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2020 | Evaluation report

Bolivia

Evaluation of health
initiatives (2009-2020)

AID 7240 - 8759 - 10665 -
10685 - 10706 - 10869



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The opinions expressed herein represent the views of the evaluators, and are not necessarily shared by the commissioning body.

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I. GLOSSARY

AICS	Italian Agency for Development Cooperation
AID 7240	Support programme for the implementation of the social-healthcare system of the Department of Potosi
AID 8759	Strengthening of healthcare services in the Bolivian Chaco: a community proposal
AID 10665	Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia
AID 10685	Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz,
AID 10706	Programme of technical assistance to the Ministry of Health – Phase I
AID 10869	Programme of technical assistance to the Ministry of Health – Phase II
AIDA	Differentiated Integral Assistance for Adolescents ATLS Advanced Trauma Life Support
ATLS	Advanced Trauma Life Support
BH	Bracamonte Hospital
IDB	Inter-American Development Bank
CC	Cervical cancer
CECOMET	Center for Community Epidemiology and Tropical Medicine of Ecuador
CENETROP	National Center for Tropical Diseases
SC	Steering committee
CRUEM	Centro di regolamentazione per le urgenze e le emergenze
DGCS	General Directorate for Development Cooperation
ENT	Non-communicable Diseases
DHT	Direct Hydrocarbon Tax
DSDR	Sexual Reproductive Rights
ENT	Non-communicable diseases
FCS	Faculty of Health Sciences
FELCV	Special Force to Combat Violence
FHS	Faculty of Health Sciences
GAM	Municipal Autonomous Government
HPV	Human Papilloma Virus
JICA	Japan International Cooperation Agency
KOICA	Korea International Cooperation Agency
MEA	Maximum executive authority

MAECI	Ministry of Foreign Affairs and International Cooperation of Italy
MAG	Municipal Autonomous Government
MC	Municipal charters
MEFP	Ministry of Economy and Public Finance
MS	Ministry of Health
OAI	Comprehensive service offices
OCSE/DAC	Organisation for Economic Cooperation and Development / Development Assistance Committee
OXFAM	Oxford Committee for Famine Relief
OVI	Objectively Verifiable Indicators
PAHO	Pan American Health Organization
MDG	Millennium Development Goals
MDP	Municipal Development Plan
PDTA	Therapeutic Care Diagnostic Guidelines
PEDS	Strategic health departmental plan
PEI	Institutional Strategic Plan
PMU	Project Management Unit
POA	Annual Operational Programme
RBS	Community-based rehabilitation
RRHH	Human Resources
SAFCI	Community and intercultural family health policy
SCH	San Cristóbal Hospital
SDG	Sustainable Development Goals
SEDES	Departmental Health Service
SEDEGES	Departmental Social Services
SIAF	Financial Management System
SIINA	Integrated Child and Adolescent Information System
SIPRUN-PCD basado en el CIF	Physiotherapeutic diagnostic system according to the International Classification of Functioning, Disability and Health (ICF)
SNIS	National Health Information System
SRH	San Roque Hospital
SSR	Sexual and reproductive rights
SUS	Unified Health System
UATF	Tomás Frías Autonomous University
UE	Educational units

UCB	Cell Biology Unit
UCPP	Coordination Unit
U-ENT	Noncommunicable Diseases Unit
UMSA	Major University of San Andrés
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VPH	Virus del papilloma umano
WHO	World Health Organization

II. AREAS OF INTERVENTION

Below is a map where you can see the areas of intervention of initiatives promoted by Italian Cooperation in the health sector.



Figure: Map of intervention areas

III. SYNTHESIS

1. DESCRIPTION OF THE EVALUATION

The proposal for evaluation arises from the need to verify the impact of six projects that Italian Cooperation has technically and financially supported in the health sector in Bolivia in order to improve the resource management and effectiveness of these interventions. This evaluation also aims at analysing the possibility of continuing the assistance to and development of the health sector in the near future, both in Bolivia and in other countries of the region.

This evaluation exercise aims to highlight the good practices that have emerged in the country and to clarify why some of the initiatives have not achieved the expected results, especially in those cases – as we shall see – where the actual duration of the individual initiatives considered exceeded the expected duration.

In addition, it has allowed us to observe, analyse and make recommendation on technical and financial procedures, their influence on the Bolivian health sector, sectoral strategy and other actions managed by the IACS in Bolivia so that they can be optimised, their project monitoring and evaluation systems improved so that this will contribute to achieving the Sustainable Development Goals.

By means of this assessment and the dissemination of its data, an indication will be given to Parliament regarding the use of the funds allocated for Public Development Assistance, and to the Italian public opinion about the validity of allocating available government resources to Cooperation. The results obtained and highlighted in this document, together with the experiences gained, will be shared with the main cooperation agencies and with partners, who will also be accountable to their Parliaments and their public opinions on how the resources allocated to them have been used. In this regard, the dissemination of this document will enable the promotion of “mutual responsibility” among partners in relation to their mutual commitments.

The evaluation has sought to find an answer to all the topics identified in the terms of reference established by the DGCS. The information collected faithfully responds to the state in which the projects were found, the results achieved, the impact observed, the training and the possibility of being a guide for future interventions.

2. OBJECTIVE OF THE EVALUATION

- To assess the relevance of the objectives, effectiveness, efficiency, impact and sustainability of the projects evaluated.
- To determine the degree of logic and consistency of the project design and its overall validity.
- To describe changes (expected or value-added) in the social, economic and environmental contexts, as well as of development indicators that are attributable to the projects.
- To analyse and explain impact mechanisms, whether these are positive and/or negative, due to external factors.
- To analyse the influence of Italian Cooperation on national policies, strategies and programmes and its contribution to the achievement of the MDG/SDG set out in the projects.
- To determine to what extent projects have changed the context in a direction towards greater equity and social justice and have influenced cross-cutting issues.

- To establish what actions were carried out in coordination with other initiatives in the sector, in the same country and in accordance with the principle of complementarity.
- To determine the positive and/or negative synergistic effects of the evaluated projects that were carried out jointly.
- To evaluate the impact of Italian Cooperation Initiatives on the health sector in Bolivia.
- To highlight the lessons learned, good practices and to provide useful recommendations for the implementation of possible subsequent phases of the initiatives deemed to have had the greatest impact.

3. EVALUATION TECHNIQUES

For the evaluations, various techniques for data collection and analysis were used, including: document analysis, structured interviews, direct observation, collection of administrative statistical information, verification of the operation of the machinery and the “Quick Assessment method”.

Due to the COVID-19-related health crisis, part of the collection of information had to be carried out remotely by means of remote communication platforms that have quite effectively replaced what would have been desirable (according to the Terms of Reference), i.e. field visits. In addition, for the structured interviews, the Delphi methodology of focus groups was applied with the aim of obtaining a greater level of quality in the information collected.

4. RELEVANT RESULTS

Project AID 7240-Potosí

In general, this project has not had any relevant results. It has not been pertinent because it does not have a diagnosis of needs, with a tendency to carry out activities (with many modifications) that were aimed more at its institutional objectives and not at those of the project, with an evident lack of coordination among the project co-implementers. While it has been consistent with the national policy for the sector, it has not responded to the need to establish a local healthcare model based on a network of services with human resources trained for its development in that environment that includes the intercultural approach to health.

It has not been efficient, since there is duplication in the technical-administrative management function by each of the authorities responsible for each of the five project components, along with the limited capacity of the UCPP under the Ministry of Economy to do this kind of management. This significantly adversely affects implementation, delays in disbursements, management of documents necessary to carry out processes, etc.

Inefficient, because the implementer of each subcomponent prioritised their own objectives and institutional interests to the detriment of the project’s objectives. A clear example is the construction of the infrastructure for the Faculty of Health Sciences and the provision of state-of-the-art surgical equipment to Bracamonte Hospital (which, by the way, does not have statistical data on its use) where there is no coordination between the two bodies enabling them to fulfil the objective of improving the care provided through the health services to the population.

Relative ownership of the project by the implementers, which ensures that the investments of Italian Cooperation will be used for purposes related to the beneficiary institutions, although not necessarily aimed at the right objective. Its sustainability will depend on the extent that these institutions are able to have budgets

in their annual operational plans, although subject to these being insufficient and/or subject to untimely cuts. The visibility of the project has been significant, even for the project's substantial impact.

Project AID 8759-Bolivian Chaco

A consistent proposal framed within the National Health Sector Development Plan and concomitant plans. The project met almost the totality of the objectives established and has been framed within a long-term strategic plan that responds to the health needs of the Bolivian Chaco that – with this project – have contributed to the achievement of a goal, whose end is not yet within sight.

It should be noted that it is a co-financed project whose resources come from both AICS and from OXFAM Italy and the Vicariate of Cuevo. For this reason, they were used efficiently to achieve the objectives established within reasonable time limits and the modifications made. The training of both institutional and community human resources at the “Tekove Katu” Healthcare School has been continuous and sustained. It should be noted that the diagnostic capacity of the laboratories at all levels improved substantially, reducing wait times for results. Regional laboratories at all levels have built a co-working network that allows for ongoing and refresher training, eventually supported by the Center for Tropical Diseases (CENETROP) of Santa Cruz de la Sierra. Health service personnel, such as the Guarani population, have taken ownership of the benefits of the project and thus sustainability has been created. The visible support by AICS in the implementation of this project was noteworthy.

Project AID 10665- Oncohaematological-Higher University of San Andrés-UMSA

A project with a long-term strategy that responds to the need for the timely diagnosis of oncohaematological diseases that is framed within national health policies and addresses three important criteria to carry this out such as updated protocol, modern equipment and trained human resources.

Although the project does not directly coordinate with any health institution (whether public or via social security or private insurance), it has built a database of professionals, particularly from second- and third-tier care, that work with this problem in a mechanism of internal reference and counter-reference. This allows those people who need them to be able to access these services quickly and opportunely. The laboratory is part of the UMSA research sector in the field of health, which, like all the public universities in the country, receives resources that are allocated from funds from a tax on hydrocarbons that makes the process of diagnostic services sustainable and that the UMSA has made it its own.

Progetto AID 10685-Municipi di La Paz, Pando y Cochabamba

A project with a long-term strategy that responds to the need for the timely diagnosis of oncohaematological diseases that is framed within national health policies and addresses three important criteria to carry this out such as updated protocol, modern equipment and trained human resources.

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of the UMSA research sector in the field of health, which, like all the public universities in the country, receives resources that are allocated from funds from a tax on hydrocarbons that makes the process of diagnostic services sustainable and that the UMSA has made it its own.

Project AID 10685-Municipalities in La Paz, Pando and Cochabamba

A network of men and women leaders – adolescents who have been trained and empowered – capable of developing horizontal information processes among peers and to refer any of these who need them to the services available to them. Specific sexual and reproductive health services have been strengthened for young people and adolescents, specific counselling spaces for adolescents have been created along with places where young people can carry out activities independently and without social scrutiny. Resources have been efficiently implemented, although no real impact could be seen, due to the lack of measurement mechanisms and clearer verifiable indicators. Sustainability essentially has its support in the participating municipalities, although UNFPA has been managing resources from other agencies in order to give continuity to the proposed working methodology (not yet initiated). While the participation of Italian Cooperation as the driving force behind including young people as social actors has been valued by both implementers and beneficiaries, the visibility of UNFPA as implementer has been more notable.

Project AID 10706-Ministry of Health-Phase I

This project is a clear indication of how proposals for development should not be put established because of establishment of objectives, results and activities that are inconsistent and unrelated among themselves (strengthening the Unit for Disabled People, the Unit for Mental Health and Dependency, and the strengthening of Unified Health Insurance).

In short, it is a project without consistency that is inefficient due to its engagement in only office work and, although it did generate documents of some relevance, these were not considered by the Ministry of Health itself for implementation. Evidence could not be found of a lack of project ownership by this authority, but the fact that the products mentioned were not considered, the request for more time by civil servants from this department to become familiar with the project tells us much. In short, the impact of the project has definitely been negative.

Project AID 10869 - Ministry of Health-Phase II

The project is limited to the Non-communicable Diseases Unit, U-ENT. Its objectives, results and activities are not mutually consistent (early diagnosis CC at the first tier of care, detection of diabetes in at-risk population and institutional strengthening of the U-ENT); it is similar to Phase I.

Components Two and Three of the project establish results that are unsustainable over time; Component One, which is a “pilot project” for the detection of cervical cancer-CC at the first tier of care, is the most noteworthy component. It is carried out in the rural municipalities of Toro Toro and Acasio, with results of great value. The detection with specific reagents and the GenExpert unit identified CC cases in a timely manner. They are supported by local campaigns, highly committed staff and have complete statistics at the local level.

Ownership of the project is taken by the municipalities, health centres, community authorities; they value the support of the AICS, show commitment to the project management and its sustainability by allocating resources in their POAx for maintaining the equipment and buying reagents. This project does indeed respond to a real need.

On the other hand, second-tier public institutions and the Ministry of Health itself do not have tools for monitoring and following up these patients diagnosed with CC, much less for verifying the impact. The results at the local level of this “pilot project” are impressive it is hope that it will an impact on its area of intervention and will result in an experience that can be replicable at the national level.

5. CRITERIA

The approach used for the evaluation exercise has been based on the evaluation criteria recommended by the OECD/DAC to which other criteria deemed relevant for the required analysis have been added.

- **Relevance:** The projects respond to the initiatives and requests of the institutions and authorities approved by the Ministry of Health, which means that Italian Cooperation effectively responds to what the Bolivian government expresses as necessary. However, there is no proper process to identify the needs of the projects overall, which ends up generating problems of relevance and consistency. The most successful projects among those evaluated are those where at least an adequate knowledge of the specific needs to be met can be demonstrated.
- **Effectiveness:** An adequate level of implementation of activities and actions can be found in most projects. With some exceptions, these actions carried out by the implementing bodies have been successfully completed. What is less common is for these activities and tasks to be useful in achieving the objectives.
- **Efficiency:** Projects that have been carried out by institutions specialising in managing programmes/projects, etc. in a decentralised manner have shown greater efficiency in the use of the resources made available. In fact, in the case of the municipalities of Toro and Acasio, or of OXFAM and the Vicariate of Cuevo and of development agencies such as UNFPA, there was better management in terms of efficiency compared to central institutions such as the Ministry of Health, the University or SEDES, for which, moreover, the scope of the project seemed less relevant than the portfolios of their operations.
- **Impact:** In general, projects do not have objective means to verify their impact and, since there is no prior analysis or adequate identification of needs, it is very difficult to follow the premise of comparing the “situation without the project” with the “situation with the project”. It can be said that projects that had an impact on the population were those on Chaco, the pilot project in Toro Toro and Acasio, and UNFPA, where they worked directly with the population on specific services and processes. It can also be said about the components related to the supply of equipment to Bracamonte Hospital, the SEDEGES of Potosi and UMSA’s oncohaematology laboratory, and even about the infrastructure of Tomás Frías University. However, this cannot be said about the projects for institutional strengthening by the central government.
- **Sustainability:** Institutional strengthening projects are much less sustainable than others, while projects involving services are more sustainable. Projects implemented at the ministerial level are less

sustainable, while those implemented by autonomous entities (University, Vicariate of Cuevo, Municipalities, etc.) are more sustainable. Sustainability is also strongly correlated with ownership.

- **Coherence:** It is worth mentioning that the programmes and projects implemented by other international cooperation agencies, in addition to those of international NGOs and joint investment and co-financing efforts between the plurinational state of Bolivia and the aforementioned agencies are part of the state's political constitution of the state and are in the national sectoral policies established by the Ministry of Health. Initiatives promoted by Italian Cooperation.
- **Added value of the Italian Cooperation:** -Projects promoted by Italian Cooperation that created news and a significant added value are those that supported activities directly related to services. The goal of the service projects was to solve very specific problems by trying out new and very interesting responses. These are clearly projects that have also had the best results, that have achieved a greater likely impact and that have contributed the most to their communities.
- **Visibility:** In general, the projects were responsible for the visibility of support by Italian Cooperation.
- **Ownership:** The correlation between ownership and sustainability, between ownership and effectiveness and between ownership and impact is very significant. There has been a greater degree of ownership by the institutions responsible and by beneficiaries in projects that have been implemented by third parts such as OXFAM or UNPFA, or directly coordinated by AICS La Bolivia. By contrast, initiatives implemented directly by the Ministry – or by the SEDES in the case of Potosí – not have reached an adequate level of ownership, especially at the institutional level.

6. CONCLUSIONS

- Italian Cooperation in Health in Bolivia does not have a specific approach to intervention that could be expressed in a kind of Programme for the Country in which the priorities for cooperation are properly established. This deficiency causes support to be given to different interventions on demand by the national counterpart in an uncritical manner.
- In most cases, the projects supported by Italian Cooperation can be considered relevant and will meet the real and perceived needs of the population.
- Projects developed with the support of Italian Cooperation do not have an adequate formulation process. Although this could mean an additional cost to projects, it would allow them to reach greater levels of consistency and have better forecasts regarding achieving their objectives.
- There are no adequate procedures for project management – neither at AICS Bolivia nor required by counterparts – that allow for follow-up of goal-orientated projects. This way, the implementation of activities is monitored without necessarily considering whether they reach the objective or not.
- In general, the activities committed to are carried out and tasks are carried out in a reasonable manner.
- The organisations with which AICS has been partnered for project implementation (OXFAM and UNPFA) have implemented the projects properly.
- It is necessary to include “exit strategies” in projects to ensure their sustainability.
- Projects require the incorporation of objective means of verification that aim at verifying the achievement of objectives, not only at complying with activities.
- Institutional strengthening processes should be implemented with a “working hypothesis” that allows for follow-up over a given time frame and for measuring the scope of the objectives.

7. GOOD PRACTICES AND LESSONS LEARNED

Project AID 7240-Potosí

- The components of a project should make up a unit that allows meeting the project's objectives.
- The implementers of a project – when there are more than one – should have similar missions and objectives, if the intention is for the implementation to run smoothly.
- When making the decision to use a Project Implementation UNIT (UEF), first considered should be given to whether it does not duplicate functions that the implementing bodies should perform anyway.
- An appropriate preliminary identification study is necessary in order to implement projects that meet real needs.
- The formulation of objective means of verification in project planning allows for the proper measurement of their impact.
- The formulation and implementation of projects should be aimed at achieving objectives rather than only carrying out tasks or activities..

Project AID 8759-Bolivian Chaco

- Projects that are implemented by operators that have already been on the ground for a long time have a high probability of meeting real needs and being pertinent.
- A consistent project is one that directly addresses specific problems and aligns with the efforts that other authorities are making to achieve an impact.
- An efficient project is one that allows for comparing investment with concrete results, and an effective project is one that measures the product of its effort on a regular basis.
- When the project implementer has a line of intervention greater than the project, but that includes it, the probability that the project will be sustained over time is greater.

Project AID 10665-Oncohaematological-La Paz

- Knowledge of the subject of intervention and experience make projects more likely to be relevant.
- The comprehensive visions of the problems to be addressed by the projects provide them with consistency.
- Established implementing bodies improve the chances of implementing efficient projects.
- The effectiveness of a project is highly influenced by the degree of alignment of the implementer with respect to the policies and systems of the countries.
- The creation of networks beyond the institutional frameworks of the project will positively contribute to the impact of the project.
- Having a counterpart that endorses the project and devotes all its efforts to it contributes decisively to its success.
- Maintaining long-term relationships with implementers and implementing bodies significantly contributes to the success of the projects.

Project AID 10685-Municipalities in La Paz, Pando and Cochabamba

- The existence of known relevant problems of which society is highly aware and the approach thereto in a project make it more likely to be pertinent.
- Holistic approaches have a better chance of producing consistent projects.
- Established, properly structured bodies improve the possibilities of having efficient projects.
- The ability to manage projects increases the possibility of making them effective.
- The inclusion of objective means for the verification of the impact in project planning allows for the improvement of the ability to achieve it.
- The actors involved in the projects should have compatible agendas in order to avoid unwanted results.

Project AID 10706-Ministry of Health-Phase I

- An institutional diagnosis of organisation and methods, of functional analysis or of a comprehensive diagnosis allows for the design of projects for institutional strengthening that meet specific needs.
- The focus on a specific area of intervention gives the project consistency.
- Project efficiency is achieved when the investment targets specific objectives rather than a list of activities.
- The development of documents that do not become a specific policy and guidelines for conduct at the institutional level does not enable the attainment of the objectives of strengthening.
- Without mechanisms for measuring the impact of strengthening interventions on operational research mechanisms, it is not possible to determine the impact of institutional strengthening projects.
- Institutional strengthening should affect weak areas that are considered necessary for the implementation of the institution's operations.

Project AID 10869 - Ministry of Health-Phase II

- A project's ability to address specific problems is enhanced if these are known and are on the public policy agenda.
- Projects will have a better chance of achieving their objectives if the methodologies for intervention in the different components have a sense of unity.
- An investment in a project will be efficient if its activities have a clear meaning.
- Pilot projects are effective if they are accompanied with the study regarding whether the hypotheses are fulfilled or not.
- The possibility of measuring the impact of a pilot project depends on follow-up being done of each segment of the intervention carried out.
- It can be said that the ownership of projects of this nature depends largely on the objectives relevant for their implementers and managers.

8. RECOMMENDATIONS

The recommendations are made according to the following dimensions:

Planning of cooperation projects.

- Italian Cooperation would benefit from having an intervention strategy or a "country strategy" that would result from a sectoral diagnosis. This way, consideration could be given to projects with a specific meaning and directionality of results, thus not dispersing their efforts in a number of subjects that have no synergistic input.

- To the extent possible, projects with multiple operators whose objectives are far from homogeneous should be avoided, since this generates different agendas and, therefore, operating
- The selection of the implementing unit is critical. Whether it is an NGO, a municipality (preferably not very large) or a development promotion agency, or AICS, the projects should be relevant to the implementing authority.
- Projects should have a diagnostic, baseline, or needs identification study.
- The strengthening projects should have a working hypothesis.
- Projects should have indicators that allow measuring results in the short- and long-term so that their impact can be validated.
- It would be beneficial to have the “Theory of Change” matrix tool in the proposals.

Types of counterparts

- It is suggested that work should be done with counterparts where the projects form a relevant part of their portfolio of operations in order to promote the ownership, efficiency and effectiveness of the projects.

Decentralised management

- Where projects are carried out in bodies where they are not relevant to their portfolio, it is recommended that a decentralised management body be used, whether the AICS itself or a company or NGO that can outsource the service.
- The use of an external implementing unit such as AICS or an NGO or outsourcer makes it possible to overcome the problems of instability of civil servants.

Oversight, monitoring and evaluation.

- The oversight of the implementation of the project should include a defined methodology that includes both tasks and activities as well as the achievement of objective milestones.

IV. INTRODUCTION

In September 2019, the Directorate General for Development Cooperation of the Italian Ministry of Foreign Affairs and International Cooperation commissioned Eurecna Spa with the task of carrying out an independent ex-post evaluation of the activities financed by Italian Cooperation in the health sector in Bolivia.

The objective of the evaluation contract is to define the impact of the Italian Cooperation initiatives carried out in Bolivia in the health sector by conducting in this regard an independent evaluation of the projects carried out in the various sectoral areas based on OECD/CAD criteria.

The idea is to consider the desired or undesired effects of the projects carried out by Italian Cooperation and to show which of them are attributable to the intervention, with the objective of understanding whether there has been – and to what extent – and if this impact has been positive or negative. In this regard, it was decided to apply a methodology that envisages a primarily qualitative approach.

The evaluation exercise analysed the action of Italian Cooperation in the health sector in Bolivia, its influence on local policies, the national strategy in the sector and the national programmes aimed at achieving the Millennium Development Goals and the Sustainable Development Goals.

The evaluation sought to consider the effects at both the general and the intervention levels, trying to establish whether there is complementarity among the projects.

The evaluation process carried out sought to respond to the needs and requests highlighted in the contract's terms of reference. In this regard, the evaluation team considers that the information collected is a true and accurate representation of the state of the projects, the results achieved, the existing impact and – above all – should be considered a training experience for guiding future interventions.

V. CHAPTER 1: INITIATIVES CONTEXT AND LOGIC

1. INITIATIVE AND CONTEXTS LOGIC

The health system in Bolivia has the following characteristics:

- It is segmented due to two subsystems with different models of funding, care, management, affiliation and provision: public health and social security.
- It is fragmented due to the co-existence of institutions that are not integrated into the health system, such as dysfunctional health networks, an inefficient reference and counter-reference system and the inexistence of an organised health research system.
- The social exclusion from care, since 60 per cent of the population between 5 and 59 has no health coverage through any subsector and includes persons with disabilities, street children and women who suffer violence. Exclusion is determined by internal factors such as problems in quality, structure and problem-solving capacity, and external factors such as barriers of:
 - ✓ Economic access to necessary health services, because direct costs and indirect costs are not covered, reflected in the total out-of-pocket costs of households in proportion to total current

health expenditure.

- ✓ Geographical access, due to the dispersion of the population in rural areas, far from health services, and the lack of roads and transport.
 - ✓ Socio-cultural- and discrimination-based, due to – among other things – the conditions of life or to the ignorance of their ancestral wisdom.
 - ✓ Quality of health care, behaviour of health care staff, equipment, infrastructure, needs for inputs or medicines.
- Inequity in health, reflected as the very low per capita expenditure on health by public health and social security (in 2014, it was 841 Bs. and 858 Bs, respectively).
 - Weak stewardship by the Ministry of Health reflected in the structural nature (such as fragmentation, segmentation and the framework of decentralisation and autonomies) and in the functional character (the high turnover of staff at all levels).

This leads us to some challenges related to the projects being evaluated:

- Strengthening of the stewardship of the healthcare authority, with strategies, among others, such as transformative strategies for managing human talent, the reduction of the gap in infrastructure, equipment, inputs and medicines.
- Management of the human talent, promoting an improvement in civil servants' level of performance, the quality of personal conduct and covering expectations such as job stability. Coordination with HR training authorities in health and including the intercultural approach to health care in their training.
- The installed problem-solving capacity through the implementation of the comprehensive functional networks of health services, where all establishments at all tiers of care come together. Improvement in the quality of services by investing in infrastructure, equipment and human resources, improving the administrative processes of care, the logistics of inputs and medicines and focusing their attention on user satisfaction with a comprehensive and intercultural approach.
- Implementation of validated strategies for the improvement of sectoral programmes, complemented by the elaboration of appropriate standards and protocols.

The Bolivian government has an important role to play in the health sector in ensuring universal health coverage over time. In this context, the country faces two types of problems:

- The first concerns the issue concerning the part of the population that still lives in poverty, fighting against recurrent diseases such as tuberculosis, and has high rates of maternal and child mortality.
- The second, because of economic growth and the opening of markets, involves the recent increase in epidemiological cases and chronic diseases that have spread across the country, such as diabetes and other obesity-related conditions.

2. THE CONTRIBUTION OF ITALIAN COOPERATION TO THE HEALTH SECTOR

Italian Cooperation includes the European cooperation strategy to support the health system in Bolivia. Its main objective is to strengthen the ability of the pluri-national state's government to carry out an effective and just health policy and to strengthen the role of public health policy actors so that they can perform their functions with greater competence. All this is also takes into account the fragmentation of the Bolivian health system and the complexity of the management of the services provided to the public.

In addition, Italian Cooperation is committed to promoting and supporting the provision of services to the most vulnerable sectors of the population, such as people living in poverty, children, adolescents – with an emphasis on early pregnancy and violence against women – people with metabolic disorders, patients with oncohaematological pathologies and people with mental health problems.

Italian Cooperation also has in interest in specific geographical areas such as Potosi and the Bolivian Chaco. These areas represent areas of greater concentration of poverty and with greater limits on access to health services.

The relevance of the areas of interest to Italian Cooperation involves several projects being formulated and implemented in recent years directly through the Ministry of Health or in coordination with local strategic partners that are now the subject of this evaluation.

3. THE BOLIVIAN HEALTH SYSTEM

Bolivia's health system is established with a number of laws and regulations; the Constitution of Bolivia notes some that are inherent to the projects evaluated:

- Health as a Fundamental Right (Art.18)
- Right to health of indigenous and aboriginal nations and peoples (Art. 30)
- Social determinants and health (Art. 16, 17, 19 and 20)
- Unified Health System inclusive of traditional medicines (Art. 35)
- Access to Universal Health Insurance and the exercise of services (Art. 36)
- Prioritisation of the promotion of health and disease prevention (Art. 37)
- Monitoring of quality of care (Art. 39)
- Participation of the population in decision-making and system management (Art. 40)
- Promotion and practice of traditional medicine (Art. 42)
- Rights of patients (Art. 43 and 44)
- Rights of children and prohibition of violence against them (Art. 59 to 61).

There are also a number of sectoral rules and provisions such as:

- *National Development Plan*, Health Sector, whose Policy 1 refers to the Unified family Community Health System, with goals related to the extension of coverage, strengthening of networks,

management of quality strengthening with an approach with an intercultural, gender and generational approach, and the monitoring of the quality of production of goods and services, where Policy 2 emphasises social control and mobilisation and Policy 3 aims to reduce violence and to the right to integration of persons with disabilities.

- *Sector Development Plan 2010-2020*, whose Core Concept 1 of Universal Access to the Unified System SAFCA whose Programme 1 emphasises the universalisation and equity of and access to health services with its projects of quality health networks with ancestral wisdom, traditional medicine and interculturality; whose Programme 2 speaks of participatory management and social mobilisation for the right to health with its projects of equity and protection for vulnerable groups, participatory management and social mobilisation, and its Programme 3 mentions health governance with its project to strengthen technical and financial abilities.
- *The Five-Year Plan 2015-2020*, whose Pillar 3 of Health, Education and Sport sets out in Goal 1 universal access to the health service with its strategic guidelines for the consolidation of the Unified Health System and the expansion of the problem-solving ability of epidemiological, educational and managerial services and, in Goal 2, the integration of conventional and ancestral health with highly committed and qualified staff for the provision of services with an intercultural approach, rescuing the knowledge and practices of traditional medicine and the organisation between the services of traditional and of academic medicine systems, in addition to the implementation of early diagnostic activities of communicable and non-communicable diseases.

4. THE NEEDS THAT THE INITIATIVES PROMOTED WERE AIMED AT MEETING

As we have already seen, each initiative promoted by Italian Cooperation focuses attention on several areas of the health sector with the common objective of promoting, on the one hand, the functioning and quality of the health system and, on the other hand, fair access and use for the most vulnerable part of the population.

In this regard, the interventions supported by Italian Cooperation examined in Bolivia were as follows:

Programme 7240 – Support programme for the implementation of the social-healthcare system of the Department of Potosí – Phase IV, Euro 3.659.642.48 – 2011 – ongoing.

Expected results:

- R1. Improved and appropriate governance and management (hospital governance) model
- R2. Improved management and computer systems.
- R3. Schemas and systems to support access to active and appropriate care.
- R4. Appropriate technical equipment, better management skills, increased quality of service.
- R5. Intercultural office integrated into the department's health system, with functions of training and promotion on issues of interculturality applied to Bracamonte Hospital.
- R6. Ties between the hospital and the local faculty of health sciences strategically defined and developed.

Project 8759 - Strengthening of healthcare services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16, - duration 2009 – 2013.

Expected results:

- R1. 90 health workers (from the American Chaco) professionally updated and methodologically orientated to the principles of community medicine.
- R2. Healthcare infrastructures and appropriate technical management procedures for the implementation in accordance with the legal standards of the control services of clinical microbiology in six units and chemical and microbiological analysis of the water of one unit.
- R3. Local health plans, with a focus on community epidemiology, developed in a participatory and operational manner in at least 20 Guaraní communities..

