

TC DOCUMENT

I. BASIC INFORMATION FOR TC

Country/Region:	Bolivia
TC Name:	Improving Child Nutrition Services in Bolivia
TC Number:	BO-T1181
TC Type	Client Support
Associated Loan Name/number:	n/a
Team Leader/Members:	Julia Johannsen (SPH/CBO), Team Leader; Sebastian Martinez (SPD/SDV); Susan Kolodin (SCL/SPH); Gaston Gertner (SPD/SDV); Christian Lünstedt (CAN/CBO); Monica Lugo (LEG/SGO); y Sheyla Silveira (SCL/SPH).
Date of TC Abstract authorization:	November 2 nd , 2012
Beneficiary:	Bolivia
Executing Agency and contact name:	Consejo de Salud Rural Andino (CSRA), Nathan Robinson
Donors providing funding:	Japan Special Fund Poverty Reduction Program (JPO)
IDB Funding Requested:	US\$500,000
Local counterpart funding, if any:	US\$50,000
Execution period	36 months
Disbursement period:	40 months
Required start date:	November 2012
Types of consultants:	Individual consultants and firms
Prepared by Unit:	SCL/SPH and SPD/SDV
Unit of Disbursement Responsibility:	CBO
TC Included in Country Strategy:	No
TC included in CPD:	No, but in programming aide memoire CAN/CBO with MPD signed on May 28, 2012
GCI-9 Sector Priority:	Social protection and health, including childhood services in health and nutrition (<i>Estrategia para una Política Social Favorable a la Igualdad y Productividad</i>)

II. OBJECTIVES AND JUSTIFICATION OF THE TC

- 2.1 The objective of this operation is to support the Government of Bolivia in promoting evidence-based public policy design in the social sector. More specifically, this operation will provide technical assistance to design and implement innovative interventions for community-based preventive nutrition services for children aged 0-2 years in poor communities in peri-urban areas based on previous evidence. These interventions will consider implementation schemes of home visit and counseling services to prevent child malnutrition and health risks in early ages.

- 2.2 In supporting this pilot intervention, the Bank will finance the operational implementation and technical assistance for: (i) the design of quality nutrition services targeted to children based on the literature on nutrition interventions and empirical evidence; (ii) the execution of these interventions in the scope of the pilot program; and (iii) the identification of cost-effective delivery mechanisms (such as home and community-based interventions schemes) for infant health and nutrition interventions in the Bolivian context. Child health and nutrition services have been identified as priorities in both the Country Strategy for Bolivia 2011-2015¹ and the Bank's Social Sector Strategy². The findings of this technical cooperation are expected to benefit children and their households in the pilot area in El Alto and enrich and strengthen the sector dialogue with the Government in areas such as infant and child nutrition policies and decentralized community-based intervention schemes.
- 2.3 A former technical cooperation of the Bank's Japanese Fund financed the operational implementation of a first pilot of home-based nutrition and counseling interventions in the city of El Alto. The present proposal is motivated by the preliminary results of a retrospective evaluation of this first pilot, which showed an urgent need to learn more about cost-effective intervention schemes that not only achieve substantial success in intermediate process and results indicators (such as the successful knowledge transfer to mothers) but also in the expected improvement in final impact indicators such as stunting. Although from the medical and biological standpoint the literature on child nutrition establishes well what works (exclusive breastfeeding, nutritional supplements at certain ages etc.), there are considerable knowledge gaps concerning the design of effective operational intervention schemes that achieve the behavioral changes needed to comply with the scientifically recommended nutritional practices (World Bank, 2010). Particularly in the area of community-based growth promotion interventions, there is a need for impact evaluations that have the capacity to orient effective policy design. Currently, there only exist a few quasi-experimental studies primarily from Asia and Africa (Galasso and Umapati (2009) on Madagascar, Alderman (2007), and Ruel et al. (2008) with a small sample size on Haiti), which do not analyze the synergies of nutrition promotion combined with water and sanitation interventions, as proposed in this project.
- 2.4 Through the activities of this operation, it is hoped that child health and/or nutrition will continue to be included in the country's priority list of public social policy, including evidence-based community and home-based intervention schemes foreseen in the current SAFCI³ health policy. The proposed activities will be carried out in close coordination

¹ In paragraph 3.20 of the Country Strategy 2011-15, the Bank proposes that it will “support the development and execution of projects that diversify the interventions modalities in early childhood with an intersectoral focus on health, nutrition, education, early stimulation and protection. These interventions aim at improving the quality and effectiveness of the provision of early childhood services...”. Paragraph 3.37 of the same strategy indicates that “for the time period 2011-2015 the Bank's participation in the sector will have the objective to support the improvement of quality and coverage of service supply in health for poor and indigenous populations ...”.

