 - Annex III: Terms of Reference
 - Annex IV: Procurement Plan
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