Project 10665 – Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00 - duration 2015 - 2017..

Expected results:

- R1. A strengthened Cell Biology Unit of the Faculty of Medicine
- R2. Programme for training human resources nationwide for the extension of the coverage of implemented leukaemia diagnoses.
- R3. Implementation of the strategy for raising public awareness about the diagnosis of leukaemia implemented

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00, duration 2016 - 2017- carried out by UNFPA.

Expected results:

- R1. Improved municipal management that gives priority to sexual and reproductive rights, sexual and reproductive health and the prevention, care and punishment of sexual violence among adolescents.
- R2. Healthcare workers with greater expertise and first- and second-level health services adapted to comprehensive and differentiated care in sexual health and reproduction for adolescents favour access to contraceptive methods.
- R3. Municipal authorities are strengthened for the protection of the rights of adolescents in order to ensure access to justice, allow for the recovery and rehabilitation of teenaged victims of sexual violence and prevent revictimisation.
- R4. Community programme for the prevention of teenage pregnancy, the promotion of sexual and reproductive health and the prevention of sexual violence implemented with the participation of health, education and justice staff, mothers and parents, the media and adolescent leaders.
- R5. Implementation of a programme with adolescent males that promotes prevention in health, responsible fatherhood and violence-free relations based on respect and gender equity.
- R6. Sexual and reproductive rights, including the prevention of unplanned pregnancies and freedom from sexual violence, are promoted through communication and ICTs.

Project 10706 - Programme of technical assistance to the Ministry of Health – Phase I, Euro 557,960.00, duration 2015 - 2017.

Expected results:

- R1. Improvement of the abilities of the Mental Health Area and agencies of the Ministry of Health in the prevention and treatment of persons addicted to alcohol, tobacco and drugs.
- R2. Improvement and updating of the care abilities of the Disability Unit of the Ministry of Health.
- R3. The Directorate General of Public Health Insurance has been strengthened in guiding the process of implementing the National Health System - SUS

Project 10869 - Programme of technical assistance to the Ministry of Health-Phase II, Euro 448,000.00, duration 2017 - ongoing.

Expected results:

- R1. A pilot programme was carried out to improve the early diagnosis and treatment of cervical cancer and to promote women's health rights.
- R2. Pilot experience for care for the therapeutic diagnosis of diabetes with emphasis on the prevention and the role of primary healthcare authorities
- R3. The National Programme of Non-communicable Diseases was strengthened

VI. CHAPTER 2: DESCRIPTIVE OVERVIEW AND CURRENT STATUS OF COOPERATION INITIATIVES EVALUATED

1. PROGRAMME 7240 – SUPPORT PROGRAMME FOR THE IMPLEMENTATION OF THE SOCIAL HEALTHCARE SYSTEM OF THE DEPARTMENT OF POTOSÌ – PHASE IV

INTRODUCTION

The project was initially conceived as a series of five components whose specific objectives and/or components – with their respective results – should be aimed at achieving the overall objective of increasing the efficiency, effectiveness and equity of the Social-Health System of the Department of Potosí. According to the evaluation carried out, its objective is not the one expected, and this is why this same objective is highly unlikely to be achieved.

The first four components define a series of objectives ranging from the management, quality of care and cultural suitability of health services up to first- and second-tier health services, strengthening health networks and connecting them to the relevant reference centre; all this supported by a change in the teaching curriculum of the Faculty of Health Sciences with regard to the degree of medicine and nursing with the goal of changing the paradigm of health care in a general context.

The last component is part of the general health criteria as a biological, psychological and social state. In this sense, the project seeks an appropriate introduction of “institutionalised” adolescents (i.e. who live within institutions) to life in the community. The objective is to ensure that institutionalised persons have a better forecast for their future after leaving the institution and, in general, their training is a way of achieving it. However, there is no evidence of the success of this action – since there is no follow-up of the adolescents

that have been deinstitutionalised (who began to live outside of institutions) – has been achieved. There were no statistics or information, only one anecdotal case, about the fates experienced by some of the SEDEGES adolescents. In this sense, it is not possible to deduce that the training alone – without support and advice, without help at an early stage, without follow-up – has been able to change the adolescents’ outlooks on life.

Due to the variety of objectives set, each project was characterized by a management method based on the individual institutional interests of each implementing body without the existence of inter-agency coordination (at least among the first four components) to achieve the objectives established. And, in this regard, the activities carried out did not respond to a management method based on a comprehensive structure as set out in the initial proposal. The implementation of the project required internal technical and financial changes and/or adjustments on several occasions, separately and at different times. This led to the lack of harmony in management among the acts responsible that did not allow for the common achievement of the expected results. Each body that was part of the project worked alone with neither coordination nor the intention of achieving one or a set of wholistic results. For the University, the priority is for this project to provide infrastructure, for Bracamonte Hospital, to supply equipment and for SEDEGES to provide equipment and training. There was no evidence found of coordination between Bracamonte Hospital and the University to improve the training process of the students, for example; no coordinated work was found between Bracamonte Hospital and SEDES to establish reference networks of an intercultural nature, no coordination work was found to adapt the university curriculum to the needs for job skills with an intercultural approach, whether at SEDES or at Bracamonte Hospital.

Lastly, for reasons of monitoring and overly, the Ministry of Finance has been involved, through the UCPP, with a role that has, so far, been limited to the economic-financial part, without any technical coordination with the bodies called upon to respond to these needs, taking on this function unable to rely on specific technical skills. The UCPP has not managed to persuade the project’s different project implementers/components to coordinate the programme-related aspects of their components in this regard, effectively achieving that each component behave as a separate project.

MANAGEMENT RESPONSABILITY
OVERVIEW

The body responsible for programme implementation is the UCPP. To define the strategic lines of this management, a Steering Committee (SC) was established as the main body for programme management and represented by the Ministry of Public Economy and Finance, the Ministry of Health, the implementing agencies of each component and MAECI-DGCS, as a technical consulting body.

The project, currently in Phase IV, should have lasted three years from the date it became effective (June 2011). During the implementation, three addenda were requested to extend the planned activities: the first for three years until June 2017; the second, until 31 December 2018; and the last, until June 2020. Given the project’s current situation – particularly with regard to Component 4 (Faculty of Health Sciences), a fourth extension is requested for the full delivery of the infrastructure and equipment envisaged for the aforementioned faculty.

TECHNICAL-FINANCIAL

Each institution was independently responsible for the technical and financial management of each of the components, ensuring the fulfilment of the expected results and the implementation of the relevant activities in order to achieve the component's results, even without being coordinated for the achievement of the project's common objective.

MANAGEMENT AND FINANCES

Through the Programme and Project Coordination Unit (UCPP) of the Ministry of Public Economy and Finance, which – after the receipt, review and approval of established reports – has taken charge of channelling the disbursements to each of the project's implementers. To this end, the AICS made three disbursements committed to the corresponding ministry for management through the UCPP totalling Euro 2,902,242.48. This is 82 per cent of the funds that have been transferred to counterparts, with the exception of a final outstanding disbursement to Component 4 (Faculty of Medical Sciences). It should be emphasised that each disbursement by AICS has been done after effecting a disbursement of at least 60 per cent of the previous disbursement. The remaining Euro 757,400.00 are divided into a fund of experts managed directly from Rome and a fund in Bolivia managed by AICS La Paz. This amount was disbursed for support activities, technical assistance and programme monitoring, under the direct management of the Italian government, through the Italian Embassy and its Cooperation Office in Bolivia.

INTERVENTION

- *Result 1: Improvement in the management and quality system of the services offered at Daniel Bracamonte Hospital, with increased user satisfaction and services that are appropriate to the department's socio-cultural context.*

The original project sets out six subcomponents, with a series of activities that should be achieved for the fulfilment of Result 1. The reports issued by the UCPP to the AICS mention a series of activity modifications, with due justification for some adjustments made, which – in some cases – do not respond to the intervention logic established within the corresponding framework.

- 1.1. The Hospital Governance subcomponent was modified by the elaboration of the Institutional Strategic Plan-PEI for the 2016-2020 five-year period, maintaining the activities established for the fulfilment of governance with the range of prior activities, although many of them lost their intrinsic value when the purpose of the subcomponent was changed (see original logical framework). It included the purchase of medical equipment that allowed for the strengthening of some health care units at Bracamonte Hospital.
- 1.2. Improved management and computer systems. The six previously established lines of work responded to two guidelines: the first was that it should create centres of responsibility, establish accounting systems and systems for performance analysis with key indicators. The second was that they should establish indicators for clinical effectiveness and management effectiveness, and user-satisfaction indicators.

The new actions replaced the first group, the adjustment of manuals, the creation of standards, on the matter of manual development, training in the financial administration system (SIAF) and the acquisition of equipment for the administrative sector, and the second replaced training on administrative issues, matters related to the rational use of medicines, human relations and organisational health.

It is clear that this subcomponent contains a breach of the substance of the subcomponent, since the criteria for quality, efficiency and effectiveness – as tools that would have allowed for an accurate evaluation of what was initially established – were lost.

1.3. Schemas and systems in support of access to active and appropriate treatments; this would enable the strengthening of actions such as the house with accommodation for the family members of rural patients, fundraising and an experimental programme of patients with psychotropic substance problems have been completely modified.

This subcomponent was fully reprogrammed for the purchase of equipment for several of the hospital's service with the aim of facilitating its re-accreditation process, though the justification was not well founded, nor was any alternative sought for giving continuity to the original proposal. The modification was completely redirected to the purchase of state-of-the-art equipment that has enabled users to have technologies for quality treatments.

1.4. Appropriate technical support, improved management ability, increased quality of service, that would strengthen the maintenance service at the internal level, with the ability to provide technical assistance to health networks at the departmental and institutional sustainability levels. The final two purposes of this subcomponent were modified, taking on technical assistance and sustainability as part of the institutional environment and allocating resources to it in the corresponding POAs. Even with these modifications regarding the purchase of tools, etc., it has not been shown that it provides the services for which it was created, because it has deficiencies in the resolution of internal maintenance problems due to the lack of

The modified activities were redirected to three lines of work: strengthening of the capacity for medical audits and quality management in in-hospital infections; training in Advanced Trauma Life Support (ATLS) in matters of medical emergencies. In both cases, these were aimed at physicians and at the creation of care protocols.

1.5. Intercultural office integrated into the departmental health system, with functions of training and promotion on issues of Interculturality applied to Bracamonte Hospital. Its original idea was to implement an office of intercultural care that would allow Bracamonte Hospital to take part in a process that provides care for patients based on traditional customs, in order to be a reference model in this matter, in addition to other support actions. Implementation would also have allowed for coordination with the other subcomponents of the project, such as care networks with and intercultural approach and the establishment of a structural change with the Faculty of Social Sciences with regard to the training of human resources with that approach.

This subcomponent was modified to provide support to the relaunch of the Willakuna Office that supports family members of rural patients which was – paradoxically – dropped from Subcomponent 1.3. In any case, this modification – which basically included actions related to reactivation, training in interculturality, information monitoring, marketing and promotion, – did not reach the proposed goals and, to date, this matter has not had the impact envisaged before the project began.

1.6. The hospital's ties with the Faculty of Health Sciences (FCS), strategically defined and implemented. When the implementation of the project began, the goal of having a common strategic plan was limited to the conclusion and delivery of the infrastructure of the FHS construction and, we imagine, also the equipment within a period not exceeding two years. In addition, and they assumed it would be done because the director of B.H. at that time and part of the doctors on staff (and possibly some nurses as well) were teachers at the FHS. Time has showed us that neither of these assertions was fulfilled. It is feasible to think that, to date, the formal document of both institutions has been drawn up and agreed, though perhaps not yet signed, between the parts.

- *Result 2: Structuring a network of health services in both urban and rural areas that can identify, adjust and satisfy health needs deemed to be of interest generated by the community concerned at a given historical time.*

The original project sets out four subcomponents, with a series of activities that should be achieved for the fulfilment of Result 1. The reports issued by the UCPP to the AICS mention a series of activity modifications, without due justification for some adjustments made, which – in most cases – do not respond to the intervention logic established within the corresponding framework. This component was specifically for strengthening health networks and ends up being a fund to finance proposals whose funding was not planned, and collateral programmes that are not functioning and are reactivated, none directly related to this matter.

- 2.1 While the appropriate subcomponent of appropriate knowledge of health needs, infrastructure and network management. While the proposal speaks of a network of services in urban and rural areas, what is proposed is research in the urban area only. Following the changes that have been made, this ends in the creation of the Municipal Health Plan for the city of Potosi in coordination with the Departmental SEDES, for which we have no evidence of its implementation. The other line mentioned carrying out research for improving network management, in addition to a diagnosis of infrastructure needs. However, it is modified by an action that, while important, is less relevant to the project: the hiring of a consultant to raise awareness of and implement the Departmental Strategic Health Plan (PEDS), previously developed with the IDB.
- 2.2 Appropriate and improved governance model and management (network governance). This subcomponent is the most important. The modifications set out in 2.1 significantly affected two highly relevant actions set out in the original project: the network governance model and its implementation in the department's urban and rural networks. While the PEDS is of high importance because of the breadth of its work, it would become less relevant when it is simply devoted to raising awareness of and implementing a cooked-up document, not to mention the practical implementation of the governance plan within networks, which was replaced by the creation of the Institutional Strategic Plan of SEDES Potosí, which should have allocated its own resources for this task. In short, the substance of the purpose of these two subcomponents has been undermined, and the justifications are inconsistent and unconvincing.
- 2.3 Health network that is properly equipped and activated. This subcomponent was inconsistent due to the establishment of actions that did not match its purpose. Furthermore, since the diagnosis of networks and everything concerning it had already been dismantled in the previous subcomponents, what remained was making consistent approaches, but they were not. Some comments: SEDES Potosí hired a consultant for

follow-up to the project, which was not planned, since this management body had the ability to do that job. Instead of establishing actions to strengthen the city of Potosí's network (consistent with the subcomponent as well), as the health management body, the Potosí MAG establishes miscellaneous actions to support collateral programmes (promotion of the rights of patients and their families, nutritional equipment) and to reactivate others (operation of telematic network, support for the San Roque Hospital's telephone switchboard). It implements the network of ambulances and assisted referral, whereas the process for implementing the Departmental Centre for Medical Urgencies and Emergencies (funded by the IDB, which included this activity) was already underway.

2.4 Interventions for the improvement of the technical and professional quality of the health network. These actions were limited to the diagnosis of health networks in regards to training needs established in 2.1, which was completely modified. The actions established to complement this subcomponent may respond to those needs or, perhaps not. Thus, however consistent they issues raised may be (e.g. handling and prevention of hospital-based infections, information analysis, ongoing improvement in second-tier service quality) do not respond to the project's original line.

- *Result 3: Improve the quality of health care and cultural adaptation of better health services through training, research and the creation of spaces for organisation between biomedicine and traditional medicine.*

R3 is a component and subcomponent in and of itself. It sets up ten activities and the most important ones for its implementation could be considered the systematization of experiences, the establishment of a research fund, an information system with quality indicators, inclusion of the issue of intercultural health in the reference and counter-reference. As in all the other subcomponents, this one has also had its corresponding modifications. Activities have been established that do not directly contribute to the approach of this subcomponent. However, a pilot work project has been proposed in two second-tier hospitals (San Roque Hospital (HSR) and San Cristóbal Hospital (HSC)) for actions related to providing culturally adapted services: the socio-cultural adaptation of medical centres and humanised childbirth; care protocols for pregnancy, birth, the postpartum period and the newborn; and the use of medicinal plants and the training of the corresponding staff. In addition, SRH establishes the inclusion of Willaq'una, as a support office for patients' families, with permanent staff, inclusion of rural areas and promotion of the aforementioned hospital, organised (theoretically) at Bracamonte Hospital. We do not have on-site verification of the implementation and actual impact of these actions.

Implementation of the reference and counter-reference tool for use between biomedicine and traditional medicine and the tool for the accreditation of the health centres as services in which actions are taken to coordinate biomedicine and traditional medicine, such as its certification.

- *Result 4: Modernise the Faculties of Health Sciences (Nursing-Medicine) of the Tomas Frías-Potosí Autonomous University, with a curriculum reform, teachers with updated skills and knowledge and the adaption of the infrastructure to the new study requirements.*

The original project sets out three subcomponents, with a series of activities that should be achieved for the fulfilment of Result 1. The reports issued by the UCPP to the AICS mention a series of activity modifications, without due justification for some adjustments made, which – in most cases – do not respond to the intervention logic established within the corresponding framework. This component was specifically for strengthening health networks and ends up being a fund to finance proposals whose funding was not planned, and collateral programmes that are not functioning and are reactivated, none directly related to this matter.

4.1 New infrastructure for the Faculty of Health Sciences built, with modern infrastructure suitable for the new needs. This subcomponent basically sets out two main actions: the construction of FHS and equipping it.

The process includes the design of the infrastructure, approval of technical drawings, public tenders for the works, contracting of the construction company and the company that will oversee the work, commencement of the works, inspection, partial delivery/inauguration of works, the equipping thereof, between the end and the inauguration. The work officially commenced in March 2015; inspection in February 2016, the formal inspection of the construction is commenced, in February 2020, the partial delivery of works was carried out. The works have been considerably delayed in the execution process. Equipping it was planned to take place in this management.

4.2 Roles, functions and relationships of the structures that make up the FHS

According to the reformulation of the subcomponent, the structure of the Institutional Strategic Development Plan should provide for: social and health inclusion in the framework of the Unified Health System (SUS), which provides for a comprehensive system of information on childhood and adolescence, the role of nursing in promoting health, the social determinants in adolescent pregnancy, an institutional partnership for the education on and prevention of common diseases, high altitude health, reference and counter-reference with an intercultural approach, interculturally appropriate mother and child care.

4.3 FHS training curricula that is intercultural and contextually tailored to local needs and able to include the contents of the various centres in which the FHS will be implemented.

The original working methodology was modified. It is summarised in the following steps for fulfilment:

- ✓ Self-evaluation and comparative evaluation of the degree programmes in medicine and nursing.
- ✓ 4-stage curriculum redesign: situational analysis, diagnostic assessment, evaluation of current curriculum evaluation, and market study.
- ✓ Approval of the curriculum redesign by the corresponding UATF authorities.
- ✓ Workshops for spreading awareness of the redesigned curriculum and its validation.
- ✓ Master in Public Health and intercultural adaptation of territorial health services.
- ✓ Implementation and application of the curriculum redesign.
- *Result 5: Structure and activate services for the prevention of child neglect and the social reintegration of at-risk children, and the development of consistent policies for children within the framework of the Convention on the Rights of the Child.*

The original project establishes three subcomponents, with a series of activities that should be achieved for the fulfilment of Result 1.

5.1 Integrated management model for the care centres implemented and with high rates of effectiveness and efficacy. This subcomponent includes activities already carried out previously by SEDEGES:

- ✓ Update of the plan for reorganising shelters
- ✓ Implementation of the model established for deinstitutionalising children and adolescents.
- ✓ Implementation of new projects such as returns to the family and temporary foster families.

With project resources:

- ✓ Professional training courses;
- ✓ Design and implementation of an incubator for social enterprises, self-employment and start-up companies.
- ✓ Strengthening of the 10th November Home as a Multipurpose Comprehensive Development Centre.

5.2 Appropriate and comprehensive policies for children at the departmental and national levels.

- ✓ Education and training of social operators involved in the deinstitutionalisation process.

5.3 Implementation of an system of information on children and adolescents. This was modified.

- ✓ Hiring of multidisciplinary team to make up the SIINA integrated system.
- ✓ Equipping of SIINA office
- ✓ Establishment of a monitoring network.
- ✓ Reengineering of the existing information model.
- ✓ Validation and presentation.
- ✓ Installation of the SIINA in subregional SEDEGES.
- ✓ Collection and analysis of the information.

THEORY OF CHANGE MATRIX

Project planning has not followed the “Theory of Change” methodology for structuring. At the time of the evaluation, this meant the need for “understanding” it in a suitable manner. The documentary analysis and the collection of information allowed us to create a “Theory of Change” matrix that outlines the project’s logic. Annex 4.

2. PROJECT 8759 – STRENGTHENING OF HEALTH SERVICES IN THE BOLIVIAN CHACO: A COMMUNITY PROPOSAL

INTRODUCTION

The specific objectives of this proposal are aimed at strengthening the abilities of the social and health services in three provinces of the Bolivian Chaco, with the ultimate goal being care related to health, diagnoses and environmental health services with a view to shared management.

The results are aimed at three lines of action: the first, to strengthen the staff of social health services in community medicine and healthcare, establishing mechanisms of continuing education. The second is aimed at the provision, adaptation and equipping of spaces for laboratories that will provide clinical and chemical-microbiological analyses, while the third is aimed at the implementation of health plans at the local level with community participation.

MANAGEMENT RESPONSIBILITY

TECHNICAL-FINANCIAL

The project was managed technically and financially by OXFAM Italy. The relationship has been directly with Italian Cooperation. According to available information, the project did not have the OXFAM staff in Bolivia as liaison, but rather the OXFAM Italy team. According to the indications received, the project management managers are no longer part of the institution, and the institution itself has not provided the necessary information about to whom they referred.

This proposal is co-financed and had a budget of €2,097,773.00, of which €1,049,058.00 comes from Italian Cooperation, €319,749.00 from OXFAM and €728,966.00 as a local contribution (monetised) from the Vicariate de Cuevo. The project was launched in May 2009 and ended in February 2013. During this time, it was extended three times during the execution period: from September to December 2010; from September to December 2011; and from January to February 2013.

MODALITY OF INTERVENTION

The proposal was set out in the National Health Sector Development Plan, Sectoral Development Plan 2010-2020 and the Five-Year Plan 2015-2020, whose components include extending coverage of services, management, mobilisation and social control, equity and protection for vulnerable groups, and health education for life, in addition to the strategic action that allows for the expansion of the problem-solving ability of specialised epidemiological, educational and management services.

The intervention framework was established on the basis of three main components: strengthening of laboratory and social work abilities in health; endow and provide spaces for the operation of clinical and microbiological analysis laboratories; and, lastly, community participation in the construction of local health plans.

The project was managed through an inter-agency team comprising an Executive Coordinator of the Project, the Vicariate de Cuevo, a representative of the Laboratory Directors and a Representative of the Guarani People's Assembly. This team met quarterly with the coordinator to evaluate the project's progress and to possibly reorient the general guidelines. It was based in the Camiri Health Network.

Outside of the technical and administrative duties assigned by the project, the Executive Coordinator (an expatriate official) represented the proponent organisation in the planning sites and had significant power in the decision-making and control over the project's progress. With a participatory approach, its main task was

that of facilitating and monitoring the implementation of actions and initiatives among the project implementers and the beneficiaries, acting as a mediator of any difference between the partners.

The central focus was that of community epidemiology, aimed at community participation and a greater presence of health workers in managing health problems so that, ultimately, the communities take ownership of the most appropriate tools for identifying and managing the health problems that each community considers important.

Emphasis was also placed on the cross-cutting gender approach, through participatory training methodologies aimed at developing the possibilities for women to access and take part to the fullest degree. During the training, there were childcare and self-help in food preparation services offered and the training was adjusted to the participants' periods of availability.

The project was supported by several expatriate professionals, mainly by an expert on strengthening organisations, by direct support for the executive coordination and the project management team, and by an expert on community epidemiology from the NGO CECOMET-Center for Community Epidemiology and Tropical Medicine of Ecuador.

There was at least one professional adviser from specialised institutions at Italian universities who provided, through remote support and mission travel, support on key issues inherent in the implementation of the project.

- Clinica Malattie Infettive, Università degli Studi di Firenze
- Istituto di Scienze Neurologiche, Università di Catania
- Istituto di Parassitologia-Università La Sapienza- Roma
- Laboratorio di Fisiologia e Biotecnologia dei Microrganismi, Dipart. di Biologia Molecolare, Università di Siena
- Dipartimento di Patologia Animale - Università degli Studi Pisa

IMPLEMENTATION OF ACTIONS FOR ACHIEVING RESULTS

- *Result 1: Professional up-to-date social health operators who are methodologically orientated to the principles of community medicine.*

Training actions for both laboratory technicians and laboratory assistants as well as for community social and health workers at the “Tekoe Katu” Chaco School of Health.

With the training of these operators, first-tier health care services have been strengthened, and the use of the community epidemiology methodology as a tool for the SAFCI has been validated. The training and community work were carried out by the NGO CECOMET of Ecuador thanks to the support of its experts on the subject. The goal of promoting access to services from a community perspective has been achieved. This was made possible through the training of promoters who are part of the same community and trained in specific topics.

- *Result 2. Health infrastructure and technical procedures for the provision of control, clinical microbiology and chemical-microbiological water control services.*

Actions primarily aimed at:

- The upgrading and equipping of laboratories for clinical and microbiological water analyses.
- Research on several issues of zoonotic disease.
- Monitoring of water quality in selected Guarani communities.

The strengthening of laboratories was greater, since – with support from CENETROP of Santa Cruz – it was possible to strengthen ten second-tier care laboratories in Santa Cruz, Tarija and Chuquisaca. There were also 13 first-tier care laboratories implemented between Santa Cruz and Tarija and 14 basic analysis laboratories. The SNIS supported the upgrade of a network computer system in the second-tier laboratories in Villamontes and Monteagudo.

With technical assistance from scientific institutions from the Universities of Florence and Siena, and the support of the laboratories in Villamontes, Camiri and Monteagudo, research was carried out on antibiotic resistance in livestock, which was published as a scientific article in an internationally circulated journal.

The water laboratory at the “Tekove Katu” Chaco School of Health carried out no less than 130 tests for water potability in Chaco communities, demonstrating that they are highly contaminated. The results were shared with the corresponding municipalities, but at the end of the project, there was no response with possible solutions. However, some affected communities unilaterally took some measures to solve this.

- *R3. Local health plans, with a community epidemiology approach, implemented in a participatory and operational manner in at least 20 Guarani communities.*

Main actions aimed at:

- Training of indigenous health promoters in community epidemiology.
- Implementation of community health diagnoses and the creation of local health plans.
- Community health plans were implemented in the communities planned.

THEORY OF CHANGE MATRIX

Project planning has not followed the “Theory of Change” methodology for structuring. At the time of the evaluation, this meant the need for “understanding” it in a suitable manner. The documentary analysis and the collection of information allowed us to create a “Theory of Change” matrix that outlines the project’s logic. Annex 4.

3. PROJECT 10665 – STRENGTHENING OF THE STRATEGIES FOR PREVENTION AND SPECIALISED DIAGNOSIS OF ONCOEMATOLOGICAL PATHOLOGIES

INTRODUCTION

It is a three-component proposal, which includes the strengthening of the Cell Biology Unit (UCB) of the Faculty of Medicine, the training of the human resources of the same unit and the implementation of a strategy for raising awareness about the diagnosis of leukemia. The project a continuation of the actions carried out without interruption by other Italian bodies and universities for over 20 years, and subsequently supported by AICS La Paz during the 2016/2017 two-year period.

While the project is part of the national health policies in this matter, the diagnostic and coverage management is autonomous, since it does not coordinate direct actions with the Ministry of Health or with institutions responsible for public and social health that can benefit from the products generated by the UCB of UMSA and possibly generate technical and financial synergies. It also has an internal network of treatment providers, a structure created over at least 10 years. The Biology Unit is the most important reference in the country in the diagnosis of leukaemia and, despite the improvement of institutional coordination, the UCB assumes that the State has no clear strategy on this matter.

MANAGEMENT RESPONSIBILITY

TECHNICAL-FINANCIAL

The programme is for direct programme implementation by the UCB of UMSA and has been responsible for the technical and financial management of each of the components individually, ensuring the fulfilment of the expected results and the implementation of the activities relevant for reaching the component's result. The part concerning the purchase of equipment has been managed exclusively by AICS La Paz.

The project provides for a total implementing budget of Euro 509,835.00, of which Euro 443,660.00 is for equipment; this is 87 per cent of the funds.

The project was launched in April 2016. Initially, the planned implementation period was 12 months, with a subsequent six-month extension, from 30 April to 30 October 2017, due to the purchase of equipment for the laboratory, which has been adjusted.

MODALITY OF INTERVENTION

The proposal is framed in the National Development Plan, Health Sector, which refers to the extension of service coverage, and the Sector Development Plan 2010-2020, which promotes universal access to the Unified System SAFCI.

The framework for intervention established by the project is quite simple and based on two main components: the first linked to the strengthening of the UCB laboratory of the Faculty of Medicine of the UMSA de La Paz, which involves the renovation of a batch of outdated equipment with replacement by another with cutting-edge technology, and the training/updating of biochemical and biotechnological staff so they can carry out early diagnoses of haematological diseases, which will make it possible to begin early treatment. The second component related to the implementation of a communication strategy that will make it possible to reach the public in general and those interested in the subject in particular so they can have information that allows them to make decisions.

The project has a total implementing budget of Euro 509,835.00, of which Euro 443,660.00 – as a contribution by AICS Bolivia – were allocated for equipping; this was 87 per cent of the funds.

IMPLEMENTATION OF ACTIONS FOR ACHIEVING RESULTS

- *R1: A strengthened Cell Biology Unit (CBU) at the Faculty of Medicine*

The most significant actions are as follows:

- The purchase and delivery of the equipment and the inauguration of the laboratory. The procurement process for the equipment requested was carried out in accordance with AICS's internal regulations, except for one delay due to changes in the purchase of some equipment, and so this activity was extended for a single time, from 30 April to 30 October 2017.
 - The internal plan for the preventive maintenance of specialised laboratory equipment was updated.
 - An intranet programme for data management was developed and implemented.
 - The laboratory was strengthened with the hiring of two quality professionals.
- *R2. HR training programme at the national level for the extension of coverage for the diagnosis of leukaemia implemented.*
- Preparation of guidelines for the timely diagnosis of oncohaematological diseases.
 - Training and updating of laboratory staff in the timely diagnosis of oncohaematological diseases in the country.
- *R3. Strategy for raising awareness in the population about the diagnosis of leukaemia implemented.*

Possibly the weak link in the project, because – while specific communication strategies for the diagnosis of oncohaematological diseases have been implemented – dissemination is less than sufficient, particularly in the general population. On the other hand, treating more sector-specific populations such as schools allows them to promote early diagnosis in children and adolescents and, consequently, the possibility of going to first-tier service for care and, from there, be referred to higher care levels that will allow them to get an early diagnosis and, consequently, treatment in time.

THEORY OF CHANGE MATRIX

Project planning has not followed the “Theory of Change” methodology for structuring. At the time of the evaluation, this meant the need for “understanding” it in a suitable manner. The documentary analysis and the collection of information allowed us to create a “Theory of Change” matrix that outlines the project’s logic. Annex 4.

4. PROJECT 10685 – STRENGTHENING OF THE EXERCISE OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN THE DEPARTMENTS OF LA PAZ, COCHABAMBA

INTRODUCTION

This proposal’s specific objectives are to strengthen the capacity of rights guarantors at the local level in implementing public policies, and the mechanisms for shared responsibility, participation, oversight and social control of civil society organisations. All this is for access to sexual and reproductive health services, the prevention of unplanned pregnancies, the guarantee of the rights of pregnant adolescents and/or victims of sexual violence and the promotion of sexual and reproductive rights.

The results are aimed at two “macro goals”. The first is to strengthen health services in terms of SRH care and the municipal authorities for better management, prioritising and including sexual and reproduction rights and the protection of the rights of adolescents in their policies in order to ensure access to justice and allow for the recovery and rehabilitation of teenaged victims of sexual violence. The second is to implement programmes

that prevent teenage pregnancy, promote responsible paternity and sexual and reproductive rights, and the prevention of sexual violence and promotion of violence-free relationships, with the participation of health services and civil society.