² Among the priorities of the IDB in the social sector included in the strategy (GN-2588-5), the Bank (paragraph 45) states to pursue: (i) “ensuring that poor children have access to comprehensive ECD services that include essential nutrition, early stimulation, and parental education components”; and (ii) “identifying modalities of service that are high-quality, cost-effective, and do not suffer from high attrition”. In paragraph 91, the strategy indicates that “strengthened primary health care is seen as a promising strategy to simultaneously address the unfinished agenda in maternal and child health and nutrition and make progress towards the MDGs”.

³ SAFCI (*Salud Familiar Comunitaria Intercultural*) means Family and Community-based Intercultural Health.

with the Ministry of Health, the National Nutrition Council CONAN as well with bilateral donors that are active in the sector, such as JICA.

- 2.5 In Bolivia, the recent SAFCI health policy foresees the implementation of mobile health services to communities and homes, including the intercultural adaptation of service provision, as well as a participatory policy implementation scheme that actively includes municipal governments and civil society in the process of policy making. Until now, both aspects have not been implemented on scale in the public health sector. The basic norms and service protocols for the foreseen preventive mobile health and nutrition services have been defined in terms of the AIEPI Nut Strategy of the Family and Community⁴, but not yet implemented on scale; nor is there a definition of the detailed intervention and interaction schemes for mobile health and nutrition services. Within this context, the present operation will increase the knowledge of (cost-) effective community and home-based implementation schemes for social services and directly contribute to filling the gaps in terms of the technical and operational design needed for the future implementation of the SAFCI policy, particularly for children between 0-2 years of age in their family and community context. It is in this regard that the comparative implementation of alternative intervention schemes (including a combination of culturally adequate and gender sensitive knowledge transfer, strategies for behavioral change, provision of micronutrients and complementary food, as well as growth and health monitoring, combined with sanitation services), is timely and important to inform public policy-makers about viable solutions to implement the SAFCI policy effectively.

III. DESCRIPTION OF ACTIVITIES/COMPONENTS AND BUDGET

- 3.1 This operation has two components: 1) Capacity-building in evidence-based public policy design; and 2) Design and implementation of child nutrition services.
- 3.2 **Component 1: Capacity-building in evidence-based public policy design.** This component will provide financial resources for technical assistance to the Ministry of Health and other implementing agencies of the principal social programs (such as the Employment Ministry, the Planning Ministry, the Public Works, Services and Housing Ministry and the Pensions Authority) to strengthen their institutional capacity in the design of public sector policies based on solid results matrixes and evaluation results.
- 3.3 Individual and firm consultancies will be hired to: (i) elaborate and disseminate the design of an impact evaluation of the nutrition interventions, collect baseline data and present the example to public sector actors for discussion; and (ii) implement a technical training workshop about results chains and indicator formulation for social and nutrition programs in Bolivia.

⁴ AIEPI Nut (*Atención Integrada a las Enfermedades Prevalentes de la Infancia y la Nutrición*) means Integrated Care for Prevalent Child and Nutrition Diseases, and refers to a strategy introduced since 1996 by OPS and UNICEF. It focuses on the health status of children aged below five more than on particular diseases. In Bolivia, since more than 10 years, there have been developed two AIEPI components, including an additional nutrition focus: Improving the capacities of health staff (Clinical AIEPI Nut), and Improving the Family and Community Practices (AIEPI Nut of the Family and Community), oriented towards social actors and their networks. It is the latter that provides the normative framework for community- and homes-based nutrition services such as those proposed in this operation.

- 3.4 **Component 2. Design and implementation of child nutrition services.** This component will finance technical assistance for the design and operational implementation of different community- and home-based intervention schemes in peri-urban areas of the city of El Alto for approximately 1000 beneficiary households⁵. Using different combinations of intervention components such as knowledge transfer to caretakers, strategies for behavioral change, and the provision of micronutrients and/or complementary food, accompanied by growth, health and risk factor monitoring, it will contribute to further understand the mechanisms that lead to improved nutritional status in children aged 0-2. The implementation scheme will rest on a results-based payment scheme (IDBDOCS #[37286620](#)) that will serve as the basis for carrying out the operational execution of these interventions in El Alto⁶.
- 3.5 A particular value added will be the likely combination of the described intervention schemes with sanitation investments financed by an IDB loan program of the Water and Sanitation Division whose implementation process will be coordinated with the present project, however without conditioning this TC on this complementary intervention.
- 3.6 Expected outputs/products of this operation include the design proposal for innovative intervention schemes in child nutrition, the design and baseline survey of an impact evaluation, a training workshop about results chains and indicator formulation for public servants in the social sector, and the operational implementation of nutrition interventions through results-based disbursements conditioned by an agreed plan of achievements of operational outputs. Expected outcomes include the increase in coverage and quality of policy-relevant child nutrition interventions in Bolivia as well as capacity-building in evidence-based public policy design. The purpose of this TC is the provision of evidence-based policy advice about the design of quality nutrition services for children.