MANAGEMENT RESPONSIBILITY

TECHNICAL-FINANCIAL

The project was managed technically and financially by UNFPA, while AICS La Paz played the role of strategic In addition, it has the MAG of the cities where the project is implemented as a principal partner.

This is a co-financed proposal with a budget of € 600,000.00, of which €500,000.00 come from AICS and the remaining €100,000.00 are UNFPA's own funds.

Although the original proposal provided for a 12-month project duration, the financial plan submitted for implementation proposed 16 months, from January 2016 to April 2017. Subsequently, the project requested an extension of another two months, from April to June 2017.

MODALITY OF INTERVENTION

The proposal is part of the National Development Plan, Health Sector's components on extending coverage for services, management, mobilisation and social control and the reduction of violence, and the Sector Development Plan 2010-2020, equity and protection for vulnerable groups, fee-free nature of access to comprehensive health services, intersectorality and education in health for life.

The intervention framework is based on six main components: three of them on training for adolescent health care staff in SRH; for municipal officials in management and proposal of SRH policies for adolescents; and for representatives of institutions such as justice, education, child and adolescent ombudsmen and the Special Force to Combat Violence (FELCV) as guarantors of the rights of adolescents. Three other components of educational programmes for the promotion, prevention and dissemination of SRH and SRR, with participation from the adolescents themselves, their families, health services, media and civil society as a whole. This is done with strategies such as dialogue, advocacy and political impact; strengthening and building of abilities; strengthening of institutions and the creation and strengthening of inter-agency partnerships.

IMPLEMENTATION OF ACTIONS FOR ACHIEVING RESULTS

- *Result 1: Strengthening of the municipal management that prioritises sexual and reproductive rights, sexual and reproductive health and the prevention, care and punishment of sexual violence in adolescents.*
- Advocacy and political impact with Municipal Autonomous Governments for the institutionalization of the Municipal Youth Units, the inclusion of SRR, care in SRH and prevention of sexual violence in Municipal Charters (COM) and Development Plans (PDM).
- The formation of comprehensive care offices for students for guidance on matters of sexuality.

In lesser proportion the MAGs of Viacha, Punata and Cobija have included SRR, SRH and prevention of sexual violence in their COMs and PDMs and institutionalised the Municipal Youth Units, allocating the corresponding resources, except for La Paz, which did so only in the outlying district. A comprehensive care office for adolescents has been implemented in each of the municipalities.

- *R2. Health personnel with strengthened knowledge and first- and second-tier health services adapted to comprehensive and differentiated care in SRH for adolescents favour access to contraceptive methods.*
- The development of competences in first-tier health care for comprehensive and differentiated services for adolescents, with emphasis on guidance in SRH and delivery of contraceptive methods, allocating spaces and signage for these.
- Allocation of resources, acquisition and assurance of the availability of contraceptive inputs and access by adolescents, through regular, alternative or non-traditional delivery mechanisms.

While the project sought to reach the largest number of participating health services, in the three departments at least one of them has been fully operational and resources have been allocated for the purchase of contraceptives and their availability with regions own mechanisms. In Viacha, Cobija and La Paz, equipment for this kind of care has been provided to the Comprehensive Differential Care for Adolescents Centres (AIDA) and these have their own orientation spaces within educational and municipal spaces. A shortened procedure has been implemented for access to contraceptive methods by adolescents. This is included as a strategic line in the National Comprehensive Health Plan for Adolescent Health.

- *R3. Municipal authorities strengthened in the protection of the rights of adolescents, in order to ensure access to justice, recovery and rehabilitation of adolescent victims of sexual violence.*
- Development and updating of protocols, manuals and guidelines for caring for adolescents who are victims of sexual violence with an approach based on human rights and gender that is generational and intercultural.
- Capacity building for staff of the Office of the Ombudsman for Children and Adolescents, FELCV police officers, prosecutors and forensic doctors on current legislation on care for adolescents who are victims of sexual violence and for the improvement of administrative records for cases of sexual violence suffered by adolescents.

Various protocols related to this issue have been developed.

- *R4. Community programme for the prevention of teenage pregnancy, promotion of SRH and prevention of sexual violence implemented with the participation of health, education and justice staff, mothers and fathers of families, media and adolescent leaders.*
- Strengthening of the abilities of adolescent women for their empowerment, leadership and autonomous decision-making regarding their bodies and sexuality.
- Actions in education aimed at the capacity-building of male and female teachers in comprehensive sex education and the implementation of this programme in the education system.
- Capacity building on sexuality and the prevention of teenage pregnancy and sexual violence, aimed at mothers and fathers of families, journalists and media.
- Formation of community networks for the prevention of teenage pregnancy and sexual violence.

Women who have been empowered over their body and sexuality, called brigadiers. When the project has finished, they will replicate this inside their communities with the same purpose in each municipality with their own characteristics and work strategies. The work with male and female teachers in the various municipalities has not had the same impact. There was greater functionality in Viacha, with replication work inside its educational units. The same response was had regarding the participation of parents and mothers. The media participated in the training sessions, but without a noticeable impact on the project's actions.

- *R5. Implementation of a programme with adolescent males that promotes prevention in health, responsible fatherhood and violence-free relations based on respect and gender equity.*
- Consolidation of space for training and reflection on manhood with young adolescent men.
- Rehabilitation of adolescents in conflict with the law arising from violence against women.

Male adolescents have consolidated their training on the subject of manhood, and this has been replicated within their educational units and communities.

- *R6. Sexual and reproductive rights, including the prevention of unplanned pregnancies and freedom from sexual violence, are promoted through communication and ICTs.*
- Design and implementation of a communication strategy aimed at promoting SRR from an intersectoral and intercultural perspective.

THEORY OF CHANGE MATRIX

Project planning has not followed the “Theory of Change” methodology for structuring. At the time of the evaluation, this meant the need for “understanding” it in a suitable manner. The documentary analysis and the collection of information allowed us to create a “Theory of Change” matrix that outlines the project's logic. Annex 4.

5. PROJECT 10706 – PROGRAMME OF TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH – PHASE I

INTRODUCTION

This is a proposal whose objective is to build the capacities of the Ministry of Health (MS) for the implementation of the National Health System (SUS), assistance to persons with disabilities and those dependent on psychotropic substances. Its lines of work are three, summarised as: mental health unit and dependence of the MH, with abilities in the prevention and treatment of persons dependent on alcohol, tobacco and drugs; mental health unit with management and assistance abilities for people with disabilities; and Directorate General of Health Insurance with strengths in the management of its area.

The goals of the project are, firstly, aimed at the establishment of accreditation standards for addiction treatment centres, basic standards for the universal, selective and appropriate prevention of drug use and diagnostic guidelines for therapeutic care (PDTA); secondly, the creation of care protocols with a rehabilitation approach based on the community and the first tier of care and the updating of the system disability codification; thirdly, the establishment of mechanisms for payment to producers of health services.

MANAGEMENT RESPONSIBILITY

TECHNICAL-FINANCIAL

The project is technically co-administered by the Ministry of Health and the office of AICS in Bolivia.

The latter is responsible for the direct decentralised financial management.

Two lines of funding have been established. The first is called Local Fund (Fondo Local), for a total amount of €157,960.00. In turn, it has two segments of use: project management and operating costs management. There is a special fund for expatriate consultants, previously identified for technical assistance to the Ministry of Health, called the “expert fund” totaling €400,000.00.

The project began in November 2015. Although in the original proposal it was expected to be implemented within 12 months (2016), it was extended until December 2017, since some components had not been implemented during the first phase of the programme.

MODALITY OF INTERVENTION

The proposal is included in the National Development Plan, Health Sector, which refers to the extension of coverage of services, the right to the integration of persons with disabilities and the Sectoral Development Plan 2010-2020, equity and protection for vulnerable groups and the strengthening of the technical and financial abilities of human resources.

The intervention framework established by the project is based on three main components, all of which aim to strengthen different areas of the Ministry of Health: the abilities of the Mental Health Unit and Dependencies; the Disability Unit; and the Directorate General for Health Insurance.

The hiring of a local coordinator to manage the project technically and administratively in all its components as well as ensure organisation and communication in the Ministry of Health, the AICS in Bolivia and the expatriate experts was planned. The main objectives of the experts would be to support the HM in implementing tools for comprehensive and efficient healthcare and training in the management thereof; implementing standards and guidelines to would allow for better managing the areas to be strengthened with the project; and to support the establishment of a mechanism for sustainability of the results achieved. The areas initially planned were the rehabilitation of people with disabilities, substance dependence and the economy and the management of health care.

IMPLEMENTATION OF ACTIONS FOR ACHIEVING RESULTS

- *Result 1: Improve the ability of the area of mental health and dependence of the Ministry of Health in the prevention and treatment of persons dependent on alcohol, tobacco and drugs.*
- Development of standards for the accreditation of treatment centres for addictions and therapeutic communities.
- Development of guidelines for the prevention of universal, selective and appropriate drug use.
- Development of diagnostic guidelines for therapeutic care (PDTA) for patients with problematic consumption.

This is one of the areas where the planned goals have not been fully achieved. However, a series of documents have been generated that, while not yet official, have allowed for the establishment of the basis for the

implementation of the standards required for better management of this area. The following documents have been implemented: an introductory document for the construction of accreditation standards and indicators for rehabilitation centres and their critical routes; analytical sheets for the construction of accreditation standards; essential guidelines on the prevention of addictions; and a standard for the diagnosis, recovery and treatment of persons with dependence.

- *R2. Improve and update the assistance ability of the Unit for Disabled Persons of the Ministry of Health.*
- Development of care protocols in accordance with the community-based rehabilitation approach (RBC) for six types of disability (psychiatric and intellectual, motor, auditory, visual and multiple) at the first tier of care.
- Development of content for dissemination material for the promotion and prevention of the six disabilities.
- Update IT system for coding disabilities based on international standards.

The result of these interventions was the achievement of a situational diagnosis of the community-based rehabilitation strategies active in the country in the health component. This helped to implement one of the six protocols established for the result: the Psychomotor Disability Care Protocol and Strategies for the Dissemination of Community-based Rehabilitation by Disability Type.

It was not possible to work on updating the disability coding information system due to the tools for classifying the disability with the International Classification of Functioning, Disability and Health were still being developed. However, in place thereof and after authorisation by AICS, the system for the management of information for the rehabilitation services was implemented.

- *R3. Strengthen the Directorate General for Health Insurance in conducting the process for implementing the Unified Health System-SUS.*
- Mechanisms for payment to producers of health services under the National Health System (SUS).

The actions for achieving this result achieved the creation of two documents – which have not yet been put into effect – but that contribute to the management of payment of public health services. These documents are: Financing systems and modalities for payment of the first tier of care and hospital payment systems under Law 475/2014; an actuarial statistical analysis of alternatives to payment.

THEORY OF CHANGE MATRIX

Project planning has not followed the “Theory of Change” methodology for structuring. At the time of the evaluation, this meant the need for “understanding” it in a suitable manner. The documentary analysis and the collection of information allowed us to create a “Theory of Change” matrix that outlines the project’s logic. Annex 4.

6. PROJECT 10869 – PROGRAMME OF TECHICAL ASSISTANCE TO THE MINISTRY OF HEALTH – PHASE II

INTRODUCTION

The objective of this proposal is to strengthen the institutional capacity of the Ministry of Health in the field of non-communicable diseases (NCDs) in the framework of the implementation of the SUS. It has three components, summarised as: access to and coverage of early diagnosis and treatment of CC, cervical cancer; the prevention and diagnosis of diabetes at the first tier of care; and the strengthening of the National Programme for Non-communicable Diseases.

This initiative – particularly in the implementation of the pilot projects – has a high potential to generate a multiplying impact on services of the first tier of the health network, which could result in a change in the protocols for the promotion, detection, accurate diagnosis and early treatment CC on the one hand, and avoid arriving with appropriate prevention to avoid situations of obesity and, consequently, diabetes. This would allow for a consequent improvement in the management of the resources to be used and the increase of the benefits for the institution, health services and the population involved.

MANAGEMENT RESPONSIBILITY

TECHNICAL-FINANCIAL

The project is technically jointly administered by the Ministry of Health and the office of AICS in Bolivia. The latter body is responsible for the financial management of the funds allocated.

The operational implementation and organisation are managed through subrogation at the regional and municipal levels, depending on the place where the pilot experiences are carried out.

The project initially provided for a total implementation budget of Euro 700,000.00 and an estimated implementation period of 18 months, from 2018 to 2019. Subsequently, an addendum of Euro 240,931.85 was granted by the Experts Fund linked to this project. The project is still underway.

IMPLEMENTATION OF ACTIONS FOR ACHIEVING RESULTS

- *Result 1: A pilot programme was implemented to improve the early detection and treatment of cervical cancer and promote the health rights of women.*

The most significant actions were as follows:

- HPV test protocol and the administration of the HPV test.
- Provision of equipment for first- and second-tier health services and training of first-tier staff.
- Training of gynaecologists and researchers for the diagnosis and treatment of CC
- System of information, analysis and systematisation of clinical and epidemiologic data.
- Collection of qualitative and quantitative data on gender inequalities.
- Share data and results collected with the national institutions and national actors of the company.
- Definition of the communication strategy on the prevention, detection and treatment of CC.
- Training in the prevention of HPV and related issues in educational units in the intervention areas.

This subcomponent is still in the initial phase of implementation. So far, the teams have been working according to its technical parameters. The responsible staff know and manage them in a competent manner and the results obtained comply with the standards specified in the protocols. There are records of the tests carried out and corresponding follow-up is carried out (first tier of care). Many processes still do not work, just as the second-tier hospital as reference for these cases. Although it has groups of specialists, the coordination mechanisms with first-tier services are still limited, and the pertinent training has not been carried out. In fact, it is not clear whether there was coordination between Toro Toro and Acasio and Del Sur Hospital, considering the fact that neither the director of the Del Sur Hospital knew the references of Toro Toro and Acasio, nor was it known in these municipalities that they had to refer to this hospital. The survey revealed that when Del Sur Hospital realized that Toro Toro and Acasio owned the Gyne Expert, the director himself requested that they be removed from those municipalities and placed in his hospital for “better use”.

As for the information received from AICS La Paz, a verification in the field was not possible.

- *R2. A pilot experience for the therapeutic diagnosis of care for diabetes was implemented, with emphasis on the prevention and role of first-tier health establishments.*
 - Therapeutic diagnostic protocol developed and implemented.
 - Training of health personnel for the management of the therapeutic diagnostic protocol.
 - Supply of laboratory equipment and materials.

During the evaluation, the therapeutic protocol was drawn up and approved by the Ministry of Health and by representatives of the country's scientific associations specialising in nutrition and endocrinology. Despite this, this document has not been included in the current legislation or current policies related to the sector.

- *R3. Strengthening of the National Programme of Non-communicable Diseases*
 - Update of the strategic plan for the control of non-communicable diseases.
 - Reactivation of the National Cancer Registry

It is impossible to find out the implementation process of the expected result.

THEORY OF CHANGE MATRIX

Project planning has not followed the “Theory of Change” methodology for structuring. At the time of the evaluation, this meant the need for “understanding” it in a suitable manner. The documentary analysis and the collection of information allowed us to create a “Theory of Change” matrix that outlines the project’s logic. Annex 4.

VII. CHAPTER 3: DESCRIPTION OF THE EVALUATION PROCESS

1. USEFULNESS OF THE EVALUATION

The evaluation of the initiatives promoted and carried out by Italian Cooperation in Bolivia in the health sector arises from the opportunity to verify the impact of its intervention in this area, with the objective of improving the management of resources and the effectiveness of interventions in both Bolivia and in other regions of the world. Through this evaluation exercise, we want to highlight the good practices that have emerged in the country and to clarify why some of the initiatives have not achieved the expected results, especially in those cases – as we shall see – where the actual duration of the individual initiatives considered exceeded the expected duration.

By means of this assessment and the dissemination of its data, an indication will be given to Parliament regarding the use of the funds allocated for Public Development Assistance, and to the Italian public opinion about the validity of allocating available government resources to Cooperation. The results obtained and highlighted in this document, together with the lessons learned, will be shared with the main cooperation agencies and with partners, who will also be accountable to their Parliaments and their public opinions on how the resources allocated to them have been used. In this regard, the dissemination of this document will enable the promotion of “mutual responsibility” among partners in relation to their mutual commitments.

2. OBJECTIVES OF THE EVALUATION

As required in the Terms of Reference, the evaluation took into account the indicators contained in the logical framework of each project/programme and the relevance of the objectives of the projects/programmes to be evaluated, as well as their effectiveness, efficiency, impact and sustainability. In particular, since this is an impact assessment, it seeks to analyse the changes observed (planned and not) in the social, economic and environmental contexts, as well as other development indicators, highlighting and analysing how far these changes are attributable to the interventions. In this regard, the evaluation exercise analyses the extent to which Italian Cooperation has influenced national policies, strategies and programmes, contributing to the achievement of the aforementioned MDGs/SDGs.

In general, efforts have been made to evaluate how and to what extent each project has promoted greater social equity and justice and influenced the awareness of cross-cutting issues such as human rights, gender equality and the environment. The evaluation also seeks to determine whether the activities were carried out in coordination with other sectoral initiatives within the same country and to what extent this was done in accordance with the principle of complementarity.

3. METHODOLOGICAL APPROACHES AND PRINCIPLE

METHODOLOGY

The evaluation methodology has been based on the evaluation procedures recommended by the OECD/DAC with the logic of “joint evaluation”, seeking to comply with the quality standards for the evaluation of development – to the extent that the context of the COVID-19 pandemic has permitted. In addition the criteria corresponding to those established by the OECD/DAC, the evaluation criteria have included the criteria of ownership and visibility in order to obtain a more comprehensive overview of the projects evaluated and to

better understand them. The work line includes the “Theory of Change” analysis of each project, which – while not found in the projects – is an appropriate tool for understanding them.

EVALUATION PROCESS

The work of the evaluation team was carried out at three times: firstly, all of the initial documentary information provided by AICS Rome, AICS La Paz, OXFAM and UNFPA. The analysis of secondary data for an appropriate approach to the contextual, programmatic and operational reality of the programmes and projects, and also made it possible to conduct a comparative analysis of the projects and to include the considerations of their respective contexts. Once the documentary review was completed, some additional documents were requested from those executing them in order to be able to fully understand the programmes and projects dynamics.

The project review allowed for the preparation of the structured interview guidelines that would subsequently be implemented in the field phase.

The second time was the review of all the projects with the AICS team, where the main counterpart was Mr Ricardo Royder. This process was carried out through a series of structured interviews that, by guiding the discussion, allowed reading an appropriate order and the necessary consistency when investigating with regard to the matters contained in the indicators evaluated. The openness, transparency and fluidity of communication established by AICS La Paz is remarkable, and this allowed for a series of in-depth reflection and analysis on the situation of both the projects carried out and the projects still underway.

The third time was the field work, where attempts were made to visit each of the projects and conduct structured interviews with the actors of each one. At this stage, interviews were carried out with the implementers and beneficiaries of the “Programme of technical assistance to the Ministry of Health Phase I” and “Phase II” projects in the municipalities of Cochabamba, Toro Toro and Acasio, where the receptiveness and openness by the implementers in organising the interviews, of vital importance for carrying out the approved evaluation methods, for the “Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia Project” – this process was assisted by Dr Ricardo Amaru and his team – and the “Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz and Cochabamba” implemented by UNFPA, in which the counterpart actively participated.

In the latter case, it is important to mention that there were also two office days in UNFPA’s offices, where the entire project implementation team took part, since the institution is continuing this project with other funding sources.

The outbreak of the COVID-19 pandemic caused the health authorities to impose a quarantine that temporarily paralysed the work. After the approval of the contracting authority for the remainder of the interviews via remote, the Delphi methodology and focus groups were included along with the structured interviews; this change in the methodology allowed the work carried out through remote communication platforms to quite effectively replace what would have been desirable, which was field visits.

The projects where this methodology was carried out were the “Support programme for the implementation of the social-healthcare system of the department of Potosí – Phase IV” AID7240 and the “Project for strengthening of health services in the Bolivian Chaco: a community proposal” AID10665.

4. EVALUATION CRITERIA AND EVALUATION QUESTIONS

The evaluation exercise takes into account eight main criteria to which we have decided to add the criterion of ownership.

Relevance	It allows for evaluating whether the programme or project should have been carried out or not; whether it responds to the specific needs of the target community, whether it responds to the needs of public policy for the sector in the country (i.e. whether it is aligned with the country's strategies) and whether it follows management procedures and is administered by local project managers and sectoral programmes in the country (if harmonised).
Effectiveness	This is the measurement related to the scope of the objectives proposed, achievement of the objectives, achieving the results expected, etc. In this regard, it is very important to ensure that what is in the operational plans has been properly achieved.
Efficiency	This is the analysis of the use of resources that has been optimal for achieving the results expected, indicating how the entries have become results.
Impact	This measure is the impact of the programme on the target population, intentional and non-intention; it sometimes also measures the effects of the programme or project on populations that are not the target. This indicator is very important, since it allows consideration of the actual effects of the project or programme, including beyond what is envisaged in its objectives and goals. This is because it is possible to obtain impacts other than those planned in the project.
Sustainability	It evaluates the quality of the elements of impact sustained over time and verifies that the results are maintained by the responsible bodies even after the end of the project/programme, having been effectively absorbed by the relevant entities so that they remain operational over time.
Coherence	Consistency considers the alignment of the intervention with the interventions of other actors in the same context. This includes complementarity, harmonisation and coordination with others and the degree to which the intervention adds value by avoiding duplication of efforts.
Added value of Italian Cooperation	It evaluates the value added arising from the interventions of the cooperation programmes Cooperation compared to what could have been the scenario achieved by the country benefitting, without these interventions. Evaluate what has been the action of Cooperation Italian and how it has provided added value to national policies, strategies and programmes.
Visibility of Italian Cooperation	It evaluates the degree to which Italian Cooperation has been visible to the main parties concerned, and how public institutions, citizens, media, other donors and civil society found out about it. Evaluate the degree to which the beneficiary has met the requirements for

	visibility in the implementation of each programme. It analyses of the appropriateness of the communication and visibility budget. Visibility is considered as a whole, i.e. when the funder is visible, the initiative reaches the appropriate level of visibility vis-à-vis the direct beneficiaries and civil society.
Ownership	The concept of “ownership” is one of the fundamental principles of international cooperation for the implementation of the 2005 Paris Declaration, which defines the leadership that member countries should exercise over their own policies and strategies of development, and their role in the coordination, actions and promotion of participation by civil society, parliaments and local governments in the process.

Based on these criteria, a series of evaluation questions are processed and are included in ***Annex 3 - List of Structured Questions***.

5. TOOL AND SOURCES

The tools and sources used for each project are highlighted below:

Project 7240	<p>Chosen Methodology:</p> <ul style="list-style-type: none"> - For the field phase, a methodology based on structured interviews, direct observation and the collection of administrative statistical information was used. - A “quick assessment” has been prepared. It is aimed at validating the probable improvements in the quality of services at Bracamonte Hospital and the first-tier care centres that have been accredited under the project. This method was chosen because it allows for a clear definition of the perceptions of non-strategic actors in the implementation of the project. Because it is more direct, it allows for defining respect for evaluation parameters and allows direct contact with users. In the case of the quick evaluations, it was considered necessary to aim at objectively establishing changes in the quality of the services at Bracamonte Hospital through an appropriate technical tool. <p>Tools and sources for data collection:</p> <ul style="list-style-type: none"> - Selection of data collection tools and collection sources: guidelines for structured interviews; Detection of quality of service using LQAS sampling (batch sampling) that allows for reaching certain decision criteria.
Project 8759	<p>Chosen Methodology:</p> <ul style="list-style-type: none"> - The work was carried out on the basis of a scheme of structured interviews carried out for the Vicariate of Cuevo and for the leaders of SEDES of Santa Cruz and Chuquisaca at the level of Camiri and Monteagudo. - Work has been done on identifying processes for accessing improved diagnoses through laboratory tests. - The structured interviews were carried out in the laboratories identified. These interviews were based on specific parameters developed according to the evaluation indicators. <p>Tools and sources for data collection:</p>

	<ul style="list-style-type: none"> - The tools used were: guidelines for structured interviews (several schemes); laboratory checklist; quick quality evaluation survey with LQAS sampling - The sources of information were the Vicariate of Cuevo, the offices of SEDES in Camiri and Monteagudo and the health centres where the laboratories are located.
Project 10665	<p>Chosen Methodology:</p> <ul style="list-style-type: none"> - Survey of administrative statistics to evaluate progress in coverage of leukemia diagnosis, especially in children. diagnosis of leukaemia, especially in children. - Structured interviews with project operators to identify the scope of the project and its merits. - On-site verification of the operation of the equipment provided. <p>These methodological mechanisms have been established because it is necessary to validate the existence and operation of the equipment, to understand the theory of design change and to measure its progress quantitatively.</p> <p>Tools and sources for data collection: guidelines for structured interviews; procedure for comparing statistics using rates of service growth. The sources of information collection are concentrated at Higher University of San Andrés.</p>
Project 10685	<p>Chosen Methodology:</p> <ul style="list-style-type: none"> - The work was carried out with structured interviews at the level of the various project operational actors, at the level of municipalities, young people, the education system and the health system. - The participation of young people at different levels was promoted. <p>Tools and sources for data collection:</p> <p>Structured interview guidelines were used to apply at different levels. This means not only a different approach to the problem based on the level at which it is working, but also different relationship techniques. For example, a description of a hypothetical situation or a comparison with the hypotheses with young people.</p>
Project 10706	<p>Chosen Methodology:</p> <ul style="list-style-type: none"> - Structured interviews with key staff within the Ministry, both in its strategic area and in its operational area. - Systematic review of technical assistance documents. <p>Tools and sources of data collection: guidelines for structured interviews; guidelines for document review</p>
Project 10869	<p>Chosen Methodology:</p> <ul style="list-style-type: none"> - Structured interviews with key staff within the Ministry, both in its strategic area and in its operational area. - Systematic review of technical assistance documents.

6. OBSTACLES AND DIFFICULTIES

The implementation of evaluation activities for projects supported by Italian Cooperation faced four main difficulties:

Turnover of ministerial staff.

In some cases, as we will be state in greater detail, the evaluation was characterised by the difficulty of receiving first-hand information directly from the people involved in managing the activities carried out over the years. This is primarily due to the large turnover of staff within the institutions resulting in the loss of knowledge of activities within the institutions themselves, and, as we shall see, of their ownership.

Change of government

In October 2019, the presidential elections held in Bolivia were challenged by political candidates and civil society. This situation caused a massive social mobilisation that ended with the resignation and exile of then-President Evo Morales. The drastic institutional change and the uncertainty arising from the emerging situation have caused a serious situation of instability in the country characterised by the interruption of activities in the cities, road blockades, transport difficulties and a situation of strong contingency, resulting in the limited mobility of the evaluation team. In addition, the change of government and the replacement of authorities led to the loss of institutional memory and difficulties in tracking down the information necessary to understand the projects.

Healthcare crisis

The precipitation of the situation in the country due to the health crisis has prevented any type of movement in the country. In this regard, the quarantine decreed in Bolivia in response to the COVID-19 pandemic was one of the most significant difficulties for the collection of information and the carrying out of evaluation activities. This resulted, firstly, in a temporary suspension of evaluation activities and, subsequently, the need to use remote work platforms and alternative methodologies.

Institutional scandals

Complaints and corruption scandals affected the Ministry of Health during the evaluation period. In April and May 2020, The Minister of Health himself was arrested, with a subsequent with a change of staff in Bolivian institutions. As a result, there have been a number of difficulties in having adequate access to information. This situation has particularly influenced the team's ability to access information related to projects aimed at institutional strengthening. Beyond the problems that the political situation and the health situation have generated, there have been no serious difficulties: the operational and project decision-making counterparts have been available and have significantly contributed to the implementation of the evaluation process.

VIII. CHAPTER 4: ANALYSIS OF INITIATIVES BASED ON EVALUATION CRITERIA

The results of the documentary and field analyses carried out in the projects selected were evaluated in the light of the OECD/DAC criteria to which others were added. As results of this process, we reached the following conclusions:

RELEVANCE

Relevance of the activities as a whole

The projects respond to the initiatives and requests of the institutions and authorities approved by the Ministry of Health, which means that Italian Cooperation effectively responds to what the Bolivian government expresses as necessary.

However, there is no proper process to identify the needs of the projects overall, which ends up generating problems of relevance and consistency.

The most successful projects among those evaluated are those where at least an adequate knowledge of the specific needs to be met can be demonstrated.

Relevance of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosí – Phase IV, Euro 3,659,642.48

There was no evidence of the existence of a formal diagnosis or investigation of needs in the case of Project AID 7240, although an application for funding was found in the documentation analysed that does take it into account.

The lack of a needs analysis and a formal diagnosis investigation does not allow us to properly establish the relevance of the project.

However, the project is very important for the participating institutions, as they have stated:

- a) In the case of Bracamonte Hospital, regardless of the importance of management documents, the project is seen as an initiative that focuses primarily on the provision of equipment, which is definitely a very relevant element for carrying out the hospital's activities and for achieving its institutional and service objectives.
- b) In the case of Tomás Frías University, the project refers to the resolution of the difficulties encountered in infrastructure and equipment. The teaching abilities of the medical school and, in particular, of the nursing school are limited due to the precariousness of the existing infrastructure and the insufficiency of its equipment.
- c) As for SEDEGES, the project initially included four training courses (bakery, textiles, gastronomy and electrician). At the time of the evaluation, only the textile and gastronomy courses were in existence, given that – according to the statements received – there are too few students to justify

carrying out the four courses, Consequently, the activities related to the most important professions requested by the young people at the shelter were chosen.

d) The component carried out by SEDES and the Municipality has not been created a vision

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

The importance of early cancer diagnosis is a line of action generally adopted by all the institutions dealing with the matter. This requires updated protocols, appropriate equipment and competent human resources.

The project clearly addresses the three aspects mentioned above and its proposed approach puts them at the core.

In addition, the objective of the o is the early detection of the oncohaematological problem; therefore, it is important to develop communication strategies that allow both doctors and the patients themselves to identify the factors that cause the problem and warns of its appearance.

Both the project structure and its components respond to specific needs and are relevant.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

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Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

Teenage pregnancy is a very serious problem at the national level, because it is the main cause of maternal mortality, of unsafe abortion, of maternal isolation, of poverty and of child neglect. The behaviours associated with the patriarchal models of the concept of society and of people lead to both the criminalisation of the pregnant adolescent as well as her being conditioned to submit to sexual sexual relations with her partner, regardless of whether she wishes to or not.

In addition, there are violent male behaviours – such as abuse and rape and incestuous relationships with fathers, brothers or close relatives – that are not reported or expressed at the family level.

The approach to addressing this problem at the peri-urban level and in intermediate cities is a need that emerges from health statistics, statistics of ombudsmen for adolescents and children, and from gynaecology-obstetrics services.

The plan is clearly relevant.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

The project aims to achieve a series of unrelated objectives: on the one hand, to strengthen the Disability Unit and to strengthen the Ministry's ability to care for people with mental health problems and drug addicts and, lastly, to strengthen Unified Health Insurance (SUS).

There is no evidence of an institutional analysis that highlights the need to strengthen the Ministry in the areas involved and, without a doubt, the political emergency seems to have incorporated the SUS question into the project.

The project does not seem pertinent, since it cannot exactly define the needs it intends to meet.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

The project has different and unrelated objectives: to establish an early diagnosis of cervical cancer at the first tier of resolution; to detect diabetes problems in the at-risk population; to detect overweight at the school level; and to strengthen the institution of the Non-communicable Diseases Unit.

There is no evidence of an appropriate institutional diagnosis for the project, although cervical cancer is the main cause of maternal death, diabetes is a widespread disease that generates stress on health services and childhood obesity is a problem whose detection has been tested for some years.

In the case of the institutional strengthening of the Non-communicable Diseases Unit, there is no evidence of an appropriate institutional diagnosis.

However, the project is relevant when it comes to specific problems.

EFFECTIVENESS

Effectiveness of the activities as a whole

An adequate level of implementation of activities and actions can be found in most projects. These actions carried out by the implementing bodies have been successfully completed. What is less common is for these activities and tasks to be useful in achieving the objectives.

In most of the projects, the follow-up carried out ensured the fulfilment of the actions and activities, not necessarily the achievement of the objectives.

Effectiveness of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

On the one hand, the project objectives that have been formulated have not been fully achieved overall. In addition, the objectives of each implementing body have been achieved: its own agenda, its own intention (this is why we consider it a programme that includes several projects). In fact, the “real” objectives of the organisations involved have been achieved:

- a) Bracamonte Hospital has met the need for the surgical equipment it needed.
- b) Tomás Frías University is finalising the new infrastructure that allows it to significantly improve the teaching process for its students by bringing them to the hospital.
- c) SEDEGES conducts seminars that allow it to implement a series of strategies aimed at improving thereintegration of its institutionalised adolescents and – it is hoped – to sell training services in the future.

The intercultural reference objectives have been abandoned.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

It was possible to demonstrate through interviews with the project beneficiary operators that the laboratory diagnostic abilities significantly improved with the project, significantly reducing the waiting times of the results for patients and obtaining a 100% response. It should be considered that, before the project, there were tests whose results never arrived.

It has also been verified that the staff training processes have been carried out and are reaching the local population, and even the population of other areas of Chaco (Paraguay and Argentina) and other areas of the country (in particular the rural area of Santa Cruz de la Sierra). This made it possible – despite the recurring turnover of staff in the local health system that is subject to the winds of change – train each new element while the staff in the services are maintained in a reasonable manner.

As for the intervention within the Guaraní population, the activities were carried out properly, at least within the project horizon, although problems of the continuity of human resources arose. Despite the difficulty of this type of effort, it has been found that the results of the initiative are very satisfactory.

The project did actually achieve the objectives that had been set.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The objectives of improving the laboratory and for providing it with the space and conditions for training students and professionals were optimally achieved. The existence of a network of doctors who send their patients' studies to the laboratory causes the service to be provided in a reasonable and continuous manner.

The difficulties of integrating the University as an actor in the health services system make it difficult for the laboratory to achieve higher service objectives and to develop an appropriate strategy for raising awareness and socialising that reaches the population, especially for those who are vulnerable.

Consequently, the project's effectiveness is limited by the factors detected, although the services provided are available to the population.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

The results of the project have been adequately achieved, the services have been formed, youth leaders have been trained, the youth homes exist, the health services – at least one per locality – are friendly to the young people or have a specific office with staff for them.

The leaders know their responsibilities and are empowered, and they have carried out communication tasks in a very interesting way, using mass media.

However, attention is drawn by the fact that the young people trained and empowered have been simultaneously established in the policy management tables of the municipal governments with a clear political tendency.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

As a result of the project, there are a number of documents of great interest that have not been officially assumed by the Ministry of Health, have not been implemented and have not generated real changes in the Ministry's way of operating.

There is no doubt that these document will, at some time, be useful and could contribute to the implementation of actions for better management in the areas of mental health, drug addiction and disability, which are issues that should necessarily be regulated and addressed in public policies by the Ministry of Health. For now, most of the materials produced are pending resolution.

The project failed to develop the Ministry's ability in the corresponding areas.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

There is no evidence in the project of the implementation of components arising from the "pilot project" related to the detection of cervical cancer. The rural results in the pilot cities of Toro Toro and Acasio are impressive. The teams managed to identify cases of cervical cancer in a timely manner, campaigns were carried out, ongoing awareness-raising processes were carried out and staff were involved.

The results of the survey in the first instance are visible at the rural level, but not at Del Sur Hospital level, which should have been the reference hospital. It is observed that the hospital did not care for patients from rural areas and – what is more – it did not create contacts with rural health centres from which reports must necessarily receive. Instead, what happened was that patients with positive cases of cervical cancer were forced to go to Viedma Hospital or Llallagua Hospital.

The visit to Del Sur Hospital, carried out prior to the outbreak of the pandemic and, in this regard, before all of the activities were devoted to the treatment of COVID 19, confirmed the situation. During the visit, it was noted, on the one hand, that the equipment and the corresponding material for operating had been delivered and installed and, on the other hand, that the equipment delivered is not operational and it is not being used.

In fact, it was revealed that the gynaecology room remains closed and there are no protocols planned for its use.

EFFICIENCY

Efficiency of the activities as a whole

Projects that have been carried out by institutions specialising in managing programmes/projects, etc. in a decentralised manner have shown greater efficiency in the use of the resources made available. In fact, in the case of the municipalities of Toro and Acasio, or of OXFAM and the Vicariate of Cuevo and of development agencies such as UNFPA, there was better management in terms of efficiency compared to central institutions such as the Ministry of Health, the University or SEDES, for which, moreover, the scope of the project seemed less relevant than the portfolios of their operations.

Efficiency of each activity

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

The simultaneous participation of large public bodies (UCPP and University, or UCPP and Bracamonte Hospital, UCPP and SEDEGES) meant that the management of resources had to be done using multiple complex administrative systems. The use of an external implementation unit (e.g. AICS La Paz) would have solved the problem.

The duplication resulted in huge losses of terms of implementation, delays in disbursements, the management of the documents necessary for carrying out the processes, etc.

There is no evidence that the UCPP has actually added any value to the project.

As for the use of resources, both Bracamonte Hospital and SEDEGES have made significant progress in this area, achieving significant results despite the delays due to the inconsistency and the intervention of the project.

The University is completing the infrastructure project to which the equipment– which depends on the last payment – will have to be added. In other words, the construction is in its final phase, but it is still necessary to acquire furniture, laboratory equipment, manikins etc. that are part of the application for specific equipment for the last stage.

They have had countless problems in achieving their goals due to difficulties in the project management and internal problems, due to which the authorities at the Faculty of Medicine have blocked the project's progress in an attempt to remove the Faculty of Nursing from the infrastructure being created. Apparently, these problems are adequately resolved.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

The resources were efficiently managed to obtain the expected results.

The inclusion of resources in a project that is part of a broader strategy is often the best guarantee of efficiency. The resources have been appropriately used to achieve the expected results in a timely manner, with all the adjustment actions that may have been necessary, taking into account the objectives.

The time elapsed has caused the loss of part of the “institutional memory”, but the line of work initiated by the project is still present and in effective implementation.

The resources appear to be used efficiently for obtaining results.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The project is an integral part of the research and training activities carried out by the University and, in this regard, its operation is appropriately controlled by the administrative bodies of the University itself. Based on its formulation, it is clear that this initiative complements the University’s other efforts in support of the same objectives.

Resource management is also supported by the participation of the laboratory’s management and, consequently, it is timely and efficient.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

Support with human resources, equipment and supplies and support for concrete actions through the implementation of guidelines and procedures carried out in the project has allowed for the launch of services aimed at adolescents and the construction of a network of leaders who are trained and qualified adolescents, able to implement horizontal information processes among peers and to direct any peers who request it to the services at their disposal.

Support for these very same services was also significant, with support staff who advise adolescents in special offices or consultation facilities for adolescents, and support for the creation of spaces for young people where they can independently carry out activities and access support services without social control.

The project managed its resources efficiently.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

Turning a project into a set of activities means that the investment is not really related to the objectives set. The project became a list of activities to be budgeted; more time was devoted to administrative activities that were less relevant. Although some relevant documents have been approved by the Ministry of Health, their approval – if not converted into a standard or sectoral policy – is merely administrative activity (documents approved as “well done” that ensure that the payment of the consultancy is lost in practical terms).

The resources were spent on the project’s activities, but were not aimed at achieving the project’s objectives

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

The separation of the project into unrelated activities has prevented the evaluation of the efficiency in the management of the investment. Despite this situation, there has been evidence of the “pilot project” for the early diagnosis of cervical cancer, which has shown a good level of implementation.

With the exception of the aforementioned “pilot project”, little can be said about the efficiency of the entire project, although it is part of a project still in progress and, therefore, with options for improvement. In fact, the “pilot project” is highlighted as an example of the management of the activities planned in a timely and appropriate manner.

IMPACT

Impact of the activities as a whole

In general, projects do not have objective means to verify their impact and, since there is no prior analysis or adequate identification of needs, it is very difficult to follow the premise of comparing the “situation without the project” with the “situation with the project”.

It can be said that projects that had an impact on the population were those on Chaco, the pilot project in Toro Toro and Acasio, and UNFPA, where they worked directly with the population on specific services and processes. It can also be said about the components related to the supply of equipment to Bracamonte Hospital, the SEDEGES of Potosi and UMSA’s oncohaematology laboratory, and even about the infrastructure of Tomás Frías University. However, this cannot be said about the projects for institutional strengthening by the central government.

Impact of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

Service statistics and follow-up reports of the different subcomponents have been requested in order to measure the impact of Project AID 7240.

For the case of the subcomponent of equipping Bracamonte Hospital, the administration notes that hospital statistics have improved significantly, although it has not been able to present any evidence thereof. The reference to the impact also includes the fact that Bracamonte Hospital would likely have ceased referring surgical patients to Sucre and La Paz and would likely to be able to solve complex surgical pathology.

The lack of statistical information on this matter and the impossibility of visiting the Hospital and interviewing users, given the health emergency, does not allow us to have an independent view of this matter.

As for care with criteria of interculturality, the same Hospital team have admitted that this has been practically abandoned, given that it is a reference hospital, and that the medical staff have not incorporated such criteria into the care protocols and that follow-up of the corresponding office has even been suspended.

For the case of the subcomponent corresponding to the University, the infrastructure is still in its final phase and it has not been completed, much less equipped, hence its impact cannot be established.

As for the change expected in the university curriculum to include interculturality, it is clear that these are holistic changes that correspond to Mercosur's accreditation needs, but not to intercultural criteria. In fact, the accreditation for Mercosur does not include interculturality in any way. For this reason, it can be said that it has not been carried out in a consistent and responsible manner, that there are no changes in the professional profiles that include a real ability to work on the processes of knowledge exchange because the matter of "medical anthropology" in medicine and in Quechua – in addition to the public health work in the field of nursing – does not mean that cross-cutting work has been done as a skill.

With regard to SEDEGES, numerous seminars were organised and adolescents were trained in some job skills, particularly gastronomy and clothing, and they even included adolescents from other institutions (SOS Children's Villages) to improve their integration ability. However, since there is no follow-up, there is no support strategy in the reintegration process and the future of "de-institutionalised adolescents" is unknown, it is not possible to establish that a significant impact has been achieved.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

Currently, Chaco has second-tier health laboratories carrying out some studies that also correspond to the third tier of care within the National Health System. This places Chaco as one of the provincial areas at the forefront at the national level in terms of diagnostic capacity. The project also prioritised clinical and medical practice in the region, allowing for a significant improvement in the health system's response ability.

The human resources training school has been consolidated, support has been obtained from university centres and a large amount of human resources in the health sector have already been locally trained. The training centre also receives students from other districts.

The intervention in Guarani populations continues to encounter problems due to geographical, economic and cultural barriers. The continuity of staff is limited, including the ability to support them. This means that progress in improving the health of the Guarani population remains limited. However, this difficulty is recognised and efforts continue to be made to achieve better results.

The project had a very significant impact on the health system's response ability at the regional level and, consequently, on the health of the community, although with limitations in the Guarani population.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The project benefits patients who have access to a doctor who is part of the network of doctors who administer the laboratory. These doctors are found in public hospitals, private centres, clinics and social security hospitals. This means that a large part of the public, of all social strata, can adequately access laboratory services.

However, access to the laboratory depends on the doctor who is treating the patient and whether they are associated with the network of doctors who administer the laboratory.

There has not been no possibility of early diagnosis of oncohaematological problems because there is no adequate strategy for awareness-raising and socialisation, and because there are implicit restrictions, since the University is not a direct actor in the health system.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

There is no impact test since there are no mechanisms for measuring it. The project did not include objectively verifiable indicators and the information available is scarce in this regard.

Although it is a sensitive and difficult issue to measure, testimonial interviews with young leaders allow us to find examples of the project's impact at the anecdotal level.

However, it is clear that, in these types of projects, the impact occurs over the long term and that it is necessary to persevere in the theory of change they reflect until the modification of deeply rooted social behaviours occurs.

Despite not having direct evidence of the impact, it is clear that there are changes in attitude among young people and in health care staff, although there is still a long way to go with parents and teachers.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

It was not possible to identify any impact from the project on the abilities of the Ministry of Health.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

The project has no impact evaluation tools and there are no follow-up of patients diagnosed with cervical cancer. The results of their treatment are better known in the form of anecdotes.

However, it is expected that the pilot project will have an interesting impact on its area of intervention and will result in an experience that is replicable at the national level.

SUSTAINABILITY

Sustainability of the activities as a whole

Institutional strengthening projects are much less sustainable than others, while projects involving services are more sustainable. Projects implemented at the ministerial level are less sustainable, while those implemented by autonomous entities (University, Vicariate of Cuevo, Municipalities, etc.) are more sustainable.

Sustainability is also strongly correlated with ownership.

Sustainability of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

The three subcomponent implementing institutions have budgets that depend on their annual operational plans and institutional strategic plans that are duly registered in government budgets in the cases of Bracamonte Hospital, SEDEGES and University of Bolivia. While these budgets may be reduced or, occasionally, become insufficient, they do allow for carrying out the main activities of the institutions and, therefore, the correct use of the equipment provided in Bracamonte Hospital, the infrastructure of Tomás Frías University and SEDEGES is sustainable.

The mechanisms for maintaining these investments are precarious, but “normal” under the conditions in which their activities are carried out, and their institutional and organisational structure allows us to predict that it is reasonable.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

It has been demonstrated that, several years after the completion of the project, the laboratories continue to operate, maintaining their equipment and provide services. It has been demonstrated that human resources continue to be trained and that the process has been certified over time. The intervention in Guaraní populations has not been highlighted due to the current health emergency.

As a result, the project has been sustainable and has continued to function.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The University’s budget includes the operation of the laboratory, payment of its staff and the acquisition of most of the reagents (the remainder is paid for with its own funds). In addition, the University took responsibility for the maintenance of the equipment.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

The project’s sustainability is based on two different aspects. On the one hand, UNFPA manages the resources of other donors in order to continue working with the project’s methodology and scope and, on the other, “Youth Homes” gained space to help municipalities understand how to manage the problem addressed in the project.

Political changes can be a problem in maintaining the results achieved, which should be evaluated after the municipal elections, since the project faces the challenge of surviving a political change.

It should be understood that maintaining the UNFPA effort with resources from other sources cannot be done indefinitely.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

The project does not show the possibility of maintaining the results over time. In fact, it appears to have been practically abandoned, in the sense that the authorities consulted and their technicians do not know of the existence of this intervention. The delivery of documents takes time and it has not been possible to translate

them into rules or policies so far. The decision-making authorities – we are not referring to lower-level authorities – know nothing of the projects and activities carried out and do not make the matter visible.

While the documentation of the work and the studies carried out do exist and are available, there is no operational strategy that allows us to anticipate that these initiatives can positively affect the promotion of public policies in the areas considered.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

In the case of the “pilot project”, the municipalities in which the intervention was carried out have expressed their desire to maintain the equipment and to acquire the corresponding reagents, since for them the “pilot project” is a support project that meets a specific need and that also creates the request for a more permanent service.

The other actions do not indicate the possibility of maintaining the results over time. In fact, it appears to have been practically abandoned, in the sense that the authorities consulted and their technicians do not know of the existence of this intervention. The delivery of documents takes time and it has not been possible to translate them into rules or policies so far. The decision-making authorities – we are not referring to lower-level authorities – know nothing of the projects and activities carried out and do not make the matter visible.

COHERENCE

Coherence of the activities as a whole

It is worth mentioning that the programmes and projects implemented by other international cooperation agencies, in addition to those of international NGOs and joint investment and co-financing efforts between the plurinational state of Bolivia and the aforementioned agencies are part of the state’s political constitution of the state and are in the national sectoral policies established by the Ministry of Health.

The initiatives promoted by Italian Cooperation show consistency with other initiatives carried out by other cooperation agencies or non-governmental institutions that align with the National Development Plan, the Health Sector and the Sectoral Development Plan 2010-2020, regarding Pillar 1 on universal access to SAFCI. In some circumstances, these initiatives have demonstrated complementarity and comprehensiveness among themselves, carrying out the implementation of specific sectoral areas, such as in the case of the “Strengthening of the exercise of the rights to sexual and reproductive health in adolescents, departments of Pando, La Paz and Cochabamba” – a project administered by UNPFA – which received subsequent funding from other donors to carry out the activities promoted by the programme or the project on the “Improvement of specialised strategies for the prevention and diagnosis of oncohaematológicas diseases in Bolivia”, which obtained funding from JICA to consolidate the process of strengthening the response to the problem of oncohaematological diseases in the country.

Coherence of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

The Japanese International Cooperation Agency, JICA, through its PROFORSA programme – whose objective is to improve the abilities of the maternal and child health system – cooperated between 2013 and 2017, strengthening two health networks (Tupiza and Uyuni) and 11 municipalities, focusing on the reduction of health risks for pregnant women and children under the age of five.

Belgian Technical Cooperation cooperated on the Integrated Health System for Chayanta Province, whose objective was to organise a comprehensive health system in its four municipalities that is accessible to the population through a primary health approach that promotes elements of family medicine, community participation and nutrition. Work was done from 2012 to 2017.

The IDB funded the implementation of the Medical Urgencies and Emergencies Regulatory Centre-CRUEM, whose objective is to provide pre-hospital care, initially in selected networks, all of them equipped with modern communication systems.

The NGO ALDEAS SOS Bolivia, whose objective is to work with at-risk children and adolescents, is carrying out activities in the city of Potosi by providing shelter and care for more than 905 children and adolescents, preventing them from being neglected and restoring their right to live in a family, in villages of their main activity, carrying out of national campaigns, forums, awareness-raising workshops of Law 0097/2017 on the comprehensive protection of children and adolescents in the Department of Postosí, in partnership with the municipal autonomous government

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

The PAHO/WHO have been implementing the “Towards Universal Health for the population of the Great South American Chaco 2019” (Argentina, Bolivia, Brazil and Paraguay) project, with the objective of advancing in access to universal health in order to reduce maternal, neonatal and child morbidity and mortality, with social empowerment, an approach that is intercultural and based on gender and rights, prioritising 400,000 inhabitants, 30 per cent of them indigenous people.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

With co-financing from the Plurinational State of Bolivia, the Government of the Department of La Paz, and the Japanese International Cooperation Agency (JICA), the Oncohaematological Block of the paediatric Dr Ovidio Aliaga Uria Children’s Hospital, and infrastructure that will optimize the comprehensive treatment of the child with haematological cancer. The Bolivian investment was 27,000,000 Bs. (€3,375,000) and, by JICA, 12,000,000 Bs. (€1,500,000).

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

KOICA and UNICEF Bolivia sign an agreement to strengthen adolescents’ access to education and health services, particularly for adolescent women for integrated health and education services, especially from the

indigenous communities of the municipalities of Cobija, Puerto Villarroel and Chimoré. This is part of the Country Programme 2018-2022 that UNICEF signed with the Plurinational State of Bolivia.

The Spanish NGO Solidaridad Internacional has worked with the Defence and support for young women and adolescents in El Alto and Chulumani in the recognition, exercise and dissemination of their sexual and reproductive rights programme.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

The PAHO/WHO provides ongoing technical assistance to the Ministry of Health and its National Programme for Prevention and Treatment of Addictions; in it, it has implemented a series of mental health tools in primary care, including the WHO mhGAP Intervention Guide for mental, neurological and substance use disorders and the use of substances for non-specialist health settings.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

Together, PAHO/WHO and UNFPA provide ongoing and continuous technical assistance regarding the issue of the human papillomavirus -HPV in the framework of the early detection of cervical cancer (CC).

ADDED VALUE

Added value of the activities as a whole

Projects promoted by Italian Cooperation that created news and a significant added value are those that supported activities directly related to services. The goal of the service projects was to solve very specific problems by trying out new and very interesting responses. These are clearly projects that have also had the best results, that have achieved a greater likely impact and that have contributed the most to their communities.

Added value of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

The Potosi project ended up being broken down by components, and its added value should therefore be identified on a case-by-case basis.

As for the “cross-cutting nature” and “interculturality” of the intervention, it was not possible to note any contributions generated by the project that could be considered as an added value.

As for the component managed by the University, the added value can be found in the efforts by its Faculty of Nursing made to improve the training of nurses; unfortunately, this was not supported by the Faculty of Medicine. The infrastructure, which is its main component, is a project that does not provide new aspects worthy of mention.

As for the component administered by the Hospital, the effort was concentrated on the surgical equipment, which gave it ability in the field. While this is very important and it helps Bracamonte Hospital to have better problem-solving abilities, it does not provide any other special aspects.

SEDEGES has a very traditional strategy for the social reintegration of adolescents who leave their institution and the project has contributed to its implementation, but even when choosing the areas of training, the arguments from similar efforts in the 1980s are repeated.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

The project implemented by OXFAM in Chaco includes a holistic view of services, providing them with diagnostic abilities and integrating the education and training of local human resources for health services and for promoting health in Guaraní communities.

The project has significant differences with other projects for the implementation and improvement of services, since it allows for the provision of laboratory abilities in small localities, reducing or eliminating the need for referral of studies of this nature to distant urban centres.

The education and training of local human resources not only creates a “critical mass” of human resources, but also promotes their stability, recognition and permanence in the area, even if they have ceased working in the public sector.

Health promoters of Guaraní origin respect the principle that “there is no better technical assistance than that in which those helping cannot be told apart from those receiving help”.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The project is essentially an effort to equip and rebuild the university laboratory. This laboratory has a strategy of professional networks that refer to the studies of its patients and to which these studies are contraindicated. This is the most innovative – at least for the country – aspect of the work carried out in the UMSA laboratory. However, this specificity was not implemented by the project, but only supported.

The communication strategy could have added a greater value to the project, but it was not implemented with the logic required by an awareness-raising strategy.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

The UNFPA project includes many new and valuable elements. Among the main ones is the participation of young people as the main actors in the defence and promotion of their rights, the use of strategies for “horizontal consulting” (for peers), for information and awareness, the use of mass media by young people. The media have debated sensitive issues and have even attempted, albeit less successfully, to incorporate parents and teachers.

The establishment of special services (of both advice and health) for young people was an idea that emerged a long time ago but not implemented very often, and that is seen to work in this project.

This is a reproductive health project that differs significantly from those carrying out awareness-raising campaigns and only provide contraceptive methods.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

The project focused on consultancy studies, each very interesting, although none of them able to promote significant changes in the ministry's activities.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

The pilot project of the municipalities of Toro and Acasio provides diagnostic abilities for health services in rural areas as well as advanced equipment. This type of intervention is innovative, since it gives priority to care centres in small cities, improves the ability to solve local problem, reduces the response times for laboratory consultations, allows for early diagnosis and the implementation of campaigns for detecting cervical cancer and timeliness in the referral.

The pilot project is an innovation that has been shown to be effective and to have a high probability of impact from the beginning.

VISIBILITY

Visibility of the activities as a whole

In general, the projects were responsible for the visibility of support by Italian Cooperation.

Visibility of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

The staff of Bracamonte Hospital recognise the support of Italian Cooperation not only in the project being evaluated, but they also assume that the support of the Italian State was of vital importance from the construction of the Hospital to the equipment and technical assistance.

As for Tomás Frías University, the construction of the new infrastructure generates many expectations for both students and for teachers, administrative and management staff. For this reason, the significant contribution of Italian Cooperation in the creation of the appropriate conditions for the medical and nursing degrees to receive the corresponding accreditations and re-accreditations.

Bracamonte Hospital, Tomás Frías University and SEDEGES have a profound approach towards the beneficiary population in their activities, making it extremely useful for showing the added value of the Italian Cooperation aid.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

The Apostolic Vicariate of Cuevo, as a direct implementer of the project, highlighted the support of Italian Cooperation. In the municipalities where the intervention took place, the laboratory staff is grateful for the support to the first-tier laboratory system.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The close relationship of the Oncohaematological Pathology Laboratory with the Claudio Belli Foundation, Juan XXIII Hospital and Italian Cooperation makes the long-lasting recognition of the support and added value of the funder possible. It is also clear that the entire team gives visibility to the Italian Cooperation Agency.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

The visibility of the funding was ensured by the United Nations Population Fund on the basis of its manual on visibility manual and the project's communication strategy. Similarly, both the implementing institutions and actors, as well as the municipalities and, in general, the beneficiaries of the project, appreciated the participation of Italian Cooperation as a starting point for the inclusion of young people as social actors in the municipalities where the intervention took place.

However, the visibility of the implementer (UNFPA) is much more important in the case of this project.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

It was possible to highlight the visibility of the Italian Development Cooperation Agency in all the documents and in all the reports of technical advice and technical assistance done under the project.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

As part of its activities, the project managed to equip Del Sur Hospital in the city of Cochabamba, where it has been demonstrated that the spaces and equipment give visibility to Italian Cooperation. Officials, directors and the health department of the municipal government appreciate its support.

In the municipalities of Toro and Acasio, the civil society that participated in the interviews appreciated the contribution of the team donated by the Italian State and both the final beneficiaries and the implementing bodies committed themselves to the correct use and maintenance of the equipment.

OWNERSHIP

Ownership of the activities as a whole

The correlation between ownership and sustainability, between ownership and effectiveness and between ownership and impact is very significant. There has been a greater degree of ownership by the institutions responsible and by beneficiaries in projects that have been implemented by third parts such as OXFAM or UNPFA, or directly coordinated by AICS La Bolivia. By contrast, initiatives implemented directly by the Ministry – or by the SEDES in the case of Potosí – not have reached an adequate level of ownership, especially at the institutional level.

Ownership of each initiative

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

The organisations that implement the subcomponents took appropriate ownership of them. This is a guarantee that the investments made with resources from Italian Cooperation will be used for purposes related to the beneficiary institutions, not necessarily with the specific objectives of the projects.

The investment in Tomás Frías University is understood as necessary and indispensable for the implementation of the Faculties of Medicine and Nursing. Much of the delays and problems in the implementation of the subcomponent were caused by internal disputes between the Faculty of Medicine, which attempted to take ownership of the infrastructure, and the Faculty of Nursing. The request for “dividing” the infrastructures into two – in which the project architects did not take part – has this origin.

The main problems and, in particular, much of the delay in the implementation of the project, are caused by the UCPP, an entity that makes hinders the processes by duplicating the management of resources.

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16.

The laboratories in the region have established a joint work network, with horizontal training meetings and mutual support efforts. The hospitals use their laboratories to the limit of their abilities and strive to maintain and improve their human resources.

The population uses regional laboratories – no longer those in departmental capitals, except as a reference – because the laboratories respond to the needs in an effective and efficient manner.

The health services hire staff trained in the region; these members have certification recognised by the health system.

The Guarani people train and refer to local and community leaders (to a large extent) when the services are provided locally.

Consequently, both the operators and the population carried out the project themselves.

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

The University built its own laboratory, which in fact existed prior to the implementation of the project, and continues to provide services beyond its planning horizon.

The project manager is highly committed to its management and is the promoter of the activities of this laboratory, which began with unofficial cooperation from Italy.

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

The ownership by the municipal governments of projects for young people is more linked to the perspective of the formation of political cadres than the problem of sexual and reproductive health, and the sexual rights of adolescents and young people.

The risk of this type of ownership is that political changes can cause the project to be abandoned project and that the young people supported by project resources become political cells of a given party, losing the political neutrality of Italian Cooperation.

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

In the case of Project AID 10706, it is not possible to demonstrate that the Ministry of Health has taken it over. In addition, given the on-site validation of the actions and results obtained, the ministry officials took a week to try to find out what the project was about.

There is no evidence that the Ministry has actually given any importance to the implementation of the project, which seems to have been an initiative of one or a group of officials who have been replaced or have lost the ability to influence or act on public policies.

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II, Euro 448,000.00.

It has only been possible to find ownership of the project at the local level in rural areas, where the municipalities, health centres and community authorities are firmly committed to the project.

At the level of Del Sur Hospital, a lack of interest in it has been identified and the abandoned equipment seems to not be in service. The training equipment has no procedures for ethical conduct and does not seem to be used.

The other project components are virtually unknown to the ministry's authorities.

IX. CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

1. GENERAL CONCLUSIONS

Italian Cooperation has helped the Bolivian government and the institutions that work in the country in the health sector through six projects that show significant differences among themselves.

The main aspects worthy of consideration in the projects supported by Italian Cooperation are as follows:

<i>Management</i>	The responsibility for the management of the projects has been different depending on the case. In one project, its administration has been carried out by AICS La Paz, which has acted as an implementing unit (direct administration); in another case, an external management unit has been established for the implementers, and it has taken over the project administration and, in the remaining ones, it has been the organisations or bodies that have directly managed the resources in a kind of “budgetary support” scheme.
<i>Planning</i>	While there is no evidence in any of the projects that these might have originated in a specific baseline – an identification study that could lay out the line of work in each project – several

	<p>of the projects showed a clear understanding of reality. Some, however, were born of demands without an adequate basis of sustenance.</p> <p>Part of the projects have been previously implemented as a set of tasks or activities that, as projects, were aimed at achieving objectives. In these cases, accountability by activity has replaced a holistic vision and – of course – as a result thereof, the search for objectives.</p>
<i>Monitoring and Control</i>	<p>Part of the projects have been previously implemented as a set of tasks or activities that, as projects, were aimed at achieving objectives. In these cases, accountability by activity has replaced a holistic vision and – of course – as a result thereof, the search for objectives.</p> <p>In this sense, project management has focused more on the implementation of activities than on achieving the objectives, untying the former from the latter. Consequently, it was not possible to make changes along the way to the activities capable of leading to an improvement in the overall result.</p>
<i>Measurement of the effects</i>	<p>The lack of an identification of appropriate needs expressed earlier, suffered from by some projects is associated with the lack of impact measurement mechanisms. No efforts have been made to measure – either quantitative or qualitatively – the effect of interventions on the reality that it was intended to change.</p> <p>Both in the projects of “strengthening” and – most notably – in the “pilot project”, there is no “working hypothesis” to test, so that it is very difficult to measure the effects of the intervention.</p>
<i>Risks found at the context level</i>	<p>The projects have faced a series of risks in the milieu that have been damaging to their proper accomplishment. The main risks identified are as follows:</p> <ul style="list-style-type: none"> - Instability of the officials of their counterparts. The counterparts have been, in many of the cases, unable to provide stability in the official of the counterpart that would allow for consistent and sustained work on the projects. The recurring and frequent changes by the authorities and technicians responsible for the projects have resulted in a lack of understanding of the work to be carried out by the counterparts, which have changed their focus over and over and – above all – have dramatically delayed the implementation of the actions planned. - Complexity of the bodies in which the intervention was carried out. The complexity of some bodies in which the intervention has been carried has been very serious in view of the size of the projects. The dimension of a Ministry of Health, or a Departmental Health Service causes the project to get “lost” in the immensity of the institution’s activities and progressively loses relevance until it ends up deferred. The projects for institutional strengthening are those that have faced the greatest problems of this nature. - Multiplicity of actors. Projects with multiple actors have had difficulties in being carried out due to problems of coordination among themselves, or due to conflicts among them. The case of the infrastructure project at the University of Potosi is the most concrete

example of this problem. For a long period of time, the Faculty of Medicine filled the project with obstacles due to the intention that all of the new infrastructure should go to that faculty and not to the Faculty of Nursing. The coordination between the SEDES of Potosí and the municipalities has not been adequate.