Indicative Results Matrix

Objectives	Indicators	Means of Verification	Hypotheses
PURPOSE			
Support the Government of Bolivia in promoting evidence-based public policy design in the social sector	Evidence-based policy advice about the design of high quality nutrition services for children provided to the Bolivian Government in support of the health policy SAFCI	Official communication by the Ministry of Health and Sports that confirms the knowledge of the project's design and results, and its usefulness in support of the SAFCI policy components of mobile health services to communities	<ol style="list-style-type: none"> 1. Close coordination of the implementing NGO CSRA with the local health authorities in El Alto 2. Coordination and information exchange on behalf of the local authorities and the IDB with the Ministry of Health and Sports

⁵ The intervention communities are the 7th and 8th district of El Alto. Intervention areas within these districts will be selected based on geographic criteria including proximity to the main health center and coverage of the complementary sanitation program. Within intervention areas, eligible households will be selected randomly to receive the nutrition component. Eligibility criteria include the child's age and baseline height for age z score.

⁶ In the case of the intervention design as well as evaluation that require specific external expertise, the executing NGO will hire the respective technical assistance services. In case of the provision of the operational nutrition services themselves, the NGO will provide them by hiring staff and buying the necessary inputs and material. In any case, every payment to the executing NGO will be based on the previous achievement of operational outputs according to pre-agreed indicators in the disbursement matrix. The first outputs are formulated in a way that allows the NGO to start operating and achieving the initial outputs before receiving the first disbursement (see disbursement matrix).

Objectives	Indicators	Means of Verification	Hypotheses
OUTCOMES			
Component 1: Capacity-building in evidence-based public policy design	Knowledge level acquired by public sector staff about the benefits of the strategic improvement of sector policies through the use of results matrixes and evaluations	Results of exam taken by workshop participants about results chains and indicator formulation	1. The Ministry of Health and Sports and other government institutions prioritize the participation of public sector employees' in the workshops.
Component 2: Design and implementation of child nutrition services	Number of households that received knowledge transfer to improve child nutrition in pilot urban area in El Alto (coverage indicator)	Results-based progress reports and final implementation report of CSRA (indicator included in results-based disbursement plan)	1. NGO CSRA implements the design as foreseen, prior approval and coordination with the Ministry of Health and Sports. 2. Households and community agree to participate in the home-based interventions.
	Number of households that received the complete package of interventions to improve child nutrition in pilot urban area in El Alto (quality indicator)	Results-based progress reports and final implementation report of CSRA (indicator included in results-based disbursement plan)	1. NGO CSRA implements the design as foreseen, prior approval and coordination with the Ministry of Health and Sports. 2. Households and community agree to participate in the home-based interventions.
OUTPUTS			
Component 1: Consultancies to prepare and present the design of the impact evaluation of the child nutrition interventions	Presentation of design and baseline of impact evaluation of the child nutrition interventions	Presentation and document on evaluation design and baseline results	
Component 1: Training workshop about results chains and indicator formulation for selected social programs	Number of ministries, programs and participants trained in results chains and indicator formulation	Workshop minutes and/or participant registries	
Component 2: Consultancies to prepare the conceptual and operational design of four community- and home-based child nutrition intervention schemes	Design of alternative implementation schemes of home visit and counseling services to prevent child malnutrition and health risks in early ages among poor communities in peri-urban areas	Consolidated document on conceptual and operational design	
Component 2: Results-based disbursements to the executing agency for the operational implementation of child nutrition interventions in El Alto	Number, amount and timely execution of planned disbursements, based on a previously agreed plan of achievements of operational outputs	Administrative progress reports and IDB's financial records of disbursements to CSRA	

3.7 The estimated cost of this operation is US\$550,000, US\$500,000 of which will be drawn from IDB/Fund financing of the Japan Special Fund Poverty Reduction Program (JPO) and US\$50,000 from in-kind counterpart contributions.