2. SPECIFIC CONCLUSIONS

As a result of the independent evaluation of the projects supported by Italian Cooperation, the independent external evaluation team concludes as follows:

1	That Italian Cooperation in Health in Bolivia does not have a specific approach to intervention that could be expressed in a kind of Programme for the Country in which the priorities for cooperation are properly established. This deficiency causes support to be given to different interventions on demand by the national counterpart in an uncritical manner.
2	That, in most cases, the projects supported by Italian Cooperation can be considered relevant and will meet the real and perceived needs of the population.
3	That projects developed with the support of Italian Cooperation do not have an adequate formulation process. Although this could mean an additional cost to projects, it would allow them to reach greater levels of consistency and have better forecasts regarding achieving their objectives.
4	There are no adequate procedures for project management – neither at AICS Bolivia nor required by counterparts – that allow for follow-up of goal-orientated projects. This way, the implementation of activities is monitored without necessarily considering whether they reach the objective or not.
5	In general, the activities and tasks committed to are carried out in a reasonable manner.
6	The organisations with which AICS has collaborated for project implementation (OXFAM and UNFPA) have implemented the projects properly.
7	That it is necessary to include “exit strategies” in projects to ensure their sustainability.
8	That projects require the incorporation of objective means of verification that aim at verifying the achievement of objectives, not only at complying with activities.
9	That institutional strengthening processes should be implemented with a “working hypothesis” that allows for follow-up over a given time frame and for measuring the scope of the objectives.

3. GOOD PRACTICES AND LESSONS LEARNED

LESSONS LEARNED ABOUT MANAGEMENT AND MODALITY OF FUNDING

Below are some elements related to the different funding schemes promoted by Italian Cooperation in Bolivia:

<i>Project Dimension</i>	There is a close relationship between the scale (project size) and the size and type of organisation that carries out it. Small or medium projects are implemented by entities of smaller size, where these find relevance and priority and receive, accordingly, the attention that is required to achieve objectives.
<i>Funding mechanisms</i>	The budget support mechanisms did not produce results. The handing over of the management to bodies such as the ONGs (OXFAM), the Development Agency (UNPFA) or the direct implementation by AICS Bolivia has provided better results, difference in the scheme based on the transfer of resources to public bodies of greater size. This is due to the fact that for these latter, the budget received was definitely of less size than their own budgets, which they usually administer. In addition, the larger institutions have displayed gaps and difficulties in the management of funds and in the stability / continuity of their staff.
<i>Decentralised management</i>	Projects implemented by bodies that are close to the beneficiaries, such as municipal health centres (in the case of Toro and Acasio), NGOs (in the case of the Vicariate of Cuevo and OXFAM) or agencies that promote development working in the field (in the case of UNFPA) have better possibilities of implementing successful projects than public policy bodies.
<i>Political impact</i>	The pilot projects generate demonstrative experiences that can be seen and evaluated in order to produce changes in public policies. It is not sufficient to indicate that an intervention should be carried out and how, but rather it is important to show concrete examples in the specific area about how an initiative should work. The example Direct or indirect management of Toro Toro and Acasio should serve in this regard to be able to promote a process of this type in respect of the early diagnosis in the country's rural areas. This example, as a recommended practice, should be visible and replicated.
<i>Direct or indirect management</i>	Though the cost of allocating management to third parties, such as NGOs or development agencies, may seem high due to the fact it also includes the overheads of these institutions, ultimately, it is less than the cost of ineffective management that increases the time of the project's implementation and the need for economic resources for additional efforts.

LESSONS LEARNED ABOUT COLLABORATION WITH COUNTERPARTS

Below are some elements related to the collaboration with different types of counterparts:

<i>NGOs and agencies that promote development</i>	Non-governmental organisations and development agencies (OXFAM and Vicariate of Cuevo, and UNFPA, respectively), have shown that they have greater experience in the management of specific projects and that they are more efficient and effective.
<i>Local public bodies</i>	The public bodies closest to the final beneficiaries have shown a very high level of ownership of projects, although they have greater difficulty in managing them.

<i>Regional public bodies</i>	Regional public bodies have shown difficulties of an institutional nature and administrative nature for properly implementing their projects.
<i>National public bodies</i>	National public bodies have shown that they do are not willing, organized or even interested in properly managing projects.

LESSONS LEARNED ABOUT USER'S PARTICIPATION

The effects of the population's participation in projects are described below, as well as the importance for beneficiaries to have a role to play.

<i>Participation of end beneficiaries</i>	<p>The true structure of a service is measured by the beneficiary's experience. In the projects supported by Italian Cooperation, the example of the participation of the end beneficiary is the project implemented by UNFPA, where young people become actors in the project process. This project has resulted in being that with the greatest ownership, and one of the most with the best chances of impact</p> <p>The active participation of the beneficiaries is a very desirable condition to seek in the design of projects.</p>
<i>Participation of implementing bodies</i>	Participation of The Health Centres and the Municipalities of Toro Toro and Acasio, the health services and the Vicariate of Cuevo in Chaco, and the University's laboratory, show that, when the implementers of projects take ownership of them, their chances of impact and of effectiveness increase. Ownership of the project by the implementing bodies is a very desirable condition to be sought in the design and operation of projects.

LESSONS LEARNED ABOUT PROJECT FORMULATION

Below we discuss the feasibility of working with projects with many or few components and the feasibility of including several actors to conclude what type of structure a project should have

<i>Projects with a single component</i>	It is desirable to have projects with a single component, these are easy to implement and its activities, results and even impact are easy to measure. One component, one objective.
<i>Projects with multiple components</i>	<p>Multicomponent projects allow for the implementation of holistic concepts. It is very important for these to have clear objectives and a single final or highest objective.</p> <p>Projects with many objectives that are not associated with each other have very few probabilities of impact and effectiveness.</p>
<i>Projects with a single implementer</i>	A single implementer maintains a homogeneous line of work, has a single objective at the institutional level. This allows for consistency in the implementation of the project and improves the chances of achieving better results.
<i>Projects with multiple implementers</i>	It is necessary to ensure that implementers do not have opposing or diverse agendas, including if there are various implementers in a single institution, such as in the example of the UMTF. Multiple implementers can attempt to benefit their own interest at the

	expense of others and damage the chances of the project's success. With implementing units that are external, such as those suggested, the chances of success increase.
<i>Multiple implementers with one public implementation unit</i>	Experience has shown that public implementing units generate conflicts of management with the "multiple subimplementers". The example of the UCCC, which ended up impeding the implementation of the Potosi project is a concrete example, where the UCCP, rather than being the solution to the management of the project, becomes a problem.

LESSONS LEARNED ABOUT PROJECT MANAGEMENT AND MONITORING

Below are some points regarding project planning, project management, how to commence, control and follow them up, in an attempt to reach a conclusion on what works best in the project management framework.

<i>Planning and design</i>	<p>The first measure to be taken is the creation of a basic line, an identification study or diagnosis that specifies the needs.</p> <p>The second measure is the development of a "Theory of Change" matrix that allows for clearly showing how each action contributes to the result and how each result brings something to the project as a whole. This tool does not replace the logical framework.</p> <p>The third is the establishment of objective verification measures that will determine the "rules of the game" regarding the measurement of results.</p>
<i>Management unit</i>	A determination should be made regarding the management unit that will take charge of the project; this can be the implementers if they comply with the conditions of experience and the ability to management, besides being a single implementer. It can also be the AICS La Paz itself or an NGO or an enterprise that will outsource the service.
<i>Oversight process</i>	It is essential that measures should be established to control the implementation of activities and their budgets, but associated with the achievement of objectives, i.e. the measurement of the results in the field. Associated with this, the "block" or milestone oversight system is an alternative to be considered when it comes to infrastructure projects.
<i>Coordination mechanisms</i>	In all cases, a coordination mechanism is necessary.
<i>Multiple implementers with one public implementation unit</i>	Experience has shown that public implementing units generate conflicts of management with the "multiple subimplementers". The example of the UCCC, which ended up impeding the implementation of the Potosi project is a concrete example, where the UCCP, rather than being the solution to the management of the project, becomes a problem.

4. GOOD PRACTICES AND LESSONS LEARNED ABOUT EACH PROJECT

Based on the analysis of the problems and the strengths of the projects evaluated, it is possible to learn a number of lessons related to the specificity of each initiative.

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV, Euro 3,659,642.48

- The project has such diverse components that it is not possible to consider it a single project, nor even a programme. **The components of a project should make up a unit that allows meeting the project's objectives.**
- The implementers of the project components are diverse and do not have a real organisation among themselves, so project management is very difficult. **The implementers of a project – when there are more than one – should have similar missions and objectives, if the intention is for the implementation to run smoothly.**
- The decision to place a management unit over institutions that have their own management units (the UCPP) to manage the project has duplicated these functions and has resulted in obstruction, difficulties in coordination, transaction costs and unnecessary delays. **When making the decision to use a Project Implementation UNIT (UEF), first considered should be given to whether it does not duplicate functions that the implementing bodies should perform anyway.**
- The institutions included in the project have different missions and different objectives among themselves, and the objectives that are aimed at bringing the project together have been established by force. **The lack of a true diagnosis of needs has resulted in this distortion. An appropriate preliminary identification study is necessary in order to implement projects that meet real needs.**
- Projects do not have measurement and evaluation mechanisms (which are called objectively verifiable means OVM) especially for the impact they produce or will produce.
- **The formulation of objective means of verification in project planning allows for the proper measurement of their impact.**
- The formulation and implementation of projects should be aimed at achieving objectives rather than only carrying out tasks or activities. **The modifications in project result 2 have included a number of activities that do not necessarily contribute to the impact of the project.**

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal, Euro 4,738,787.16

- The experience of the Vicariate of Cuevo as a contributor to the health system, and which has been institutionally involved in health projects for a long time, ensures that its knowledge of local needs is first-hand. **Projects that are implemented by operators that have already been on the ground for a long time have a high probability of meeting real needs and being pertinent.**
- The project is included into the long-term guidelines for health policies and does not respond to short-term measures. It addresses issues that are basic and easy to understand, and it takes on simple strategies. **A consistent project is one that directly addresses specific problems and aligns with the efforts that other authorities are making to achieve an impact.**

- The project is in a position to list the number of laboratory studies by type and by year, can provide statistics on the human resources trained and on intervention actions in Guaraní populations, although the latter are with greater difficulty. **An efficient project is one that allows for comparing investment with concrete results, and an effective project is one that measures the product of its effort on a regular basis.**
- The Vicariate of Cuevo was willing to implement the project even without Italian Cooperation and endeavoured to getting funding for it. **When the project implementer has a line of intervention greater than the project, but that includes it, the probability that the project will be sustained over time is greater.**

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia, Euro 509,835.00

- The project is part of a long-term effort that both the director of the laboratory and the University have been carrying out for many years. **Knowledge of the subject of intervention and experience make projects more likely to be relevant.**
- The components of the project are aimed at a comprehensive view of the problem, from the detection phase to the diagnostic phase. **The comprehensive visions of the problems to be addressed by the projects provide them with consistency.**
- The University is a consolidated implementer, both technically and administratively. Their management of resources has an orderly structure and with properly structured processes and procedures. **Established implementing bodies improve the chances of implementing efficient projects.**
- The difficulties in including the University as an actor in services in the health system have made it difficult to implement the components of socialisation and awareness-raising that the project should have implemented. **The effectiveness of a project is highly influenced by the degree of alignment of the implementer with respect to the policies and systems of the countries.**
- The impact of the project reaches public, Social Security and private hospitals, thanks to the network of professionals that administer the university, despite the fact that the laboratory is not directly associated with health services. **The creation of networks beyond the institutional frameworks of the project will positively contribute to the impact of the project.**
- The university is deeply committed to the laboratory, but beyond this, its director's role in promoting, managing and leading it has made a decisive contribution to the project's success. **Having a counterpart that endorses the project and devotes all its efforts to it contributes decisively to its success.**
- The laboratory director's training in Italy has opened up a series of contacts and relationships, and has contributed to the support of its undertaking from the very beginning. Italian Cooperation has joined in a support effort from Italy to a project that had already been in effect for some time. **Maintaining long-term relationships with implementers and implementing bodies significantly contributes to the success of the projects.**

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba, Euro 600,000.00.

- The existence of known relevant problems of which society is highly aware and the approach thereto in a project make it more likely to be pertinent. **The project has a head-on approach to a problem that is continuously seen in the press, and about which the population has become deeply aware, even when work must be one on changing its reality.**
- The project confronts the problems in a holistic manner, by intervening in beneficiaries, in the services aimed at them, in the regulations and institutions related to their actions, and by understanding the specificities of the needs of young people and adolescents. **Holistic approaches have a better chance of producing consistent projects.**
- UNFPA has great experience in the management of projects and a consolidated administrative structure. This has ensured not only accountability, but also the proper ownership of resources for the project. The cost of this mechanism is, however, quite high. **Established, properly structured bodies improve the possibilities of having efficient projects.**
- UNFPA staff are staff expert on issues related to sexual and reproductive rights and reproductive health; they are also appropriately trained in project management. **The ability to manage projects increases the possibility of making them effective.**
- The difficulties of measuring the impact of the project are the result of the sensitivity of the subject concerned and of the weakness of existing secondary information. **The inclusion of objective means for the verification of the impact in project planning allows for the improvement of the ability to achieve it.**
- The municipal governments of the municipalities where it works support the project. These have had a very dense political agenda in the near past, and have taken advantage of the actions to train leaders and the organisation of young people to form cadres. **The actors involved in projects should have compatible agendas in order to avoid unwanted results.**

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 557,960.00.

- The project does not have a diagnosis or identification of needs for appropriate strengthening; rather, it is more a demand for support of sectors that are, obviously, weak and that require support, but that do not manage to specify the type of support they req. **An institutional diagnosis of organisation and methods, of functional analysis or of a comprehensive diagnosis allows for the design of projects for institutional strengthening that meet specific needs.**
- The project has a series of unrelated results aimed at different aspects of the Ministry's public policy functions. "Strengthening" as an action is not enough to give them consistency. **The focus on a specific area of intervention gives the project consistency.**
- The project has become a list of activities that allow for "implementing its budget" and this has become an activities budget rather than a project budget. **Project efficiency is achieved when the investment targets specific objectives rather than a list of activities.**
- There is no evidence that objectives for strengthening the Ministry's abilities have been achieved, since the creation of documents is one part of the process of strengthening. Documents do not

automatically become abilities. **The development of documents that do not become a specific policy and guidelines for conduct at the institutional level does not enable the attainment of the objectives of strengthening.**

- The project has not been taken over by the Ministry as its own, it has not appeared as relevant to the units involved and it has been suspended due to changes in human resources. The project does not provide for mechanisms for measuring the impact in the short- and long-term. **Without mechanisms for measuring the impact of strengthening interventions on operational research mechanisms, it is not possible to determine the impact of institutional strengthening projects.**
- The project is not visible to the Ministry's authorities, it attacks problems that are not among the Ministry's priorities, and the areas involved do not have enough ability to become visible. **Institutional strengthening should affect weak areas that are considered necessary for the implementation of the institution's operations.**

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I, Euro 448,000.00.

- The tradition of public health in Bolivia aims to identify cervical cancer as a main cause of maternal mortality and diabetes as one of the most significant chronic pathologies, one of whose main risk factors is obesity. **A project's ability to address specific problems is enhanced if these are known and are on the public policy agenda.**
- The disparity in the methodological conception of the project causes the different components to be even more unrelated than they are. **Projects will have a better chance of achieving their objectives if the methodologies for intervention in the different components have a sense of unity.**
- The multiplicity and lack of connection of objectives have transformed the project into a set of activities with the exception mentioned above in the "pilot project" in Toro Toro and Acasio. **An investment in a project will be efficient if its activities have a clear meaning.**
- It is not possible to validate the effectiveness of the project in components other than the "pilot project". In the latter case, the intervention modality warranted that, as the "pilot" that it is, it be accompanied by an operational investigation process. **Pilot projects are effective if they are accompanied with the study regarding whether the hypotheses are fulfilled or not.**
- It has been found that there is no follow-up of cases in the "pilot project" implemented in Toro Toro and in Acasio. **The possibility of measuring the impact of a pilot project depends on follow-up being done of each segment of the intervention carried out.**
- The ownership of the project activities has been achieved only at subordinate levels, and for this reason it is very difficult for the Ministry to include these priorities in public policies until institutions achieve a very high level of sensitivity. **For precisely this reason, it can be said that the ownership of projects of this nature depends largely on the objectives relevant for their implementers and managers.**

5. RECOMMENDATIONS

Following the results of the process carried out, the evaluation team found that Italian Cooperation might consider the following recommendations useful:

Project dimension	Recommendation	Entitled institution	Time in which it should put into practice
<i>Planning of cooperation projects</i>	Italian Cooperation would benefit from having an intervention strategy or a “country strategy” that would result from a sectoral diagnosis. This way, consideration could be given to projects with a specific meaning and directionality of results, thus not dispersing their efforts in a number of subjects that have no synergistic input.	AICS	Based on the design of new projects
	To the extent possible, projects with multiple operators whose objectives are far from homogeneous should be avoided, since this generates different agendas and, therefore, operating problems.	AICS	Based on the design of new projects
	The selection of the implementing unit is critical. Whether it is an NGO, a municipality (preferably not very large) or an agency that promotes development, or is AICS, the projects should be relevant to the authorities that implements them.	AICS	Based on the design of new projects
	Projects should have a diagnostic, be based on a baseline, or needs identification study.	Proposing entity	Based on the design of new projects
	The strengthening projects should have a working hypothesis.	Proposing entity	Based on the design of new projects
	Projects should have indicators that allow measuring results in the short- and long-term so that their impact can be validated.	Proposing entity	Based on the design of new projects
	It would be beneficial to have the “Theory of Change” matrix tool in the proposals.	Proposing entity	Based on the design of new projects
<i>Types of counterparts</i>	It is suggested that work should be done with counterparts where the projects form a relevant part of their portfolio of operations in order to promote the	AICS	Based on the design of new projects

	ownership, efficiency and effectiveness of the projects.		
<i>Management decentralised</i>	Where projects are carried out in bodies where they are not relevant to their portfolio, it is recommended that a decentralised management body be used, whether the AICS itself or a company or NGO that can outsource the service. While the costs of this option can be assumed to be greater than those of “budget support” for example, efficiency gains and effectiveness offsets this aspect abundantly.	AICS	Based on the design of new projects
	The use of an external implementing unit such as AICS or an NGO or outsourcer makes it possible to overcome the problems of instability of civil servants.	AICS	Based on the design of new projects
<i>Monitoring and oversight</i>	The oversight of the implementation of the projects must include a defined model that includes both tasks and activities and the achievement of milestones of objectives.	AICS	Based on the design of new projects

X. ANNEXES

ANNEX 1 – TERMS OF REFERENCE



*Ministero degli Affari Esteri
e della Cooperazione Internazionale*

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

Ufficio III

Sezione Valutazione

TERMINI DI RIFERIMENTO PER LA VALUTAZIONE INDIPENDENTE DI *Iniziative della cooperazione italiana nel settore della salute in Bolivia*

Valutazione d'impatto

BOLIVIA

SETTORE: HUMANDEV

AID N. 7240, 8759, 10665, 10685, 10706, 10869

Contesto e oggetto della valutazione

Il governo boliviano attribuisce un ruolo rilevante al settore sanitario nell'ottica di assicurare col tempo la copertura universale in salute. In tale ambito, il Paese affronta due ordini di problemi: il primo fa riferimento alla parte della popolazione che si trova ancora in una situazione di povertà e che combatte malattie ricorrenti come la tubercolosi e presenta elevati indici di mortalità materna e infantile. Il secondo, dovuto alla crescita economica e all'apertura dei mercati, coinvolge il recente aumento di casi epidemiologici e di malattie croniche che si sono diffuse più di recente nel paese, quali il diabete e altre condizioni legate all'obesità.

In particolare, il Paese si caratterizza per:

- Un'insufficiente capacità risolutiva del sistema sanitario nel suo complesso, con servizi ancora carenti e operatori sanitari non adeguatamente formati;
- Scarsa efficacia del sistema sanitario anche a causa di barriere culturali che ne ostacolano la fruizione dei servizi.
- Un'elevata percentuale della popolazione infantile e adolescenziale in stato di abbandono e rischio;
- Un'elevata percentuale di gravidanze indesiderate;
- La progressiva diffusione del consumo di sostanze nocive;
- La carente assistenza ai disabili;
- Un'elevata diffusione delle malattie mentali e delle patologie onco-ematologiche;

L'Italia ha assunto il ruolo di leader nell'ambito della Strategia di programmazione congiunta dell'UE in Bolivia nel settore salute, che è anche prioritario per la Cooperazione italiana (si veda al riguardo il Documento Triennale di Programmazione e di Indirizzo 2017-2019 e il Documento Triennale di Programmazione e di Indirizzo 2016-2018).

Le iniziative qui considerate, realizzate dal 2009 a oggi, perseguono l'OSS 3. Gli obiettivi perseguiti dall'azione della cooperazione italiana sono:

- Incrementare l'efficienza, l'efficacia e l'equità del sistema socio-sanitario nel dipartimento di Potosì.
- Migliorare il livello di salute nella regione del Gran Chaco, nel quadro del processo di emancipazione del popolo Guaranì.
- Contribuire alla riduzione dei tassi di mortalità per patologie onco-ematologiche tra la popolazione boliviana.
- Contribuire alla prevenzione della gravidanza non pianificata negli adolescenti e alla prevenzione, al trattamento e alla sanzione della violenza sessuale con approccio di diritto, a partire da un modello pilota di intervento intersettoriale che in futuro possa essere proiettato a livello nazionale.
- Contribuire al rafforzamento dell'Amministrazione pubblica boliviana e migliorare gli indicatori epidemiologici relativi alle malattie sociali.
- Contribuire all'implementazione del Sistema Sanitario Nazionale (SUS) e alla riduzione dei tassi di mortalità/morbilità per malattie croniche (obesità, sovrappeso e salute mentale) in Bolivia

Ulteriori dettagli relativi alle iniziative allegate, incluso l'elenco dettagliato dei beneficiari, saranno forniti nelle allegate schede anagrafiche e descrittive.

La documentazione di base dell'iniziativa da valutare è allegata a questi Termini di Riferimento. Nella fase di *Desk Analysis*, potrà essere fornita altra documentazione.

Utilità della valutazione

La proposta di valutazione in Bolivia nasce dall'opportunità di verificare l'impatto dell'azione italiana nel settore sanitario, al fine di migliorare la gestione delle risorse e l'efficacia degli interventi, anche in vista di finanziamenti di settore futuri e della programmazione dell'aiuto pubblico allo sviluppo in Paesi diversi dalla Bolivia. La valutazione dovrà, in particolare, evidenziare le buone pratiche emerse e comprendere le motivazioni di un insufficiente successo di alcune delle iniziative, soprattutto laddove la durata effettiva delle singole iniziative considerate andasse oltre la durata prevista.

La diffusione dei risultati della Valutazione permetterà inoltre di rendere conto al Parlamento circa l'utilizzo dei fondi stanziati per l'Aiuto Pubblico allo Sviluppo ed all'opinione pubblica italiana circa la validità dell'allocazione delle risorse governative disponibili in attività di Cooperazione. I risultati della valutazione e le esperienze acquisite saranno condivise con le principali Agenzie di cooperazione e con i partner che devono anch'essi rendere conto ai loro Parlamenti ed alle loro opinioni pubbliche su come siano state utilizzate le risorse messe a loro disposizione. La valutazione favorirà anche la "mutual accountability" tra partner in relazione ai reciproci impegni.

Infine, mediante il coinvolgimento dei Paesi partner in ogni fase del suo svolgimento, la valutazione contribuirà al rafforzamento della loro capacità in materia di valutazione.

Obiettivi ed ambito della valutazione

La valutazione, tenendo in conto anche gli indicatori contenuti nel quadro logico di ciascun progetto/programma, dovrà esprimere un giudizio sulla rilevanza degli obiettivi dei progetti/programmi da valutare nonché sulla loro efficacia, efficienza, impatto e sostenibilità.¹

In particolare, trattandosi di valutazione d'impatto si dovranno descrivere i cambiamenti osservati (previsti e non) sul contesto sociale, economico e ambientale nonché sugli altri indicatori di sviluppo; evidenziare in che misura siano attribuibili agli interventi; analizzare i meccanismi che hanno determinato l'impatto; fornire una spiegazione dell'impatto positivo e negativo di fattori esterni quali il contesto politico, le condizioni economiche, finanziarie e antropologico-culturali.

L'esercizio di valutazione dovrà analizzare in che misura l'azione della Cooperazione Italiana abbia influito sulle politiche, le strategie e i programmi nazionali, contribuendo al raggiungimento degli MDGs/SDGs indicati nella documentazione di progetto allegata. Si valuterà, più in generale, in che modo ed in che misura il progetto ha modificato il contesto in una direzione di maggiore equità e giustizia sociale ed ha influito sulle tematiche trasversali (tra cui diritti umani, eguaglianza di genere e ambiente).

La valutazione dovrà accertare se e in che misura le attività siano state realizzate in coordinamento con le altre iniziative nel settore all'interno dello stesso Paese e secondo il principio della complementarità.

¹ Si vedano allegati

La valutazione dovrà tenere conto degli effetti sinergici sia positivi che negativi tra i vari progetti/programmi oggetto della valutazione, al fine di evidenziare eventuali effetti aggiuntivi creatisi grazie al loro operare congiunto.

La valutazione esaminerà anche il grado di logicità e coerenza del design del progetto e ne valuterà la validità complessiva.

Le conclusioni della valutazione saranno basate su risultati oggettivi, credibili, affidabili e validi tali da permettere alla DGCS di elaborare misure di management response. Il rapporto finale di valutazione dovrà inoltre evidenziare le lezioni apprese, rilevare eventuali buone pratiche, fornire raccomandazioni utili per la realizzazione delle fasi successive delle iniziative considerate e fornire dati utili da utilizzare come base line per lo sviluppo di futuri progetti nel settore.

Il team di valutazione potrà suggerire e includere altri aspetti congrui allo scopo della valutazione.

Criteri

I criteri di valutazione si fondano sui seguenti aspetti:

- **Rilevanza:** Il team di valutazione dovrà verificare in che misura le iniziative tengono conto del contesto specifico, delle priorità e delle politiche del Paese e della DGCS. La valutazione stimerà in che misura gli obiettivi dei progetti/programmi sono coerenti con le prerogative e le esigenze dei beneficiari. Nel valutare la rilevanza delle iniziative, si considererà: 1) in che misura gli obiettivi delle iniziative sono validi; 2) in che misura sono coerenti; 3) la percezione dell'utilità da parte dei beneficiari.
- **Efficacia:** La valutazione misurerà il grado e l'entità dell'eventuale raggiungimento degli obiettivi delle iniziative. Nel valutare l'efficacia sarà utile: a) considerare se gli obiettivi, generale e specifico, siano stati chiaramente identificati e quantificati, b) verificare la coerenza delle caratteristiche progettuali con il relativo obiettivo generale e specifico, c) verificare in che misura l'obiettivo generale sia stato raggiunto, d) analizzare i principali fattori che hanno influenzato il raggiungimento o meno degli obiettivi.
- **Efficienza:** La valutazione analizzerà se l'utilizzo delle risorse sia stato ottimale per il conseguimento dei risultati previsti, indicando come gli input siano stati convertiti in risultati.
- **Impatto:** Si analizzeranno gli effetti a lungo termine, positivi e negativi, primari e secondari, previsti o imprevisti prodotti direttamente o indirettamente dell'intervento.
- **Sostenibilità:** Si valuterà la potenziale sostenibilità delle iniziative di produrre benefici nel tempo.

Quesiti valutativi

Gli obiettivi della valutazione dovranno essere tradotti in quesiti valutativi che faranno riferimento prevalentemente ai criteri OCSE-DAC ed altri eventuali criteri ritenuti rilevanti.

I quesiti valutativi dovranno essere formulati soprattutto in funzione dell'utilità della valutazione.

Le domande sull'efficacia dovranno basarsi sul livello dei risultati (outcome) e degli specifici impatti generati, anziché su specifici output e sull'impatto globale.

Trattandosi di valutazione d'impatto, una parte dei quesiti dovranno essere del tipo causa-effetto.

Alcune domande dovranno essere indirizzate anche a tematiche trasversali (povertà, diritti umani, questioni di genere o ambientali etc.).

In ogni caso, i quesiti (principali e supplementari) dovranno essere formulati quanto più possibile in maniera dettagliata, facendo riferimento alle specifiche caratteristiche degli interventi, in forma chiara e con un taglio operativo che tenga anche conto della concreta possibilità di darvi una risposta.

Principi generali, approccio e metodologia

a) In linea con quanto riconosciuto su scala internazionale, le valutazioni realizzate dalla DGCS si basano sui seguenti principi: utilità, credibilità, indipendenza, imparzialità, trasparenza, eticità, professionalità, diritti umani, parità di genere e sul principio del *leave no-one behind*.

La valutazione deve essere condotta con i più elevati standard di integrità e rispetto delle regole civili, degli usi e costumi, dei diritti umani e dell'uguaglianza di genere e del principio del "non nuocere".

Le tematiche trasversali (tra cui diritti umani genere, ambiente) dovranno avere la dovuta considerazione ed i risultati della valutazione in questi ambiti dovranno essere adeguatamente evidenziati con una modalità trasversale.

b) Per valutare quanto gli interventi abbiano inciso sulla capacità, da un lato di concedere i diritti umani e dall'altro di pretenderne la fruizione, si utilizzerà lo Human Rights Based Approach.

Più in generale, il team di valutazione userà un Results Based Approach (RBA) che comprenderà l'analisi di varie fonti informative e di dati derivanti da documentazione di progetto, relazioni di monitoraggio, interviste con le controparti governative, con lo staff del progetto, con i beneficiari diretti, sia a livello individuale sia aggregati in focus group. A questo scopo, il team di valutazione intraprenderà una missione in BOLIVIA.

Il processo di valutazione dovrà essere "*utilisation focused*", vale a dire che l'enfasi principale verrà posta sull'uso specifico che dei suoi risultati dovrà essere fatto.

c) Il team di valutazione dovrà adottare metodologie sia qualitative che quantitative in modo tale da poter triangolare i risultati ottenuti con l'utilizzo di ciascuna di esse. Nella scelta delle metodologie da utilizzare, il team di valutazione dovrà tenere conto degli obiettivi che la valutazione si propone nonché delle dimensioni e caratteristiche degli interventi. Si dovrà esplicitare quali metodi si utilizzano sia per la valutazione che per la raccolta dei dati e la loro analisi, motivando la scelta e chiarendo le modalità di applicazione degli stessi.

Nella fase di avvio della valutazione, i valutatori dovranno:

- 1- elaborare la teoria del cambiamento, compatibilmente con le modalità di impostazione iniziale dell'intervento;
- 2- proporre le principali domande di valutazione e le domande supplementari, in maniera puntuale e tenendo conto delle caratteristiche specifiche degli interventi;
- 3- elaborare la matrice di valutazione, che, per ciascuna delle domande di valutazione e domande supplementari che si è deciso di prendere in considerazione, indichi le tecniche che si intendono utilizzare per la raccolta dei dati e fornisca altre informazioni quali i metodi di misura, eventuali indicatori, la presenza o meno di dati di base e quanto altro opportuno in base alle esigenze della valutazione;

- 4- stabilire le modalità di partecipazione degli stakeholder alla valutazione con particolare attenzione ai beneficiari e ai gruppi più vulnerabili (in particolare le popolazioni indigene).

Coinvolgimento degli stakeholder:

I metodi utilizzati dovranno essere il più partecipativi possibile, prevedendo in tutte le fasi il coinvolgimento dei destinatari “istituzionali” della valutazione, del Paese partner, dei beneficiari degli interventi ed in generale di tutti i principali stakeholder.

Il team di valutazione dovrà coinvolgere gli stakeholder nella realizzazione della valutazione realizzando attività formative di capacity building volte a migliorare la capacità valutative del Partner.

Oltre ai beneficiari delle varie iniziative ed agli enti esecutori, i principali stakeholder includono: Ministeri della salute, della giustizia e dell'istruzione boliviani, entità municipali e dipartimentali all'interno del paese, ONG e soggetti della società civile locale.

Qualità della valutazione:

Il team di valutazione userà diversi metodi (inclusa la triangolazione) al fine di assicurare che i dati rilevati siano validi.

La valutazione dovrà conformarsi ai *Quality Standards for Development Evaluation* dell'OCSE/DAC.²

Profilo del team di valutazione

Il servizio di valutazione dovrà essere svolto da un team di valutazione composto da almeno 3 membri, incluso 1 team leader con provata esperienza in coordinamento di team multidisciplinari (almeno 1 anno).

Ciascuno dei membri obbligatori del team dovrà possedere i seguenti requisiti minimi:

- diploma di laurea triennale;
- padronanza della lingua veicolare;
- esperienza in attività di valutazione di iniziative di cooperazione allo sviluppo (almeno 3 anni per il team leader, almeno 1 anno per gli altri 2 membri).
- conoscenza della gestione del ciclo del progetto e dei progetti di cooperazione allo sviluppo.

Il team di valutazione dovrà inoltre disporre delle seguenti competenze, che potranno essere possedute da uno o più membri obbligatori o aggiuntivi:

- conoscenza ed esperienza nel settore della sanità pubblica;
- conoscenza del Paese e del contesto istituzionale;
- conoscenza delle tematiche trasversali e di genere;
- esperienza in interviste, ricerche documentate e analisi dei dati.

Il team di valutazione potrà avvalersi di esperti locali.

² <https://www.oecd.org/development/evaluation/qualitystandards.pdf>

Prodotti dell'esercizio di valutazione

Gli output dell'esercizio saranno:

- Un Inception Report di max 12 pagine, da consegnare 20 giorni dopo il primo incontro con gli Uffici della DGCS.
- Un Rapporto finale, di max 50 pagine, in formato cartaceo rilegato in brossura, 10 copie in lingua italiana, 10 copie tradotte in lingua inglese e 10 in lingua spagnola, e su supporto informatico in formato Word e Pdf (max 3Mb). La traduzione dovrà essere di un livello qualitativo professionale. Le copie dovranno essere dotate di copertina plastificata e contenere indicazione del titolo dell'iniziativa anche nella parte laterale.
- Un Summary Report di max 15 pagine, 10 copie in lingua italiana, 10 copie tradotte in lingua inglese e 10 in lingua spagnola, comprensivo di quadro logico, griglia dei risultati del progetto e sommario delle raccomandazioni. La traduzione dovrà essere di un livello qualitativo professionale. Le copie dovranno essere dotate di copertina plastificata e contenere indicazione del titolo dell'iniziativa anche nella parte laterale. Il Summary Report dovrà contenere anche elementi di infografica.
- Documentazione fotografica (in alta definizione) sull'iniziativa valutata e suo contesto, a sostegno delle conclusioni della valutazione, fornita su supporto informatico.
- Workshop di presentazione del rapporto finale presso il MAECI-DGCS.
- Workshop di presentazione del rapporto finale nel Paese.

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGRAMMA *“Programma di sostegno allo sviluppo del sistema socio-sanitario del Dipartimento di Potosì – Fase IV” (AID 7240)*

LUOGO DEL PROGRAMMA BOLIVIA
LINGUA DEL PROGRAMMA Italiano e Spagnolo
DURATA PREVISTA 36 mesi (2011-2013)
DURATA EFFETTIVA 2011-in corso
CANALE DI FINANZIAMENTO Bilaterale diretto (Budget Support)
TIPOLOGIA Dono

BUDGET TOTALE **EURO** **3.659.642,48**

Finanziamento italiano diretto al Governo

Boliviano ex Art. 15 DPR 177/88 EURO 2.902.242,48

Gestione DGCS – Fondo in Loco EURO 142.400,00

Gestione DGCS – Fondo esperti EURO 615.000,00

ORGANISMI ESECUTORI

- DGCS
- UCCP (Unidad de Coordinación de Proyectos y Programas del Ministerio de Economía y Finanzas Públicas de Bolivia)
- Unità Tecnica Locale (UTL) La Paz/Ufficio di

OBIETTIVO DEL MILLENNIO

O4-T1; O5-T1/T2; O6-T1/T2/T3; O8-T1/T5

“Programma di sostegno allo sviluppo del sistema socio-sanitario del Dipartimento di Potosí – Fase IV” (AID 7240)

Contesto dell’iniziativa

Il “*Programma di sostegno allo sviluppo del sistema socio-sanitario del Dipartimento di Potosí*” si propone di sviluppare l’intervento della Cooperazione italiana nella regione di Potosí, dipartimento che continua a far riscontrare gli indicatori socio sanitari, demografici ed economici più bassi della Bolivia, nonostante negli ultimi anni si stia assistendo ad una certa inversione di tendenza.

Obiettivi

L’obiettivo generale del programma è di incrementare l’efficienza, efficacia ed equità del sistema socio sanitario nel dipartimento di Potosí.

Gli obiettivi specifici del programma sono: a) migliorare il sistema di gestione e qualità dei servizi offerti dall’Ospedale Daniel Bracamonte, ricercando maggiore soddisfazione dell’utenza e servizi adeguati al contesto socioculturale del Dipartimento di Potosí; b) strutturare una rete di servizi sanitari, sia nell’area urbana sia in quella rurale, capace di individuare, modulare e soddisfare i bisogni in Salute considerati di interesse generale dalla comunità di riferimento in un dato momento storico; c) migliorare la qualità dell’assistenza sanitaria e adeguare sotto il profilo culturale i servizi sanitari, attraverso la formazione, la ricerca e la creazione di spazi di articolazione tra la biomedicina e la medicina tradizionale; d) modernizzare le facoltà di Scienze della Salute - corso di Infermeria e Facoltà di Medicina - corso di Medicina, dell’Università Autonoma Tomás Frías della città di Potosí, con particolare attenzione al corso di Medicina, con la riforma curriculare, l’aggiornamento dei docenti e l’adeguamento dell’infrastruttura alle nuove esigenze di studio; e) strutturare e attivare servizi per la prevenzione dell’abbandono infantile ed il reinserimento sociale dei minori a rischio, e sviluppare politiche minorili coerenti e nel quadro della Carta dei Diritti del Fanciullo.

Finanziamento

Per il raggiungimento di tali obiettivi, l’Italia ha finanziato direttamente il Governo dello Stato Plurinazionale di Bolivia, con un importo pari a € 3.659.642,48, di cui € 2.902.242,48 di finanziamento italiano diretto ex art. 15 DPR 177/88, € 142.400,00 di Fondo in loco ed € 615.000,00 di Fondo Esperti.

Strategia di intervento

Il presente programma s'inserisce nel processo di decentramento e di coinvolgimento delle comunità locali nella gestione della sanità; intende promuovere l'integrazione dei diversi attori ed il necessario coordinamento tra le azioni condotte a tutti i livelli.

Il programma punta a stimolare, promuovere e sostenere le capacità locali (ad ogni livello) nell'individuazione dei problemi e delle soluzioni e nella messa in atto di quelle considerate più idonee. Intende promuovere dunque la partecipazione attiva ed il pieno coinvolgimento delle istituzioni e delle organizzazioni più rappresentative, incentivando la massima integrazione sin dalla fase di programmazione delle azioni realizzate o sostenute dai diversi attori dello sviluppo del Dipartimento.

Risultati da conseguire

Le diverse attività programmate, puntano alla definizione dei seguenti risultati relativi alle cinque componenti in cui si articola il programma:

- Logistica e gestione del programma innovati, efficaci ed efficienti;
- Sistema di gestione e qualità dei servizi offerti dall'ospedale Brancamonte migliorati, con migliorata soddisfazione dell'utenza e servizi adeguati al contesto socioculturale del dipartimento;
- Una rete di servizi sanitari capace di individuare, modulare e soddisfare i bisogni di salute giudicati di interesse generale dalla comunità di riferimento in un dato momento storico;
- Qualità dell'assistenza sanitaria ed adeguamento culturale dei servizi sanitari migliorati, attraverso la formazione, la ricerca e la creazione di spazi di articolazione tra le due medicine;
- Locale facoltà di "Ciencias de la Salud" (ed in particolare facoltà di medicina) modernizzata con curricula riformati, formatori aggiornati e infrastruttura adeguata alle nuove esigenze;
- Servizi per la prevenzione dell'abbandono infantile ed il reinserimento sociale dei minori a rischio attivati e politiche minorili coerenti con la carta dei diritti del fanciullo sviluppate.

Indicazione dei principali stakeholder ed elenco beneficiari

- Operatori del Sistema di Salute Dipartimentale;
- il personale e la struttura del Viceministero di Medicina Tradizionale;
- la totalità della popolazione del Dipartimento di Potosì, in particolare minori, adolescenti e popolazione rurale, di origine indigena.

Sviluppi recenti

Le fasi precedenti dell'iniziativa sono state oggetto di valutazione nel 2008.

Al programma sono state apportate 3 varianti non onerose. Esso è stato inoltre oggetto di rifinanziamento nel 2016.

L'accordo, scaduto il 2 settembre 2017, è stato prorogato fino al 31 dicembre 2018 ai fini dello svolgimento delle ulteriori attività operative del programma.

Sono attualmente in corso le procedure per l'ulteriore rinnovo dell'accordo fino al termine delle attività.

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGETTO *“Potenziamento dei servizi sanitari nel Chaco boliviano: una prospettiva comunitaria” - (AID 8759)*

LUOGO DEL PROGETTO BOLIVIA
LINGUA DEL PROGETTO Italiano e Spagnolo
DURATA PREVISTA 36 mesi
DURATA EFFETTIVA 46 mesi (2009-2013)
CANALE DI FINANZIAMENTO Bilaterale indiretto
TIPOLOGIA Dono

BUDGET TOTALE	EURO	2.100.497,00
di cui:		
Finanziamento MAE	EURO	1.049.082,00
CONTRIBUTO ONG	EURO	319.740,00
CONTRIBUTO Vicariato di Cuevo	EURO	730.955,00

ENTE FINANZIATORE MAE, Vicariato di Cuevo-Convenio de Salud
ENTE ESECUTORE UCODEP

Progetto: “Potenziamento dei servizi sanitari nel Chaco boliviano: una prospettiva comunitaria”

(AID 8759)

Contesto dell’iniziativa

Il progetto “Potenziamento dei servizi sanitari nel Chaco boliviano: una prospettiva comunitaria” si inserisce nell’ambito di una serie di iniziative di collaborazione e solidarietà di vari attori italiani, diretti a supportare l’azione del Vicariato di Cuevo attivo nei settori dell’educazione, alfabetizzazione e salute. Con specifico riferimento al settore della salute, il Vicariato di Cuevo ha una collaborazione con il Ministero della Sanità boliviano formalizzata in un accordo (Convenio de Salud).

Obiettivi

L’obiettivo generale del progetto è di migliorare il livello di salute nella regione del Gran Chaco, nel quadro del processo di emancipazione del popolo Guaranì.

L’obiettivo specifico è di rafforzare i servizi sociosanitari nelle province boliviane di Cordillera, Gran Chaco, Hernando Siles, O’Connor, con particolare attenzione ai servizi diagnostici e di sanità ambientale, in un’ottica di gestione partecipata.

Finanziamento

Per il raggiungimento di tali obiettivi, l’Italia ha contribuito per un importo pari a € 1.049.082,00 a cui si aggiunge un contributo delle ONG coinvolte nella realizzazione del progetto di € 319.740,00 ed un contributo della controparte, il Vicariato di Cuevo, di € 730.955,00.

Strategia di intervento

L’intervento è condotto in azione sinergica tra gli attori coinvolti nelle singole attività. In particolare, l’intervento fa riferimento ad un approccio partecipativo tramite il quale sviluppare un costante confronto con i soggetti esecutori del progetto ed i singoli beneficiari.

In sintesi l’intervento prevede:

- Approccio partecipativo;
- Scambio di saperi e costruzione delle capacità;
- Rafforzamento dei rapporti di collaborazione e partnership;
- Riduzione della povertà.

Risultati da conseguire

Le diverse attività programmate, puntano alla definizione dei seguenti risultati:

- Aggiornamento professionale e orientamento metodologico ai principi della medicina di comunità di 90 Operatori sociosanitari (provenienti dal Chaco americano);
- Realizzazione di infrastrutture sanitarie e procedure tecnico-gestionali adeguate allo svolgimento dei servizi di controllo, secondo gli standard di legge, di microbiologia clinica in sei presidi e di controllo chimico-microbiologico delle acque in un presidio;
- Elaborazione in maniera partecipata e operatività in almeno 20 comunità guaraní di Piani Locali di Salute, con approccio in epidemiologia comunitaria.

Indicazione dei principali stakeholder ed elenco beneficiari

- Le 35 comunità guaraní di aree rurali piuttosto marginali;
- Gli abitanti del Chaco boliviano e del Chaco paraguayano e argentino, attraverso la presa di coscienza nel senso più ampio del diritto alla vita.

Sviluppi recenti

Nel 2013 è stata realizzata una attività di monitoraggio e valutazione finale del progetto da parte dell'UTL – La Paz.

Al progetto sono state apportate 3 varianti non onerose. La durata originaria del progetto, pari a 36 mesi, è stata oggetto di tre proroghe, per un totale di ulteriori 10 mesi. Il progetto si è infine concluso il 28 febbraio 2013.

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGETTO	<i>“Potenziamento delle strategie di prevenzione e diagnosi specializzata di patologie oncoematologiche in Bolivia” - (AID 10665)</i>	
LUOGO DEL PROGETTO	BOLIVIA	
LINGUA DEL PROGETTO	Italiano e Spagnolo	
DURATA PREVISTA	12 mesi	
DURATA EFFETTIVA	24 mesi (2015-2017)	
CANALE DI FINANZIAMENTO	Bilaterale	
TIPOLOGIA	Dono	
BUDGET TOTALE	EURO	509.835,00
Finanziamento italiano	EURO	443.660,00
Finanziamento UMSA	EURO	66.175,00
ENTE FINANZIATORE	MAECI – DGCS, UMSA	
ENTE ESECUTORE	UTL, Ministero della salute boliviano, UMSA	

Progetto: “Potenziamento delle strategie di prevenzione e diagnosi specializzata di patologie oncoematologiche in Bolivia”
(AID 10665)

Contesto dell’iniziativa

Il progetto “*Potenziamento delle strategie di prevenzione e diagnosi specializzata di patologie oncoematologiche in Bolivia*” si inserisce nell’ambito della strategia regionale di cooperazione sanitaria del Governo Italiano nella regione andina, integrando e capitalizzando i risultati ottenuti nell’ambito della costruzione di modelli di esercizio del diritto alla salute culturalmente adeguati e attraverso schemi di collaborazione tra paesi.

Obiettivi

L’obiettivo generale del progetto è di contribuire alla riduzione dei tassi di mortalità per patologie oncoematologiche tra la popolazione boliviana.

L’obiettivo specifico è il miglioramento della copertura a livello nazionale della diagnosi delle leucemie.

Finanziamento

Per il raggiungimento di tali obiettivi, l’Italia ha contribuito per un importo pari a € 443.660,00 a cui si aggiunge un contributo dell’UMSA del valore di € 66.175,00.

Strategia di intervento

La strategia dell’iniziativa si inserisce nell’ambito del miglioramento del sistema di salute e delle condizioni per esercitare i diritti fondamentali.

Il presente progetto di cooperazione sanitaria basa il suo intervento su due componenti principali. La prima è il rafforzamento dei macchinari del laboratorio della UCB della Facoltà di Medicina della UMSA: in particolare si tratta del rinnovo di alcuni macchinari ormai obsoleti che vengono sostituiti da tecnologia di ultima generazione, la quale permette una migliore diagnosi e una maggiore copertura rispetto all’individuazione dei differenti tipi di leucemie. La seconda componente riguarda l’elaborazione di strategie e di politiche pubbliche adeguate per la formazione nazionale del maggior numero di medici di base che lavorano nelle provincie e nelle aree rurali, per garantire una corretta diagnosi già al primo livello di complessità. Inoltre, si sviluppano programmi di sensibilizzazione della popolazione in generale sull’argomento.

Risultati da conseguire

Le diverse attività programmate, puntano alla definizione dei seguenti risultati:

- Rafforzare Unità di Biologia Cellulare della Facoltà di Medicina;
- Implementare il Programma di formazione di Risorse Umane a livello nazionale per l'ampliamento della copertura di diagnosi di leucemie;
- Implementare la Strategia di sensibilizzazione della popolazione sulla diagnosi delle leucemie.

Indicazione dei principali stakeholder ed elenco beneficiari

- Dipendenti del laboratorio della UCB della UMSA;
- Personale tecnico sanitario dei cinque dipartimenti interessati (La Paz, Cochabamaba, Santa Cruz, Chuquisaca, Tarija);
- 900 alunni di scuole secondarie di La Paz e El Alto a cui saranno presentate le metodologie per la rilevazione dei sintomi di leucemie;
- La popolazione che potrà accedere gratuitamente ai servizi del laboratorio della UCB della UMSA.

Sviluppi recenti

Al progetto sono state apportate 2 varianti tecniche non onerose.

La durata originaria del progetto, pari a 12 mesi, è stata oggetto di due proroghe, per un totale di ulteriori 12 mesi. Il progetto si è infine concluso l'8 novembre 2017.

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGETTO	<i>“Rafforzamento dell'esercizio dei diritti di salute sessuale e riproduttiva negli adolescenti, nei Dipartimenti di Pando, La Paz e Cochabamba” - (AID 10685)</i>	
LUOGO DEL PROGETTO	BOLIVIA	
LINGUA DEL PROGETTO	Italiano e Spagnolo	
DURATA PREVISTA	12 mesi	
DURATA EFFETTIVA	18 mesi (2016-2017)	
CANALE DI FINANZIAMENTO	Multi-bilaterale	
TIPOLOGIA	Dono	
BUDGET TOTALE	EURO	600.000,00
Contribuzione italiana	EURO	500.000,00
Contribuzione UNFPA	EURO	100.000,00
ENTE FINANZIATORE	MAECI – DGCS, UNFPA	
ENTE ESECUTORE	UNFPA	
ENTE PROMOTORE	UNFPA	

***Progetto: “Rafforzamento dell'esercizio dei diritti di salute sessuale e riproduttiva negli adolescenti, nei Dipartimenti di Pando, La Paz e Cochabamba”
(AID 10685)***

Contesto dell’iniziativa

Il progetto “*Rafforzamento dell'esercizio dei diritti di salute sessuale e riproduttiva negli adolescenti, nei Dipartimenti di Pando, La Paz e Cochabamba*” ha come obiettivo il miglioramento dell'accesso delle e degli adolescenti alla salute sessuale e riproduttiva, attraverso una rete di servizi differenziati, inclusivi ed esclusivi per adolescenti e giovani. Si prevede l'implementazione di azioni integrali di prevenzione delle gravidanze non pianificate in adolescenti e la prevenzione, assistenza alla vittima e sanzione della violenza sessuale, in considerazione del fatto che molte delle gravidanze in adolescenti sono conseguenza di episodi di violenza, che in generale non vengono denunciati.

Obiettivi

L'obiettivo generale del progetto è contribuire alla prevenzione della gravidanza non pianificata negli adolescenti e alla prevenzione, al trattamento e alla sanzione della violenza sessuale con approccio di diritto, a partire da un modello pilota di intervento intersettoriale che in futuro possa essere proiettato a livello nazionale.

Gli obiettivi specifici sono: a) rafforzare le capacità dei garanti dei diritti a livello locale di assicurare una corretta implementazione delle politiche pubbliche, il buon funzionamento di servizi integrali in salute sessuale e riproduttiva, la prevenzione effettiva della gravidanza non pianificata e il trattamento e la sanzione della violenza sessuale negli adolescenti; b) rafforzare i meccanismi di corresponsabilità, partecipazione, vigilanza e controllo sociale delle Organizzazioni della Società Civile per l'accesso alla salute sessuale e riproduttiva, la prevenzione della gravidanza non pianificata, la protezione e garanzia dei diritti delle donne adolescenti incinte e/o vittime di violenza sessuale e la promozione dei diritti sessuali e riproduttivi.

Finanziamento

Per il raggiungimento di tali obiettivi, l'Italia ha contribuito per un importo pari a € 500.000,00 a cui si aggiunge un contributo dell'UNFPA del valore di € 100.000,00.

Strategia di intervento

Per raggiungere gli obiettivi prefissati e i risultati proposti, il rafforzamento delle istituzioni e delle Organizzazioni della Società Civile sono condizioni cruciali.

Il progetto si articola dunque su due dimensioni: 1) istituzionale e di prestazione di servizi; 2) comunitaria e partecipativa. Tenuto in considerazione il protagonismo delle organizzazioni sociali nello Stato boliviano, in altre parole, non solo si procede a rafforzare l'efficacia del servizio pubblico nell'implementazione delle politiche pubbliche e della normativa vigente, bensì si creano le condizioni per l'esercizio di un maggiore e migliore controllo da parte della Società Civile sul rispetto dei diritti di salute sessuale e riproduttiva degli adolescenti nella comunità.

Risultati da conseguire

In fase di formulazione della presente proposta, UNFPA, la Cooperazione Italiana e le controparti locali hanno congiuntamente stabilito che l'iniziativa preveda il raggiungimento di 6 risultati attesi:

- Una Gestione Municipale rafforzata che dia priorità ai diritti sessuali e riproduttivi, alla salute sessuale e riproduttiva e alla prevenzione, attenzione e sanzione della violenza sessuale negli adolescenti;
- Personale sanitario con conoscenze rafforzate e servizi di salute di primo e secondo livello adattati all'assistenza integrale e differenziata in Salute Sessuale e Riproduttiva (SSR) a adolescenti che favoriscano l'accesso a metodi anticoncezionali;
- Istanze municipali di protezione dei diritti degli adolescenti rafforzate per garantire l'accesso alla giustizia, consentire il recupero e la riabilitazione di adolescenti vittime di violenza sessuale ed evitare la rivittimizzazione;
- Programma comunitario di prevenzione della gravidanza negli adolescenti, promozione della Salute Sessuale e Riproduttiva e prevenzione della violenza sessuale implementato con partecipazione del personale sanitario, educativo e della giustizia, madri e padri di famiglia, mezzi di comunicazione e leader adolescenti.
- Programma con adolescenti maschi che promuova la prevenzione della salute, la paternità responsabile e le relazioni libere da violenza, basate sul rispetto e l'equità di genere.
- Diritti sessuali e riproduttivi, inclusa la prevenzione della gravidanza non pianificata e la libertà della violenza sessuale, promossi attraverso la Comunicazione e l'ICT.

Elenco beneficiari

- 9.000 donne adolescenti tra i 12 e i 19 anni di 4 municipi boliviani (circa il 20% del totale di adolescenti in questo rango di età), con una priorità per le aree periurbane e rurali.
- 4.500 uomini adolescenti e giovani tra i 12 e i 19 anni di 4 municipi boliviani (circa il 10% del totale di adolescenti in questo rango di età), con una priorità per le aree periurbane e rurali.
- 100 padri e madri di famiglia di adolescenti dei 4 municipi con priorità.
- 250 maestri e maestre di unità educative selezionate per il progetto nei 4 municipi con priorità.
- 150 dottori/dottoresse, infermieri/e e personale di sanità di 8 servizi di salute di primo e secondo livello nei 4 municipi con priorità.

- 30 operatori di giustizia (PM, Poliziotti della Forza Speciale di Lotta Contro la Violenza) dei 4 municipi con priorità.
- 36 funzionari/e interdisciplinari (psicologi/he, avvocati/e, lavoratori/trici sociali) della Difesa dell'Infanzia e Adolescenza dei 4 municipi con priorità.
- L'insieme degli abitanti dei Municipi di intervento (La Paz, 756.983; Viacha, 78.748; Punata, 28.588; Cobija, 45.434).

Sviluppi recenti

Al progetto sono state apportate 2 varianti tecniche non onerose.

La durata originaria del progetto, pari a 12 mesi, è stata oggetto di due proroghe, per un totale di ulteriori 6 mesi. Il progetto si è infine concluso il 30 giugno 2017.

Nel dicembre del 2017, il progetto è stato oggetto di un rapporto finale ad opera dell'ente esecutore (UNFPA).

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGRAMMA *“Programma di assistenza tecnica al ministero della salute” - Fase I (AID 10706)*

LUOGO DEL PROGRAMMA BOLIVIA
LINGUA DEL PROGRAMMA Italiano e Spagnolo
DURATA PREVISTA 12 mesi
DURATA EFFETTIVA 24 mesi (2015-2017)
CANALE DI FINANZIAMENTO Bilaterale
TIPOLOGIA Dono

BUDGET TOTALE **EURO** 557.960,00

di cui:

Gestione MAE/DGCS – Fondo esperti **EURO** 400.000,00

Gestione MAE/DGCS – Fondo in loco **EURO** 157.960,00

ENTE ESECUTORE Ministero della Salute boliviano/UTL La Paz

ENTE PROMOTORE Ministero della Salute boliviano/ UTL La Paz

OBIETTIVI DI SVILUPPO SOSTENIBILE O1; O3; O10

“Programma di assistenza tecnica al ministero della salute”

Fase I (AID 10706)

Contesto dell’iniziativa

Il “*Programma di assistenza tecnica al ministero della salute*” intende dare continuità al consolidato impegno della Cooperazione italiana a sostegno dello sviluppo del settore sanitario al Ministero della salute attraverso diversi programmi attualmente in esecuzione nel Paese, ed ha un approccio volto al rafforzamento dell’ownership e delle componenti istituzionali, nel rispetto del Piano Nazionale.

Obiettivi

L’obiettivo generale del programma è di contribuire al rafforzamento dell’Amministrazione pubblica boliviana e migliorare gli indicatori epidemiologici relativi alle malattie sociali.

L’obiettivo specifico è di rafforzare, nel quadro della politica del Sistema Unico di Salute Familiare Comunitaria Interculturale (SAFCI), le capacità del Ministero della Salute per lo sviluppo del Sistema Sanitario Nazionale (SUS), l’assistenza a persone portatrici di disabilità e dipendenti da sostanze psicotrope.

Finanziamento

Per il raggiungimento di tali obiettivi, l’Italia ha contribuito per un importo pari a € 557.960,00 di cui 400.000,00 Fondo esperti e 157.960,00 Fondo in loco.

Strategia di intervento

La Strategia di implementazione si inserisce nei principi che reggono l’attuale sistema di gestione del Ministero di Salute boliviano.

Le modalità di intervento si articolano secondo le missioni di esperti italiani. Le figure professionali previste includono esperti in aree quali la riabilitazione dei diversamente abili, dipendenze da sostanze e economia e management in sanità.

Il programma prevede un coordinatore locale dell’iniziativa che operi per tutta la durata del programma e che garantisca un flusso continuo e costante di articolazione e comunicazione tra gli esperti, il Ministero di Salute e l’Ufficio della Cooperazione Italiana/Ambasciata d’Italia di La Paz. Ciò al fine di permettere di definire con più efficacia ed efficienza le dimensioni tecniche dell’iniziativa e agevolare i procedimenti interni e amministrativi.

Risultati da conseguire

Le diverse attività programmate, puntano alla definizione dei seguenti risultati:

- Migliorare le capacità dell'Area di Salute Mentale e dipendenze del Ministero della Salute nella prevenzione e cura delle persone dipendenti da alcol, tabacco e droghe;
- Migliorare ed aggiornare le capacità di assistenza dell'Unità per le disabilità del Ministero della Salute;
- Potenziare la Direzione Generale per le assicurazioni pubbliche in Sanità nella conduzione del processo d'implementazione del Sistema Sanitario Nazionale.

Elenco beneficiari

- Le differenti unità di gestione del Ministero della Salute e i tecnici che realizzano il lavoro operativo di queste Unità;
- I vari servizi dipartimentali di Salute coinvolti (SEDES);
- I diversi consigli, come il CONALPEDIS e il CONALTID, costituiti per lavorare alla problematica settoriale;
- Le persone disabili del paese (circa 53.000);
- Le persone dipendenti da sostanze psicotrope (circa 3.000);

Sviluppi recenti

Al programma sono state apportate 3 varianti tecniche non onerose.

La durata originaria del programma, pari a 12 mesi, è stata oggetto di una proroga, per un periodo pari ad ulteriori 12 mesi. Il programma si è infine concluso il 10 ottobre 2017, in anticipo rispetto alla fine del periodo di proroga concesso.

Il programma è stato oggetto di 2 relazioni sulle attività realizzate nel corso del 2016.

Il 15 dicembre 2016, con delibera del Direttore AICS, è stata approvata la Fase II del Programma di Assistenza Tecnica al Ministero della Salute, in linea di continuità con la fase precedente (AID 10869).

MINISTERO DEGLI AFFARI ESTERI E DELLA COOPERAZIONE INTERNAZIONALE

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGRAMMA *“Programma di assistenza tecnica al ministero della salute” - Fase II (AID 10869)*

LUOGO DEL PROGRAMMA BOLIVIA
LINGUA DEL PROGRAMMA Italiano e Spagnolo
DURATA PREVISTA 12 mesi (2017 -)
DURATA EFFETTIVA 2017-in corso
CANALE DI FINANZIAMENTO Bilaterale
TIPOLOGIA Dono

BUDGET TOTALE **EURO** **448.000,00**

di cui:

Gestione MAE/DGCS – Fondo esperti **EURO** **275.760,00**

Gestione MAE/DGCS – Fondo in loco **EURO** **172.240,00**

ENTE ESECUTORE **Ministero della Salute boliviano/AICS La Paz**

ENTE PROMOTORE **Ministero della Salute boliviano**

OBIETTIVI DI SVILUPPO SOSTENIBILE

O3

“Programma di assistenza tecnica al ministero della salute”

Fase II (AID 10869)

Contesto dell’iniziativa

La Fase II del “*Programma di assistenza tecnica al ministero della salute*”, in linea di continuità con la fase precedente, ha come obiettivo rafforzare istituzionalmente il Ministero della Sanità boliviano, delineando politiche e interventi che partano dal livello nazionale per raggiungere il livello locale e contribuire al miglioramento dello stato di salute della popolazione.

Obiettivi

L’obiettivo generale del programma è quello di contribuire all’implementazione del SUS e alla riduzione dei tassi di mortalità/morbilità per malattie croniche (obesità, sovrappeso e salute mentale) in Bolivia.

L’obiettivo specifico è elaborare strategie di rafforzamento integrale delle capacità istituzionali del Ministero della Salute nel contesto delle malattie croniche non trasmissibili e l’implementazione del SUS nell’ambito della politica SAFCI.