Indicative Budget

Activity/Comp.	Description	IDB	Local	Total
Component 1 Consultancies	Design and dissemination of baseline results of the impact evaluation of child nutrition interventions in El Alto	75,000		75,000
Workshops	Training about results chains and indicator formulation for selected social programs	10,000		10,000
Component 2 Consultancies	2-3 Consultancies to prepare the conceptual and operational design of four community- and home-based child nutrition intervention schemes	70,000		70,000
Transfers	Results-based disbursements to the executing agency for the operational implementation of the child nutrition interventions in El Alto	330,000		330,000
Counterpart in-kind contribution	Logistical Support (office space, supplies and services), Local Operational Team and Coordination within CSRA		50,000	50,000
Project Coordination and auditing	External consultancy to coordinate and monitor the activities included in this operation	8,000		8,000
	Auditing firm	7,000		7,000
TOTAL		500,000	50,000	550,000

- 3.8 The execution of this TC will be supervised by the local SPH focal point in the COF in Bolivia, Julia Johannsen (*05 7708, jjohannsen@iadb.org) and SPD on behalf of Sebastian Martinez (*00 1455, smartinez@iadb.org). Due to the project location close to the city of La Paz, as well as the results-based disbursement and execution scheme, supervision costs are estimated to be low, consisting of nearly costless local project visits by the SPH staff at CBO as well as sporadic mission costs of the SPD team member to provide specific technical assistance to the design and implementation of the evaluation.
- 3.9 As the project relies on a results-based execution and disbursement scheme, its half-yearly progress reports that will be presented within 2 months after the conclusion of each semester and serve as condition and justification for each disbursement tranche constitute an important monitoring instrument for the executing NGO and the Bank's supervision. In addition to these reports, the Bank team will undertake half-yearly project visits to monitor the execution progress and verify the achieved outputs in the intervention area. The financial statements will be presented once a year within 2 months after the conclusion of each fiscal year.
- 3.10 In addition, the executing NGO and Bank team are making efforts to assure external additional funding for a rigorous impact evaluation that would provide a final evaluation report about the development results and nutrition impacts achieved at the end of project's implementation phase.

IV. EXECUTING AGENCY AND EXECUTION STRUCTURE

- 4.1 The execution period will be of 36 months and the disbursement period of 40 months. The operation will be executed by the NGO *Consejo de Salud Rural Andino* (CSRA), in

coordination with the Ministry of Health, and the local public health centers in El Alto. CSRA is classified as a Bolivian Non Profit Civil Association. It is legally recognized by Supreme Resolution No 211215 of March 1, 1995; registered in the National NGO Registry with No. 582 and with the Internal Tax Service under NIT No. 10163770029. CSRA has over 29 years of experience in public health in Bolivia and an excellent track record in health program design, implementation and monitoring. From 2008 to 2011, it successfully executed the JPO funded first project phase in El Alto (BO-T1083).

- 4.2 The present project has been requested by the Ministry of Health and Sports via written communication (IDBDOCS #[37281919](#)). The TC is also included in the Programming Aide Memoire signed on May 28th, 2012 between CAN/CBO and the Government (IDBDOCS #[36903774](#)).

V. MAJOR ISSUES

- 5.1 There are no major risks associated with this operation. The previous experience of a similar results-based disbursement and execution scheme that was successfully implemented with CSRA provides the necessary assurance of proven execution feasibility. In addition, by hiring a project coordinator, the NGO will facilitate the coordination between the participating consultancies as well as with the Bank and the ministry. On behalf of the Bank, SPH/CBO will help to coordinate the activities with the Ministry of Health and the inter-agency donor table.

VI. EXCEPTIONS TO BANK POLICY

- 6.1 There are no exceptions to Bank policy. The procurement policies that will apply are GN-2349-9 and GN-2350-9.

VII. ENVIRONMENTAL AND SOCIAL STRATEGY

- 7.2 This TC was reviewed by the Environmental and Social Impact Review (ESR) Committee on May 29, 2012. No negative environmental or social effects were identified and the TC has been classified as a “C” according to the Safeguard Classification Tool, considering the environmental safeguard policies (OP-703), those of indigenous people (OP-765) and gender equality (OP-270) of the Bank. For more detailed information, see safeguard filters (IDBDOCS #[37281641](#)).

Required Annexes:

- Request from the client (IDBDOCS #[37281919](#))
- Terms of Reference for activities/components to be procured (IDBDOCS #[37281935](#)) (IDBDOCS #[37281992](#))
- Procurement Plan (IDBDOCS #[37281604](#))

IMPROVING CHILD NUTRITION SERVICES IN BOLICIA

BO-T1181

CERTIFICATION

I hereby certify that this operation was approved for financing under the Japan Special Fund Poverty Reduction Program (JPO) through a communication dated November 1, 2012 and signed by Yasushi Kinoshita Director General, International Bureau of the Ministry of Finance of Japan. Also, I certify that resources from the Japan Special Fund Poverty Reduction Program (JPO) are available for up to US\$500,000 in order to finance the activities described and budgeted in this document. This certification reserves resources for the referenced project for a period of four (4) calendar months counted from the date of eligibility from the funding source. If the project is not approved by the IDB within that period, the reserve of resources will be cancelled, except in the case a new certification is granted. The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, for which the Fund is not at risk.