Finanziamento

Per il raggiungimento di tali obiettivi, l’Italia ha contribuito per un importo pari a € 448.000,00 di cui 275.760,00 Fondo esperti e 172.240,00 Fondo in loco.

Strategia di intervento

Partendo dall’individuazione dell’insieme di criticità ed elementi potenziali, la ratio della presente iniziativa si basa sul rafforzamento dell’organismo centrale del settore, da cui provengono normative e direttive volte a promuovere, potenziare e controllare iniziative di salute in tutto il Paese.

I meccanismi innescati dai dialoghi continui con la controparte e con gli attori sociali coinvolti nelle tematiche, dalla diffusione e discussione di tutti i prodotti a vari livelli e dalla dinamica dei workshop, contribuiscono efficacemente all’instaurazione di una costruzione partecipativa di strumenti operativi altrimenti imposti dal livello centrale, con una problematica applicazione a livello locale. Questo permette anche a regioni lontane dal centro di Governo di poter influire nelle politiche pubbliche di proprio diretto interesse.

Allo stesso modo, il lavoro sul campo per la raccolta delle informazioni costituisce un elemento chiave della strategia per il raggiungimento di un risultato costruito a partire dal basso, in questo modo i risultati conseguiti sono percepiti come costruzione sociale anche sulla base di ciò che stabiliscono le politiche nazionali di salute.

Risultati da conseguire

Le diverse attività programmate, puntano alla definizione dei seguenti risultati:

- Migliorare la capacità del Ministero della Sanità e della Direzione Penitenziaria in Bolivia nella diagnosi, cura e trattamento dei problemi relazionati alla salute mentale e al consumo di droghe.
- Rafforzare il Programma di Malattie Croniche non Trasmissibile del Ministero della Salute con norme e protocolli nazionali per il primo livello di complessità.
- Rafforzare le Direzioni Generali del Ministero della Sanità nel processo di implementazione del Sistema Sanitario Nazionale.

Elenco beneficiari

- Il Ministero della Salute e il personale tecnico, di gestione e direttivo delle varie Direzioni coinvolte;
- I vari servizi dipartimentali di Salute coinvolti (SEDES);
- I professionisti e gli operatori del settore di salute a livello nazionale, dipartimentale, locale e comunitario, oltre ai fornitori di servizi di salute.
- Le persone che soffrono di malattie mentali o di malattie croniche.

Sviluppi recenti

Al programma sono state apportate 3 varianti non onerose.

La durata originaria del Programma, pari a 12 mesi, è stata oggetto di una proroga, per un periodo pari a ulteriori 12 mesi. La conclusione del Programma era prevista in data 31 dicembre 2018.

Il Programma è stato rifinanziato con delibera 75 del 19/09/2018 per altri 18 mesi. La conclusione è prevista per il mese di giugno 2020.

Disposizioni gestionali, piano di lavoro

<i>Desk Analysis</i>	Esame della documentazione riguardante le iniziative. Dopo la firma del contratto la DGCS fornirà al team di valutazione ulteriore documentazione relativa alle iniziative oggetto della valutazione. Il team incontrerà i rappresentanti degli uffici della DGCS, gli esperti/funzionari dell'Agenzia e gli altri stakeholder rilevanti.
<i>Inception report</i>	Il team dovrà predisporre l'Inception Report completo di approfondita descrizione dello scopo della valutazione, dei quesiti valutativi, specifici e dettagliati, dei criteri e degli indicatori da utilizzare per rispondere alle domande, delle metodologie che si intendono utilizzare per la raccolta dei dati, per la loro analisi e per la valutazione in generale, della definizione del ruolo e delle responsabilità di ciascun membro del team di valutazione, del piano di lavoro comprensivo del cronoprogramma delle varie fasi e dell'approccio che si intende avere in occasione delle visite sul campo. L'Inception Report sarà soggetto ad approvazione da parte della DGCS.
<i>Field visit</i>	Il team di valutazione visiterà i luoghi dell'intervento, intervisterà le parti interessate, i beneficiari e raccoglierà ogni informazione utile alla valutazione. Il team di valutazione, incluso il team leader, si recherà sul campo per un periodo orientativamente stimato di almeno cinquantacinque giorni complessivi (la durata effettiva sarà determinata dall'offerente)
<i>Bozza del rapporto di valutazione</i>	Il team predisporrà la bozza del rapporto di valutazione, che dovrà essere inviata per l'approvazione da parte della DGCS.
<i>Commenti delle parti interessate e feedback</i>	La bozza di rapporto sarà sottoposta ai soggetti interni alla DGCS, i rappresentanti dell'Agenzia e altri eventuali stakeholder. Commenti e feedback saranno comunicati ai valutatori invitandoli a dare i chiarimenti richiesti e fare eventuali contro-obiezioni. Ove ritenuto utile, possono essere organizzati anche incontri di discussione collettiva.
<i>Workshop presso la DGCS</i>	Sarà organizzato un Workshop per la presentazione della bozza del rapporto di valutazione, per l'acquisizione di commenti e feedback da parte dei soggetti coinvolti nelle iniziative, utili alla stesura del rapporto definitivo.
<i>Rapporto finale</i>	Il team di valutazione definirà il rapporto finale, tenendo conto dei commenti ricevuti e lo trasmetterà alla DGCS, per l'approvazione finale. Al rapporto saranno allegati i TOR, le raccolte analitiche e complete dei dati raccolti ed elaborati, gli strumenti di rilevazione utilizzati (questionari etc.), i documenti specifici prodotti per gli approfondimenti di particolari tematiche o linee di intervento, le fonti informative secondarie utilizzate, le tecniche di raccolta dei dati nell'ambito di indagini ad hoc, le modalità di organizzazione ed esecuzione delle interviste, la definizione e le modalità di quantificazione delle diverse categorie di indicatori utilizzati, le procedure e le tecniche per l'analisi dei dati e per la formulazione delle risposte ai quesiti valutativi, inclusa la Matrice di Valutazione. Il rapporto dovrà evidenziare eventuali opinioni discordanti nel team di valutazione e può includere commenti di stakeholder.
<i>Workshop in loco</i>	Sarà organizzato un Workshop in loco per la presentazione alle controparti del rapporto finale di valutazione. I costi organizzativi (incluso affitto della sala, catering, eventuali rimborsi per lo spostamento dei partecipanti locali) saranno integralmente a carico dell'offerente. Le modalità organizzative di massima del seminario dovranno essere illustrate nell'offerta del concorrente e concordate in tempo utile nel dettaglio con la DGCS.

FORMATO SUGGERITO DEL RAPPORTO DI VALUTAZIONE

<i>Rilegatura</i>	In brossura con copertina plastificata recante l'indicazione del titolo dell'iniziativa anche nella parte laterale.
<i>Carattere</i>	Arial o Times New Roman, corpo 12 minimo.
<i>Copertina</i>	Il file relativo alla prima pagina sarà fornito dall'Ufficio III della DGCS.
<i>Lista degli acronimi</i>	Sarà inserita una lista degli acronimi.
<i>Localizzazione dell'intervento</i>	Inserire una carta geografica relativa alle aree oggetto delle iniziative.
<i>Sintesi</i>	Quadro generale che evidenzi le principali risultanze/i punti di forza e di debolezza dell'intervento. Max 4 pagine per ciascuna iniziativa considerata, con focus sulle lezioni apprese e raccomandazioni.
<i>Contesto dell'iniziativa</i>	<ul style="list-style-type: none"> - Situazione Paese (Max 2 pagine), basata su informazioni rilevate da fonti internazionali accreditate. - Breve descrizione delle politiche di sviluppo attive nel Paese e della sua situazione politica, socio-economica, culturale ed istituzionale. - Analisi della logica dell'intervento. - Stato di realizzazione delle attività dei vari progetti/programmi.
<i>Obiettivo</i>	<ul style="list-style-type: none"> - Tipo di valutazione. - Descrizione dello scopo e dell'utilità della valutazione.
<i>Quadro teorico e metodologico</i>	<ul style="list-style-type: none"> - I criteri di valutazione. - La metodologia utilizzata e la sua applicazione, segnalando le eventuali difficoltà incontrate. - Le fonti informative e loro grado di attendibilità.
<i>Presentazione dei risultati</i>	Elenco dei quesiti valutativi e relative risposte, adeguatamente documentate e commentato, seguito da una sintesi riepilogativa di tutte le risposte che ne faciliti la lettura e metta in evidenza i punti salienti.
<i>Conclusioni</i>	Le conclusioni, tratte dai risultati, dovranno includere un giudizio chiaro in merito a ciascuno dei criteri di valutazione.
<i>Raccomandazioni</i>	Le raccomandazioni, indirizzate a destinatari istituzionali, dovranno essere volte al miglioramento dei progetti e delle strategie future.
<i>Lezioni apprese</i>	Osservazioni, intuizioni e riflessioni generate dalla valutazione, non esclusivamente relative all'ambito dell'intervento, ma originate dai findings e dalle raccomandazioni. Esse devono poter essere utilizzate per informare le decisioni e le azioni da intraprendere, diffondere la conoscenza e rafforzare la legittimazione e la responsabilizzazione dei portatori di interesse.
<i>Allegati</i>	Devono includere i ToR, la lista completa dei quesiti valutativi, la lista delle persone intervistate e ogni altra informazione e documentazione rilevante.

ANNEX 2 – LIST OF INTERVIEWED PERSONS

PROGRAMME 7240 - SUPPORT PROGRAMME FOR THE IMPLEMENTATION OF THE SOCIAL-HEALTHCARE SYSTEM OF THE DEPARTMENT OF POTOSI – PHASE IV

- Lic. Belén Zambrana - UCPP
- Abog. Roberto Bohórquez - Rector Universidad Autónoma Tomas Frías.
- Lic. Wilfredo Michel – Delegado de Decanatura de la Facultad de Medicina.
- Lic. Margarita Martínez – Decana de la Facultad de Enfermería.
- Lic. Andrea Mendoza – Decana Facultad de Ciencias de la Salud.
- Lic. Dionisio Copa – Director de Planificación Universidad Autónoma Tomas Frías.
- Lic. Ruth Frías – Coordinador de Proyecto AIDS 7240 de la Universidad Autónoma Tomas Frías.
- Dr. Ricardo Quisbert – Director Hospital Bracamonte.
- Lic. Limberth Magne – Administrator del Hospital Bracamonte.

PROJECT 8759 - STRENGTHENING OF HEALTH SERVICES IN THE BOLIVIAN CHACO: A COMMUNITY PROPOSAL

- Tarcisio Ciabatti – Vicariato Apostolico de Cuevo
- Francesco Cosmi – Vicariato Apostolico de Cuevo
- Ana Villagrán – Responsable de Laboratorio Villamontes.
- Guido Chumiray, ex mburuvicha APG y director del Teko Guaraní.

PROJECT 10665 - STRENGTHENING OF THE STRATEGIES FOR THE PREVENTION AND SPECIALISED DIAGNOSIS OF ONCOHAEMATOLOGICAL PATHOLOGIES IN BOLIVIA

- Dr. Ricardo Amaru – Jefe Unidad de Biología Celular en Facultad de Medicina UMSA.
- Equipo técnico y administrativo. Unidad de Biología Celular en Facultad de Medicina UMSA.

PROJECT 10685 - STRENGTHENING OF THE EXERCISE OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN THE DEPARTMENTS OF PANDO, LA PAZ, COCHABAMBA

- Natalia Kanem - Directora ejecutiva del Fondo de Población de las Naciones Unidas (UNFPA).
- Willam Michel – Responsable de Aseguramiento de Insumos y Servicios de Salud Reproductiva a Nivel Nacional UNFPA
- Silvia Suarez – Responsable de Proyectos Oficina UNFPA Cobija.
- Luigi Burgoa – Responsable de Proyectos Oficina UNFPA Cochabamba.
- Técnicos y Técnicas de Oficina Nacional UNFPA
- Gobierno Autónomo Municipal de Viacha – Secretaria de Desarrollo Humano.
- Gobierno Autónomo Municipal de Punata Secretaria de Desarrollo Humano.
- Gobierno Autónomo Municipal de Cobija - Secretaria de Desarrollo Humano.

PROJECT 10706 - PROGRAMME OF TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH - PHASE I

- Dr. Carlos Bacarreza – Director General de Planificación Ministerio de Salud
- Lic. Sheyla Ramos – Ministerio de Salud

PROJECT 10869 - PROGRAMME OF TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH - PHASE II

- Dr. Ricardo Céspedes, Director Hospital del Sur – Cochabamba.
- Lic. Enrique Torrico – Secretario de Salud – GAM Cochabamba
- Dr. Juan Carlos Molina – Director Centro de Salud Toro Toro
- Equipo de Trabajo – Centro de Salud Toro Toro
- Dr. Eusebio Quispe, Lic. Ana Calustro – Centro de Salud Acasio.
- Junta de Vecinos del Municipio de Acasio
- Dr. Carlos Bacarreza – Director General de Planificación Ministerio de Salud
- Lic. Sheyla Ramos – Ministerio de Salud

ANNEX 3 – LIST OF STRUCTURED QUESTIONS

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
Project: “Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV”	Relevance	Does the project respond to specific needs? Is there a diagnosis of identification of needs? What is the relationship between the needs of the project and the MDGs?	What is the basis of the satisfaction indicators of the Bracamonte hospital?	Documentary information on the previous diagnosis. Interviews	Project documents Staff of the Ministry of Health Staff of the Bracamonte hospital Staff of the SEDES Potosì
			In the pre-project diagnosis, what was the description of the operation of the service network?	Documentary information on the previous diagnosis. Interviews	Project documents Staff of the Ministry of Health Staff of the SEDES Potosì
			What is the diagnostic situation of the cultural adequacy of health services in Potosì?	Documentary information on the previous diagnosis. Interviews	Project documents Staff of the Ministry of Health Staff of the SEDES Potosì
			What is the evaluation of the curriculum of the Faculty of Medicine of the Tomás Frías University before the project?	Documentary information on the previous diagnosis. Interviews	Project documents Staff of UMTF Staff of the SEDES Potosì
			What is the diagnosis of abandonment and reintegration of minors at risk in Potosì?	Documentary information on the previous diagnosis. Interviews	Project documents Staff of the Potosì Children's Ombudsman SEDES staff Government personnel from Potosì Potosì Departmental Police
	Coherence	Is there a theory of the logic of change involved in the project?	Are there specific activities to improve the quality management of the Bracamonte hospital?	Documents revision. Interviews	Project documents Intermediate reports Italian Cooperation Staff Bracamonte hospital staff

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
		Are the activities linked to this logic? Is there clarity on how the activities lead to the expected results? Have the resources been distributed based on activities?	Is there a specific plan to structure the service network in Potosí?	Documents revision. Interviews	Project documents Intermediate reports Italian Cooperation Staff SEDES staff
			Is there a concrete plan for integrating cultural adaptation to health services in Potosí?	Documents revision. Interviews	Project documents Intermediate reports Italian Cooperation Staff SEDES staff
			Has a curricular adaptation mechanism been established in the UMTF to integrate quality, modernity and cultural adaptation?	Documents revision. Interviews	Project documents Intermediate reports Italian Cooperation Staff UMTF staff
			What is the theory of change towards an improved service that takes care of the abandoned child, prevents abandonment and allows for the reintegration of children?	Documents revision. Interviews	Project documents Intermediate reports Italian Cooperation Staff Ombudsman staff for children
	Efficiency	Have the established quantifiable results been achieved?	Is it possible to say that the Bracamonte hospital has a high level of service quality?	Satisfaction survey. Interviews	Hospital users Hospital doctors
			Does the service network in Potosí work as an integrated network?	Interviews	SEDES staff Service staff at randomly selected points
			Does the Potosí service network provide culturally appropriate services?	Documents revision. Interviews	Users of the service network at specific points Network personnel
			Has the UMTF curriculum been modernized and contains elements of cultural adaptation?	Documents revision. Interviews	Personal Students Accreditation documents or equivalent

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
	Effectiveness	<p>Was the project carried out using the budget in its entirety?</p> <p>Have the deadlines for project development been met?</p>	Has the incidence of child abandonment been reduced and is the reintegration rate higher?	Documents revision. Interviews	Statistics of the ombudsman Health Center Statistics Medical services personnel Office of the Ombudsman Police personnel
			Have the different phases of each component of the project been completed on time?	Documents revision. Interviews	Project documents Officials of partner organizations
			What is the relationship between the allotted time and the time required to advance the critical path of each component of the project?	Documents revision.	Project documents
			Has the budget been executed as planned for each component of the project?	Documents revision. Interviews	Project documents Officials of the Italian Cooperation
			Are there explanations for delays or differences between the budget and what was done in the project?	Documents revision. Interviews	Project documents Executing organization officials Italian Cooperation Personnel
	Impact	Has the final goal of the project been achieved?	Has coverage of the Bracamonte hospital improved?	Documents revision. Survey on the quality of attention	Health statistics Users of the Bracamonte hospital Employees at the Bracamonte hospital
			Has the perception of the quality of the Bracamonte hospital improved?		
			<p>Has the referral and counter-referral system in the Potosí Department's network of services been improved?</p> <p>Are there horizontal training mechanisms in the Potosí Department's network of services?</p>	Documents revision. Interviews	Health statistics Service providers at selected points in the service network

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
			Has the indigenous population's access to health services in the Potosí network increased? Is there better coverage in care, especially for mothers and children in the Potosí Department's network of services?	Documents revision. Interviews	Health statistics Administrative documents in selected points of the network in Potosí Service providers at certain points in Potosí
			Do the students know and appreciate the cultural adequacy content taught at the university?	Interviews	UMTF students
			Has the incidence of abandoned children been reduced? Has the reintegration of children in Potosí been improved?	Documents revision. In-depth interviews	Service statistics Guarantors of rights Young users Children in street situations
	Sustainability	Will it be possible to sustain the results and in particular the impacts once each component of the project is completed?	Is the Bracamonte hospital able to maintain a quality management system by itself?	Documents revision. Interviews	Manuals and standards Key hospital staff Randomly selected hospital staff
			Do the referral system, the CAI and the various institutional mechanisms of the service network work after the project?	Documents revision. Interviews	Rules and procedures SEDES staff Randomly selected health center staff
			Are services for indigenous people with an emphasis on mothers and children appropriate to their culture?	Documents revision. Interviews	Rules and procedures Service personnel in health centers Traditional doctors users
			Does the university continually provide culturally appropriate content to its students?	Documents revision. Interviews	Critical subjects program (obstetrics-gynecology; pediatrics; internal medicine) Teachers Students

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
	Visibility	Is the participation of the Italian Cooperation in the various components of the project known?	Is it possible to maintain progress in reducing the incidence of child neglect and improving the social integration of children?	Documents revision. Interviews	Rules and procedures Municipal policies Departmental policies Interinstitutional agreements Guarantors of rights Industry-leading opinion Service Providers
			Are the staff and users of the Bracamonte hospital aware of the participation of the Italian Cooperation in the Project? Do the staff and users of the Bracamonte Hospital appreciate the participation of the Italian Cooperation in the Project?	Interviews	Bracamonte hospital staff Users of the Bracamonte hospital
			Do the service providers and users of the Potosí service network recognize the participation of the Italian Cooperation in the project? Do the service providers and users of the Potosí service network appreciate the participation of the Italian Cooperation in the Project?	Interviews	Personnel Network users
			Do the students and teachers of the University recognize and appreciate the participation of the Italian Cooperation in the improvement and adaptation of the curriculum?	Interviews	Teachers Students
			Do the participating institutions recognize and appreciate the participation of the Italian Cooperation in the Project? Do the staff of the service providers in the guarantor chain recognize and	Interviews	Key personnel Operating staff

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
	Added Value from Italian Cooperation	What is the concrete contribution of the Italian Cooperation to the project?	appreciate the participation of the Italian Cooperation in the project?		
			Has the Italian Cooperation contributed a specific technology to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Has the Italian Cooperation contributed specific skills to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian financial cooperation decisive in every component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian Cooperation able to mobilize other actors of cooperation in the sector in the different components of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners

Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
Strengthening of health services in the Bolivian Chaco: a community proposal	Relevance	Is there a diagnosis regarding access to health services in the Bolivian Chaco?	Have training problems been identified in the health personnel of the Bolivian Chaco?	Documents review. Interview	Project documents Key personnel
			Was the team deficit quantified in a timely and characterized manner?	Documents review. Interview	Project documents Key personnel

			Has the non-existence or inadequacy of local health plans been identified?	Documents review. Interview	Project documents Key personnel
	Coherence	Does the project respond to the needs formally identified?	Does the training program respond to a diagnosis of training needs?	Documents review	Diagnostic information Project documents
			Does the equipment program meet equipment needs, use human resources, and have a maintenance and replacement plan?	Documents review	Diagnostic information Tools documentation
			Do the health plans respond to the epidemiological profiles of the area and exploit the new range of services promoted by the project?	Documents review	Health plans
	Efficiency	Were the expected results achieved satisfactorily?	Are qualified personnel available and staying in the region?	Documents review. Interview	Documentation of the personnel of the health centres Health professionals in Chaco
			Is the equipment foreseen in the project in place, functioning, supplied and properly maintained?	Documents review. Interview Verification on the spot	Random physical inventory Healthcare personnel of services in the Chaco Maintenance books
			Have health plans entered into force, are they implemented, monitored and evaluated?	Documents review. Interview	Healthcare staff of the Chaco Management reports
	Effectiveness	Were the procurement processes carried out in a timely manner?	Do the purchase prices correspond to competitive processes?	Documents review.	Procurement processes
			Did the times in which the acquisitions were made correspond to those established by the project?	Documents review.	Procurement processes

	Impact	Has coverage of environmental diagnostic services been increased?	Are there trained staff and staff who carry out their activities on a regular basis?	Interviews	Healthcare personnel
		Has the epidemiological profile on the network been improved?	Has the prevalence of waterborne diseases in the region decreased?	Documents review. Interviews	Health statistics Healthcare personnel Beneficiaries of the project
	Sustainability	Are there specific plans for the continuity of post-project actions?	Are staff included in the region's health system budget?	Documents review.	POA of the health system
			Are environmental monitoring and diagnostic activities included in the operational plans of the region's health services?	Documents review. Interviews	POA Healthcare system personnel
			Are maintenance of the delivered equipment and improved infrastructure included in the operational plans and is there a budget?	Documents review. Interviews	POA of the health system Healthcare personnel
	Visibility	Is the participation of the Italian Cooperation in the project known and appreciated?	Do the final beneficiaries know and appreciate the participation of the Italian Cooperation in the project?	Interviews	Key informants in the community
			Is the healthcare staff aware of and appreciates the participation of the Italian Cooperation in the project?	Interviews	Healthcare personnel
			Do the decision-makers know and appreciate the participation of Italian cooperation in the project?	Interviews	Municipal and regional government officials
	Added value of Italian Cooperation	What is the concrete contribution of the Italian Cooperation to the project?	Has the Italian Cooperation contributed a specific technology to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Has the Italian Cooperation contributed specific skills to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners

			Was the Italian financial cooperation decisive in every component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian Cooperation able to mobilize other actors of cooperation in the sector in the different components of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners

Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia	Relevance	Has poor coverage of the leukemia diagnosis been identified?	Was the diagnosis of leukemia cases much lower than expected at the diagnostic level?	Documents review. Interviews	Project documents Key personnel
			Was the diagnosis of leukemia made at the time of diagnosis too late?	Documents review. Interviews	Project documents Key personnel
	Coherence	Does the project adequately expound a theory of change and is this reflected in the actions and results performed and obtained?	Is there an adequate description of the project needs in terms of equipment and supplies?	Documents review. Interviews	Project documents Key personnel
			Is there an adequate socialization process and referral of leukemia cases planned?	Documents review. Interviews	Project documents Key personnel
	Efficiency	Has national coverage of leukemia diagnosis been increased?	Is the diagnosis of leukemia cases closer to expected values?	Documents review. Interviews	Service statistics Operating staff
			Is the diagnosis of leukemia usually made earlier?	Documents review. Interviews	Service statistics Operating staff

	Effectiveness	Was the project carried out within the proposed terms and costs?	Were the acquisitions carried out in accordance with the law and within the established deadlines?	Documents review.	Procurement processes
			Were the human resources for the project timely and sufficiently trained?	Documents review. Interviews	Healthcare personnel Project reports
			Has the outreach strategy reached health services and the community?	Interviews	Service users Healthcare personnel in different networks taking advantage of visits to other projects
	Impact	Has national coverage of leukemia diagnosis been increased?	Have there been multiple diagnoses of leukemia at the Institute?	Documents review. Interviews	Service statistics Specialized operating personnel
			Was the diagnosis made earlier?	Interviews	Specialized operating personnel
			Do health services maintain a referral and counter-referral system for leukemia diagnostic studies with the institution?	Documents review. Interviews	Protocols and standards Staff from different health systems making use of visits to other projects
	Sustainability	Are there conditions to support the services started with the project over time?	Are trained staff held at the institution?	Documents review. Interviews	Administrative records Operating personnel in the service
			Are there conditions for the maintenance of equipment and the provision of supplies?	Documents review. Interviews	Maintenance manuals and standards Biomedical engineering staff
			Is the leukemia diagnosis service nationally known as well as the referral systems to it?	Interviews	Staff from different health systems making use of visits to other projects
	Visibility	Is the participation of the Italian Cooperation in the	Do UMSA laboratory operators know and appreciate the participation of the Italian Cooperation in the project?	Interviews	Operating staff

		project known and appreciated?	Do the national health services staff know and appreciate the participation of the Italian Cooperation in the Project?	Interviews	Staff from different health systems making use of visits to other projects
	Added value of Italian Cooperation	What is the concrete contribution of the Italian Cooperation to the project?	Has the Italian Cooperation contributed a specific technology to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Has the Italian Cooperation contributed specific skills to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian financial cooperation decisive in every component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian Cooperation able to mobilize other actors of cooperation in the sector in the different components of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
Strengthening of the exercise of adolescent sexual and	Relevance	What is the diagnosis of teenage pregnancy in La	What is the incidence of teenage pregnancy in the project departments?	Documents review. Interview	statistics Key sector persons

reproductive health rights in the departments of Pando, La Paz, Cochabamba		Paz, Pando and Cochabamba?	What percentage of teenage pregnancy can be attributed to sexual violence?	Documents review. Interview	statistics Key sector persons
			What percentage of teenage pregnancy can be attributed to lack of access to sexual and reproductive health services?	Documents review. Interview	statistics Key sector persons
		What diagnosis exists regarding sexual violence in the project departments?	What is the incidence of sexual violence in adolescents?	Documents review. Interview	statistics Key sector persons
			What is the coverage of the services of the different guarantors of rights in the event of sexual violence with adolescents?	Documents review. Interview	statistics Key sector persons
		What is the diagnostic coverage of the sexual and reproductive health services in the relevant departments?	What is the diagnostic coverage of the sexual and reproductive health services in the relevant departments?	Documents review. Interview	statistics Key sector persons
	Coherence	Is there an adequate formulation of a theory of change in the project?	How do you intend to improve coverage of sexual and reproductive health services?	Documents review. Interview	Project documents Key Project Staff (UNFPA)
			What is the strategy for integrating and coordinating the work of the various guarantors of the sexual and reproductive rights of adolescents?	Documents review. Interview	Project documents Key Project Staff (UNFPA)
	Efficiency	Has the service capacity of the guarantors of adolescent sexual and reproductive rights been improved?	Has the human resource been trained?	Documents review. Interview	Project reports Operating staff
			La risorsa umana è stata resa consapevole?	Documents review. Interview	Project reports Operating staff
			Has coverage of services been improved?	Documents review.	Service statistics

		Have social participation, surveillance and control been integrated?		Interview	Operating staff
			Are there community SRH programs?	Documents review. Interview	Project reports Operating staff
			Which civil society organizations have been integrated into the work with rights guarantors?	Documents review. Interview	Project reports Staff of civil society organizations
			Have young people been incorporated under the auspices of municipal governments?	Documents review. Interview	Project reports Young people in the municipalities
			Have first-rate services and specific SSR cabinets been developed?	Documents review. Interview	Project reports Operational staff of the service networks
	Effectiveness	Was the project carried out on time and respecting the costs of its formulation?	Was the project carried out on time and respecting the costs of its formulation?	Documents review. Interview	Project reports UNFPA staff Italian Cooperation Staff
	Impact	Has coverage of adolescent sexual and reproductive rights service been improved?	Have sexual and reproductive health services for adolescents been increased in quality and quantity?	Documents review. Interview	Service statistics Operating staff Beneficiary adolescents Non-beneficiary adolescents
			Have counseling and support services for adolescents on sexual violence increased in quality and quantity?	Documents review. Interview	Service statistics Operational staff of organizations guaranteeing rights Beneficiary adolescents Non-beneficiary adolescents

			Has the proportion of prosecuted and convicted sexual violence cases improved?	Documents review. Interview	Service statistics Operational staff of rights protection agencies Staff of the courts and prosecutors of children and adolescents Key industry personality
			Have young people been integrated into solving the problem of their sexual and reproductive rights?	Documents review. Interview	Service statistics Beneficiary adolescents Non-beneficiary adolescents
			Have civil society organizations been incorporated in the effort to ensure the sexual and reproductive rights of adolescents?	Documents review. Interview	Service statistics Operational staff of civil society organizations
	Sustainability	Is it possible to argue that progress will be maintained in the future?	Do the health services working on the project have a budget for the prevention of teenage pregnancy?	Documents review. Interview	POA of health services Key personnel in health services
			Do the civil society organizations involved in the process have sexual and reproductive health promotion programs that work without project support?	Documents review. Interview	Program documents Key staff in civil society organizations
			Have the cases of youth participation been institutionalized within the municipalities?	Documents review. Interview	Institutional regulatory documents Key personnel in the municipalities Young boys
			Are there any PDMs that incorporate projects with budget allocations for sexual and reproductive health services and assistance and punishment for cases of sexual violence?	Documents review. Interview	PDM of the municipalities of the project
			Are there any media involved in the process?	Interview	Key staff of the municipalities

	Visibility	Do the agents recognize and appreciate the participation of the Italian Cooperation in the Project?	Do the municipalities recognize and appreciate the participation of the Italian Cooperation in the Project?	Interview	Key staff of the municipalities
			Do civil society organizations recognize and appreciate the participation of the Italian Cooperation in the Project?	Interview	Key staff of civil society organizations
			Do the health services recognize and appreciate the participation of the Italian Cooperation in the Project?	Interview	Key health services personnel
			Do the organizations and entities that guarantee the rights recognize and appreciate the participation of the Italian Cooperation in the Project?	Interview	Key personnel of organizations and entities that guarantee rights
			Do adolescents and young people recognize and appreciate the participation of the Italian Cooperation in the Project?	Interview	Beneficiary adolescents Non-beneficiary adolescents Young people in the institutional framework of the municipalities

Project 10706 - Programme of technical assistance to the Ministry of Health - Phase I

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
Programme of technical assistance to the Ministry of Health - Phase I	Relevance	Is there an adequate diagnosis regarding the extent of treatment for alcohol, tobacco and drug addiction?	What is the coverage of alcohol addiction treatment and how good is it?	Interviews	Project documents
				Documents review	Key people (specialists) in the sector
			What is the coverage of tobacco addiction treatment and how good is it?	Interviews	Project documents
				Documents review	Key people (specialists) in the sector
		What is the treatment coverage of drug addiction treatment and how good is it?	Interviews	Project documents	
			Documents review	Key people (specialists) in the sector	
	What is the situation diagnosis of the Unit for the disabled of the Ministry of Health at the beginning of the project?	What is the situation diagnosis of the Unit for the disabled of the Ministry of Health at the beginning of the project?	Interviews	Project documents	
			Documents review	Unit personnel	
	What are the weaknesses identified in the health insurance directorate-general for driving SUS?	What are the weaknesses identified in the health insurance directorate-general for driving SUS?	Interviews	Project documents	
			Documents review	Management staff	
	Coherence	Has an adequate theory of change been proposed for the care of people addicted to alcohol, tobacco and drugs?	Is there an adequate treatment protocol for people who are addicted to alcohol?	Interviews	Project documents
				Documents review	Key people (specialists) in the sector
			Is there an adequate treatment protocol for people addicted to tobacco?	Interviews	Project documents
				Documents review	Key people (specialists) in the sector
Is there an adequate treatment protocol for drug addicts?			Interviews	Project documents	
			Documents review	Key people (specialists) in the sector	

		Is there a plan to strengthen unity for the disabled?	Is there a plan to strengthen unity for the disabled?	Interviews Documents review	Project documents Unit personnel
		Is there a plan to strengthen the insurance department?	Is there a plan to strengthen the insurance department?	Interviews Documents review	Documenti di progetto Staff di gestione
	Efficiency	Has the capacity of the Ministry of Health's mental health area been improved?	Do you have the three documents provided for the standards and indicators of the recovery and care centers?	Interviews Documents review	Project documents Key people (specialists) in the sector
			Does the document contain guidelines for the prevention of drug use?	Interviews Documents review	Project documents Key people (specialists) in the sector
			Is there a comprehensive care plan for patients with consumption problems?	Interviews Documents review	Project documents Key people (specialists) in the sector
		Have care protocols been developed for the disabled according to the community rehabilitation approach?	Have care protocols been developed for the disabled according to the community rehabilitation approach?	Interviews Documents review	Project documents Key people (specialists) in the sector
		Has the document on the payment mechanisms of SUS providers been prepared?	Has the document on the payment mechanisms of SUS providers been prepared?	Interviews Documents review	Project documents Key people (specialists) in the sector
	Effectiveness	Was the project carried out on time and with the costs foreseen in its formulation?	Were the deadlines and costs of the project met?	Interviews Documents review	Prepared documents Operational staff of the Ministry of Health Italian Cooperation Staff
	Impact	Has the Ministry of Health been able to implement important public policy improvements in the aspects	Have policies been implemented to care for people addicted to alcohol, tobacco and drugs and have these led to better levels of coverage?	Interviews Documents review	Operating staff

		included in the different components of the project?	Is there a plan to strengthen the unit for the disabled and has it been implemented with meaningful and identifiable improvements in the unit?	Interviews Documents review	Estadísticas epidemiológicas and de servicio de la Unidad
			Is there a plan to strengthen the insurance division and has it been implemented with concrete results in the division?	Interviews Documents review	Strategic staff Operating management staff Plan
	Sustainability	Is it possible to wait for the application of the regulations and policies developed?	Is it possible to expect standards and indicators of care to be normalized?	Interviews	Sectoral authorities Specialists in the sector
			Can drug prevention guidelines be expected to become a program?	Interviste	Sectoral authorities Specialists in the sector
			Is it possible to transform disability assistance protocols into programs?	Interviews	Sectoral authorities Specialists in the sector
			Is it possible to implement the SUS supplier payment system?	Interviews	Sectoral authorities Specialists in the sector
	Visibility	Do the key personnel of the Ministry of Health recognize and appreciate the contribution of the Italian Cooperation?	Do the key personnel of the Ministry of Health recognize and appreciate the contribution of the Italian Cooperation?	Interviews	Sectoral authorities
	Added value of Italian Cooperation	What is the concrete contribution of the Italian Cooperation to the project?	Has the Italian Cooperation contributed a specific technology to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Has the Italian Cooperation contributed specific skills to each component of the project?	Interviews	National strategic personnel Operating staff

					Staff of the project partners
			Was the Italian financial cooperation decisive in every component of the project?	Interviews	National personnel strategic Operating staff Staff of the project partners
			Was the Italian Cooperation able to mobilize other actors of cooperation in the sector in the different components of the project?	Interviews	National personnel strategic Operating staff Staff of the project partners

Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II

Project	Evaluation criteria	General Evaluation Questions	Specific Evaluation Questions	Information collection tools and techniques (depending on the actors)	Source of Information
Programme of technical assistance to the Ministry of Health - Phase II	Relevance	What is the status of the national cervical cancer detection program at the start of the project?	What is the status of the national cervical cancer detection program at the start of the project?	Documents review Interviews	Document of the program Ministry personal Persone chiave nel settore
		What is the state of care for diabetic patients at the start of the project?	What is the state of care for diabetic patients at the start of the project?	Documents review Interviews	Document of the program Ministry personal Persone chiave nel settore
		What is the status of the national program for noncommunicable diseases at the start of the project?	What is the status of the national program for noncommunicable diseases at the start of the project?	Documents review Interviews	Document of the program Ministry personal Persone chiave nel settore

	Coherence	Is there a theory of change to address the cervical cervical cancer problem?	Is there a theory of change to address the cervical cervical cancer problem?	Documents review Interviews	Document of the program Ministry personal
		Is there a theory of change to tackle the problem of diabetes?	Is there a theory of change to tackle the problem of diabetes?	Documents review Interviews	Document of the program Ministry personal
		Is there a theory of change to address the problem of noncommunicable diseases?	Is there a theory of change to address the problem of noncommunicable diseases?	Documents review Interviews	Document of the program Ministry personal
	Efficiency	Has the pilot program for the detection and treatment of cervical cancer and the promotion of women's health rights been implemented?	Has the pilot program for the detection and treatment of cervical cancer and the promotion of women's health rights been implemented?	Documents review Interviews	Document of the program Ministry personal Health services personnel making use of visits to other projects
		Has a pilot experience been implemented for the therapeutic diagnosis of diabetes?	Has a pilot experience been implemented for the therapeutic diagnosis of diabetes?	Documents review Interviews	Document of the program Ministry personal
		Have the services of the national program for noncommunicable diseases been activated?	Have the services of the national program for noncommunicable diseases been activated?	Documents review Interviews	Document of the program Ministry personal
	Effectiveness	Was the project carried out on time and with the costs foreseen in its formulation?	Were the deadlines and costs of the project met?	Documents review Interviews	Document of the program Ministry personal Health services personnel making use of visits to other projects
	Impact	Has the pilot cervical cancer screening and treatment program produced concrete results?	What HPV test coverage did the project have?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			How many women have tested positive?	Documents review Interviews	Service statistics Staff of the Ministry of Health

					Health services personnel who make use of the visit to the different projects
			What number of women were reported to the second level of care?	Documents review	Service statistics
				Interviews	Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			How many units of the health service respond to the needs of women and adolescents in relation to reproductive health?	Documents review	Service statistics
				Interviews	Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			What is the access rate to family planning and sexual and reproductive health services for women and adolescents?	Documents review	Service statistics
				Interviews	Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			How many schools integrate sex, sexual and reproductive education into their school curricula?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
		Does the therapeutic diagnosis of the pilot diabetes experience work?	How many diabetic and high-risk patients have been identified?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			What percentage of patients included in the protocol had improvements?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects

			How many health services meet the needs of diabetic patients?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			What percentage of the population accesses diabetes prevention and treatment services?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
			How many schools include nutrition education in their school curricula?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
		Has the national program on noncommunicable diseases been strengthened?	How many services have been activated in the program?	Documents review Interviews	Service statistics Staff of the Ministry of Health Health services personnel who make use of the visit to the different projects
	Sustainability	Have the project actions been integrated into the programs of the Ministry of Health?	Does the pilot program for the individual and the cervical cancer treatment are integrated into the existing program of the Ministry of Health?	Documents review Interviews	Service statistics Staff of the Ministry of Health
			Is the action of the pilot program for the rilevazione and the prevention of diabetes?	Documents review Interviews	Service statistics Staff of the Ministry of Health
			Does the program of the pilot program for the individual and the treatment of the malattie non-trasmissibili sono state integrate into the existing program presso the Ministero della Sanità?	Documents review Interviews	Service statistics Staff of the Ministry of Health

	Visibility	Do the key personnel of the Ministry of Health recognize and appreciate the contribution of the Italian Cooperation?	Is there a person from the program of individualization and treatment of cervical cancer riconosce and apprezza il contributo della Cooperazione Italiana?	Interviews	Cervical Cancer Detection and Treatment Program Staff Health services personnel who make use of the visit to the different projects
			Is the person from Chiave from the program of individualization and prevention of riconosceous diabetes and apprezza della Cooperazione Italiana contribution?	Interviews	Personnel involved in the diabetes prevention and detection program Health services personnel who make use of the visit to the different projects
			Il personale chiave del Programma sulle malattie non trasmissibili riconosce e apprezza il contributo della Cooperazione Italiana?	Interviews	Noncommunicable Disease Program Staff Health services personnel who make use of the visit to the different projects
	Added value of Italian Cooperation	What is the concrete contribution of the Italian Cooperation to the project?	Has the Italian Cooperation contributed a specific technology to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Has the Italian Cooperation contributed specific skills to each component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian financial cooperation decisive in every component of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners
			Was the Italian Cooperation able to mobilize other actors of cooperation in the sector in the different components of the project?	Interviews	National strategic personnel Operating staff Staff of the project partners

ANNEX 4 – THEORY OF CHANGE MATRIX

Theory of Change Matrix							
Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV							
Component 1: Improving the management and the quality system of the services offered by the Daniel Bracamonte hospital							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
Main target population		Departmental population, users of health services. Population of minors and adolescents, subject to policies					

Theory of Change Matrix

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV

Component 1: Improving the management and the quality system of the services offered by the Daniel Bracamonte hospital

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
<p>Improve the management and quality system of the services offered by the Daniel Bracamonte hospital, seeking greater user satisfaction and services appropriate to the socio-cultural context of the Department of Potosi.</p>	<p>The governance, the management of its services and its information system at the Bracamonte hospital are outdated in light of the current advances in hospital management issues in the framework of health networks.</p>	<p>Executive (technical-administrative) departments of the Bracamonte hospital. Administrative staff. Heads of clinical areas and their medical and nursing staff. Medical and nursing staff of complementary diagnostic services. Social area staff. Intercultural staff Internal service area personnel.</p>	<p>Hospital governing body, characterized in the governance of the health network, based on the following characteristics: * Governance, where it must align itself with the network and translate the general objectives and strategies into the short and medium term tasks of the institution. * Participation, in which the policies and cases of participation of users and citizens will be defined, the transparency of public decisions and the responsibility of the decisions and expenses taken. * Portfolio of services, in which internal adjustments must be made, which also respond to the portfolio of services required by the network, in addition to participating in the design of the healthcare processes of the network, considering the improvement of the first level response capacity and the reference and the against reference, adapting to its organization and internal processes. * Internal human resources policy, definition of mechanisms for the development of human talents, application of new technologies and / or variants of existing ones, internal allocation of resources, positioning and creation of a corporate image. * Standards that define the training of human resources in medicine and nursing in H.B. * Economic-financial strategy. * Establishment of a transparent, accessible and timely information system.</p>	<p>* Specific technical assistance for the development of documents. * Institutional political commitment to make the proposed changes and implement them. * Spaces for the presentation of proposals, discussions, consensus, drafting and implementation within the hospital and health network. * Immediate application of the new hospital policy.</p>	<p>Governance standard that includes alignment with the health network, participation of all social actors, with transparency and accountability mechanisms, service portfolio, development of human talents, training of health professionals and information system in full implementation.</p>	<p>Daniel Bracamonte Hospital is well established as a practical teaching center for the training of human resources in the health field. The organic functioning through its governance policy allows: * Improve the quality of health care in different hospital services. * Strengthen the capacities of the network health facilities. * Smooth operation of the reference and counter reference. * Maintain the hospital's medical equipment in a sustainable and periodic way, with the extension to the first level health services.</p>	<p>Daniel Bracamonte hospital has become a regional reference point in terms of health care with an intercultural approach, being a training center for the staff of the health network services and training of human resources in the field of health.</p>

Theory of Change Matrix

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV

Component 1: Improving the management and the quality system of the services offered by the Daniel Bracamonte hospital

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
	The H.B. system does not have adequate flowcharts for access to quality active care for the population, including complementary diagnostic services.	Executive technical management of the Bracamonte hospital. Heads of clinical areas and their medical and nursing staff. Medical and nursing staff of complementary diagnostic services. Social area staff. Internal service area personnel.	Regarding the portfolio of services established in the governance building, we must: * Define an assistance strategy for each particular service, considering its flow diagrams and the accesses necessary for complementary diagnosis (laboratory, imaging, etc.). * Regulate the operation of emergency services, based on triage criteria established for this type of assistance and adapting the existing infrastructure. * Establishment of key indicators to accurately measure the care provided in all existing health services in the hospital.				
	The organizational system of H.B. does not have adequate flowcharts for the management and provision of internal services and maintenance.	Executive (technical-administrative) departments of the Bracamonte hospital. Administrative staff. Internal service area personnel.	Define an internal services strategy that includes: * The conservation of hospital infrastructure. * Maintenance unit for medical equipment and support equipment for electricity, water, etc. * Establishment of key indicators to accurately measure these services. * Technical assistance for the maintenance of basic equipment to the first level establishments of the corresponding health network.				

Theory of Change Matrix

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV

Component 1: Improving the management and the quality system of the services offered by the Daniel Bracamonte hospital

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
	The intercultural unit of the Bracamonte hospital does not respond to the care needs of patients of local cultures and is not integrated into the departmental health system.	Executive (technical-administrative) departments of the Bracamonte hospital. Heads of clinical areas and their medical and nursing staff. Social area staff. Intercultural staff	In the governance framework, the following should be implemented: * Intercultural health management office, integrated with the clinical care services and coordinated with the similar structure established by the health network. * Establish guidelines for promotion and assistance with intercultural criteria based on the policies established by the Ministry of Health, the SEDES Dptal. and the health network. * Strategy for promoting these services. * To make possible the inside of H.B., the implementation of care environments with intercultural criteria, in particular in matters of maternal health, pregnancy, childbirth and the puerperium.	* Institutional political commitment to make the proposed changes and implement them. * Collective elaboration by H.B. promotion and attention guides with intercultural criteria. establish clear guidelines for coordination between the areas of clinical and traditional medicine. * Allocation of environments for the renewal, adaptation and supply of minimum equipment by the H.B for assistance with intercultural criteria.	Intercultural health management office, implemented, integrated into clinical care and in coordination with its peers in the health network. Departmental / local regulation for health promotion and assistance with intercultural criteria. Environments suitable for intercultural care work.	Departmental reference hospital for health care with intercultural criteria, in specially assigned spaces.	

Theory of Change Matrix

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV

Component 1: Improving the management and the quality system of the services offered by the Daniel Bracamonte hospital

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
	H.B. Since he is assigned a teaching center for medicine and nursing, he does not have a clearly established agreement and clearly defined and developed strategies with the Faculties of Medicine and Nursing of the Tomas Frías University.	Heads of clinical areas and their medical and nursing staff. Intercultural area staff. Students of the faculties of medicine and nursing.	<ul style="list-style-type: none"> * Implement and / or strengthen the academic teaching unit within the developed governance strategy. * Preparation, consent and implementation of an internal regulatory document that legitimizes teaching at H.B. * Accompany this document with the elaboration of a common strategy, which will allow integration within H.B. and the Faculty of Health Sciences. * Definition of indicators that make it possible to quantify the number of university and medical residency students, their academic performance, etc. 	Political and institutional commitment both by H.B. and by the Faculty of Health Sciences and their careers for the elaboration of strategic guidelines that allow, ratify or strengthen interinstitutional collaboration.	<p>Students of the medical and nursing faculties take learning stays in H.B.</p> <p>Graduated doctors of the Faculty of Medicine carry out their training in established medical residences.</p> <p>Implementation of the nursing curriculum with an intercultural approach.</p>	Professionals trained with quality and excellence, framed in the national policy of SAFCI.	
HYPOTHESIS		Regularity in the disbursement of funds.					
		Political commitments by executive agencies to respect the stated objectives					
		SEDES undertakes to integrate the Bracamonte hospital as a reference of the existing health network.					
		H.B. It makes a commitment to join the health network and considers its governance plan in this regard.					
		The medical and nursing faculties help in the education of their students by involving an intercultural approach in their teaching.					

Theory of Change Matrix							
Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosí – Phase IV							
Components 2 and 3: Structuring a network of health services, both in urban and rural areas, improving the quality of medical care through training, research and coordination between biomedicine and traditional medicine.							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
Principal target population		Total population of the department of Potosí Staff of 11 health networks					
Structuring a network of health services, both in urban and rural areas, capable of identifying, modulating and satisfying health needs.	The health network does not have documented documentation of its needs in terms of training, health care, infrastructure and equipment.	Addresses of the 11 health networks (10 rural and one urban) Health network service personnel.	Network diagnosis that includes the needs for: * Training * Health care. * Infrastructure. * Equipment. * Personal. * Non-public health services in the network.	Coordination with: * Information on the health network, SEDES Potosí * GAM in all networks involved. * Network health services * Community and neighborhood organizations. Diagnostic design (specialized consultancy) * Validation and adjustment. * Application. * Analysis of the results. * Final report. * Publication and dissemination plan. Priority of needs	Development plan of each of the health networks which includes: * Improvement plan for infrastructure and equipment. * Implementation of health care, based on results. * Training and refresher plan for network personnel.	Improved health care services for health care. New health care proposals during my presentation. Staff updated on health care standards and protocols. The number of human resources has increased, for health promotion and assistance. * Improvement of complementary diagnostic services.	Accreditation as health networks framed in the WHO / WHO criteria of integrated functional networks of health services-REFISS.
	The health network does not have a network governance and management model.		Governance body of the health network, based on the following characteristics: * Governance, establishing short and medium term objectives and strategies of the network. * Participation, definition of policies and cases of participation of users and their population, transparency of public decisions, expenses and responsibilities. of care, considering the improvement of the resolution capacity of the 1st level and the referral and counter-reference.	Governance body * Specialized technical assistance for the development of documents. * Institutional political commitment to make the proposed changes and implement them. * Spaces for the presentation of proposals, discussions, consensus,	Governance regulation for each health network in which it provides for the participation of all social actors, with transparency and accountability mechanisms, a portfolio of services, development of human talents, training of health professionals and a complete	Health networks begin the training of human resources in the field of health, with technical assistance from the UTF FCS. Organic functioning through its governance policy enables health networks * Improve the quality of health care in their health services. * Strengthen the capacities of the staff of the health institutions of each health network.* Funzionamento regolare del riferimento e del contro riferimento.	

Theory of Change Matrix

Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosí – Phase IV

Components 2 and 3: Structuring a network of health services, both in urban and rural areas, improving the quality of medical care through training, research and coordination between biomedicine and traditional medicine.

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
Improving the quality of medical care and the cultural adaptation of better health services and the creation of spaces of articulation between biomedicine and traditional medicine.			<ul style="list-style-type: none">* Internal human resources policy, definition of mechanisms for the development of human talents, new technologies, resource allocation, positioning and network image.* Training strategy for human resources in medicine and nursing in 1st level services, coordinating with the UT FCS and based on the capabilities of each health network.* Financial resources strategy.* Establishment of a transparent, accessible and timely information system, coordinated with SNIS.	<p>drafting and implementation within the health network of Potosí and the hospital of Bracamonte.</p> <ul style="list-style-type: none">* Immediate application of the new internal health network policy. <p>Care with an intercultural approach and the integration of biomedical medicine with traditional medicine</p>	implementation information system.	* Mantenimento delle attrezzature mediche di base di ciascuna delle reti in modo sostenibile e periodico con il supporto tecnico di H.B.	
	Red de Salud does not provide health care services with an intercultural focus, nor does it establish spaces of articulation between biomedicine and traditional medicine.	<p>Rapid diagnosis involving:</p> <ul style="list-style-type: none">* Healthcare with a cultural focus.* Spaces of articulation between modern medicine and traditional medicine. <p>Systematization of experiences within the network.</p> <p>Review of the experiences of other health networks at national and international level.</p> <p>Adequacy of services for their functioning with an intercultural approach and articulation between WB and MT.</p>	<ul style="list-style-type: none">* Specialized technical assistance for research development.* Presentation of the results.* Elaboration of the implementation strategy.	Care strategy with an intercultural approach gradually implemented in each of the health networks.			
HYPOTHESIS		Participation of all health networks in the diagnosis of the institutional network.					

Theory of Change Matrix							
Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV							
Components 2 and 3: Structuring a network of health services, both in urban and rural areas, improving the quality of medical care through training, research and coordination between biomedicine and traditional medicine.							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
		Political-financial commitment of each of the municipalities participating in each network					
		Allocation of the resources of the Potosí government through SEDES, to implement the needs established in each diagnosis.					
		Coordination of the FCS, with health networks to carry out the teaching and learning of medical and nursing students in the established health services of each network.					
		Coordination with the Bracamonte Hospital on clinical updating in health networks, as well as maintenance support in the services of each network.					

Matrice della Teoria del Cambiamento							
Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV							
Component 4. Modernizing the Faculties of Health Sciences (Nursing Medicine) of the Autonomous University of Tomas Frías-Potosí.							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
Main target population		Students of the Faculties of Medicine and Nursing of the Tomas Frías University					
Component II: Strengthen and modernize the Faculty of Health Sciences (Medicine and Nursing Career) of the Autonomous University of Tomas Frías de Potosí.	The infrastructure and equipment of the health sciences faculty is outdated to meet the demand for new students and provide quality teaching.	Medical teachers and students of the Faculty of Health Sciences (medicine and nursing career).	<ul style="list-style-type: none"> * Architectural design, construction and delivery of turnkey infrastructures. * Definition of equipment needs in the assigned budget. * Acquisition of equipment, delivery and location on site. * Teacher training of some teacher groups. 	<p>Technical assistance in the development of the following services:</p> <ul style="list-style-type: none"> * Architect for infrastructure design. * Call for tenders for the construction of the FCS infrastructure. Tender for the acquisition of equipment. * Organizational development specialist. <p>Institutional political commitment to establish the new</p>	<p>New infrastructure with all the conditions and specific spaces for university education and fully equipped according to the current academic teaching needs.</p> <p>Organizational structure between FCS, H.B., IBBA and IMT, which allows coordination and decision making for the benefit of all parties, within the framework of the established agreements.</p>	The Faculty of Health Sciences, established as an instance of quality teaching in the training of human resources in the health field and a pioneer in incorporating the intercultural approach into the teaching of its students.	The training of human resources in medicine and nursing at the FCS of the Tomas Frías University is a reference point for the paradigm shift from traditional training to holistic and intercultural training.

	<p>The Faculty of Health Sciences is obsolete in terms of an organizational strategy that allows to bring together careers in medicine, nursing care with the Bracamonte Hospital and the institutions of the IBBA and IMT)</p>	<p>Medical teachers and students of the Faculty of Health Sciences (medicine and nursing career).</p> <p>IBBA officials and researchers</p> <p>Heads of the clinical areas and their medical and nursing staff at the Bracamonte Hospital.</p>	<p>Multidisciplinary and interinstitutional work in the elaboration of the FCS organizational strategy.</p> <p>Attach to this document: * The internal regulatory document, which establishes and legitimizes teaching at H.B. * The joint integration strategy between H.B. and the Faculty of Health Sciences.</p>	<p>contents of the curricula, within the framework of the established commitments and make them effective.</p> <p>Spaces for the presentation of proposals, discussions, consensus, writing, socialization and implementation within the framework of the Bolivian University statute and the needs of current health policies.</p> <p>Interinstitutional integration between H.B. and the Faculty of Health Sciences.</p>	<p>Current curricula allow for strengthened teaching both within medical and nursing careers, and in internships at H.B.</p> <p>The interinstitutional integration between H.B. and the Faculty of Health Sciences, enables decisions to be made about the best use of teaching and learning resources within its institution</p>		
	<p>The study plan for medical and nursing careers of the FCS of the UTF of Potosí does not respond to the current requests for training of health professionals established by the Sectoral Development Plan and the SAFCI Policy of the Pluri-National State.</p>	<p>Medical teachers and students of the Faculty of Health Sciences (medicine and nursing career).</p> <p>Heads of the clinical areas and their medical and nursing staff at the Bracamonte Hospital.</p>	<p>I work within the FCS, preparing new curricula, which take into account the intercultural approach in teaching and learning for medical and nursing students.</p> <p>Attach to this document: * The guides for promotion and care with intercultural criteria based on the policies established by the Ministry of Health, the SEDES Dptal. and the health network of the Bracamonte hospital</p>				
HYPOTHESIS		Regularity in the disbursement of funds.					
		Political commitments by executive agencies to respect the stated objectives					
		The FCS and its corresponding careers undertake to prepare curricula according to the requirements established in the SAFCI policy.					
		The medical and nursing faculties help in the education of their students by involving an intercultural approach in their teaching.					

Theory of Change Matrix							
Programme 7240 - Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV							
Component 5: Structuring and activating services for the prevention of child abandonment and the social reintegration of children and adolescents at risk							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
Main target population		Children and adolescents in a state of abandonment and risk.					
Establish services to prevent abandonment of minors and adolescents at risk, s developing strategies to improve their living conditions.	The child and adolescent population of the Potosí Department is in a state of neglect and risk, with reduced opportunities for social reintegration.	Children and adolescents in a state of abandonment and risk.	<p>Development of an integrated management model for established reception centers.</p> <p>Construction of an integrated information system on children and adolescents within the Observatory-SID.</p>	<p>Coordination with:</p> <ul style="list-style-type: none"> * The Departmental Social Management Service of the Departmental Government of Potosí. * Reporting instances in the information system. * Parents of children and adolescents involved. * Neighborhood organizations. <p>Design of an integrated management model (specialized consultancy) in coordination with at least the cases mentioned.</p> <ul style="list-style-type: none"> * Testing and validation process. * Staff training. * Implementation <p>Preparation of the information system (specialized consultancy) in coordination with at least the cases mentioned</p> <ul style="list-style-type: none"> * Accessible online by all instances you are about to report. * Establishment of the operating platform. * Validation of system operation. * Formation of the bodies that will present the report. 	<p>Integrated management model implemented in established shelters, which allows permanent monitoring of children and adolescents living and living in them.</p> <p>Integrated information system established, with periodic reports, reliable and useful for the decision-making process.</p>	<p>De-institutionalization plan in full swing.</p> <p>Families of children and adolescents in shelters participate and receive support.</p> <p>Active participation of the community and other strategic actors.</p> <p>Adolescents who carry out self-employment initiatives (micro-enterprise training).</p> <p>Access to social microcredit loans for teenagers.</p> <p>Social work staff and others participating in the deinstitutionalization program support and provide quality care services.</p>	<p>Children in a situation of abandonment and risk, return to their renovated homes.</p> <p>Teenagers who found themselves in a situation of abandonment and risk, have formed micro-enterprises and collaborate with them in the development of greater initiatives by the shelters.</p>
HYPOTHESIS		Government participation through SEDEGES, in the sustainability and monitoring of the actions of the reception centers.					
		The reception centers take full responsibility for the integrated management work within their institutions.					
		The community, through its representatives and the parents of children and adolescents at risk, actively participates in the process led by SEDEGES.					
		Commitment of institutions and strategic partners in the process of deinstitutionalization of adolescents.					

Theory of Change Matrix							
Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
Main target population		30 communities including 6,000 inhabitants. (excluded from clinical and environmental health services) and disadvantaged in the use of health services. Students of the Tekove Katu Health School "					
Strengthen social and health services in the Bolivian provinces of Cordillera, Gran Chaco, Hemando Siles, O'Connor, with particular attention to diagnostic and environmental health services, in a shared management perspective.	<p>There are no qualified personnel working in clinical and environmental laboratories.</p> <p>The staff working in the communities of the Bolivian Chaco are not updated on the principles of community medicine.</p>	<p>Laboratory technicians and assistants.</p> <p>Social and community health workers from communities excluded from health services and environmental management.</p>	<p>Training plans that include: Topics on: * Laboratory management and clinical analysis management. * Analysis of waste water. * Community medicine and epidemiology. Logistics for training. Specialized teaching staff.</p> <p>Continuous updating and educational plan.</p> <p>Emergency plan for official mobility.</p>	<p>Qualification of staff, good work and confidence building in the population they serve.</p> <p>Commitment of cases on which health services and laboratories depend, to avoid the mobility of civil servants.</p> <p>External technical assistance from Italian collaborating partners and from the region.</p>	<p>The laboratories have qualified staff and perform high quality analyzes at the request of health services, contributing to better diagnosis and possible treatment.</p> <p>Staff who work closely with the community have a greater impact on the community's response to their work.</p>	<p>Empowered community. Sustainable laboratory services. Good community participation.</p>	

Theory of Change Matrix							
Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
	Clinical microbiological control and chemical-microbiological control services for insufficient water in the region.	Specialized staff and laboratory technicians from six laboratories to be implemented in populations without them. Community staff who will work in malaria and tuberculosis control units.	Restructuring, adaptation and equipment of environments intended for the operation of clinical and microbiological laboratories for water and environmental control.	Laboratory equipment maintenance plan, supply of supplies to perform analyzes. clinical and microbiological.	Laboratories that operate over time with standardized and sustainable protocols.	Quality laboratory services. Enhanced communities.	
	Absence of community survey groups for people with malaria and tuberculosis.		Development of research protocols related to specific topics (community epidemiology, zoonotic diseases and water quality for human consumption).	The research results are published and used in the implementation of solutions in the communities involved.	The survey results are socialized within the Chaco region and their experiences are replicated.		
No research is carried out relating to the sensitive needs of the population.	Formation of community units for the control of malaria and tuberculosis.		Carry out the detection, treatment monitoring and recovery of people who have contracted malaria and tuberculosis. Document the cases.	Communities are made aware of health problems and in particular of malaria and tuberculosis.			
	Rural Guaraní communities with poor sanitation and health care	Population of 30 communities excluded from health services and environmental management.	Training of indigenous promoters in community epidemiology. Perform structured protocols for a health diagnosis in selected communities.	Promote the participation of community leaders in community epidemiological work. The diagnoses will allow to prepare a plan for each of the selected communities.	Community leaders are involved in the management, monitoring and evaluation of the project. The prepared plans reflect the problems of each community and the strategies proposed to solve them are implemented in coordination with other actors.	Communities make important decisions about the health problems of their communities and call upon the resources of other Bolivian state actors in the region to promote the development of their communities.	
HYPOTHESIS		The socio-economic conditions of the country remain stable.					
		Health services are permanently involved in the project					
		High participation population.					

Theory of Change Matrix							
Project 8759 - Strengthening of health services in the Bolivian Chaco: a community proposal							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Long-lasting gearbox
		Health services participate and improve their care for the affected population					
		Stability of the staff assigned					
		Motivated staff.					
		Motivated and interested communities					

Theory of Change Matrix						
Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia						
Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Objectives
The UMSA Faculty of Medicine's Microbiology Unit has reduced the quality of its diagnostic and data management services nationwide.	HR of the UMC laboratory of the UMSA Faculty of Medicine, in the management of the timely diagnosis of leukemia and lymphomas.	Equipment Management training Training in diagnostic techniques Establish an information management database	Social and professional commitment by qualified personnel. Laboratory that becomes a reference point for institutional quality in diagnostic work	It is efficient, it has an impact and it is sustainable.	Timely and quality diagnosis. • Covers 70% of leukemia diagnoses in Bolivia • Sustainability: the coverage of laboratory costs, diagnosis, half of cancers in children is leukemia, through the HDI funds of UMSA.	Expansion of services nationwide
Out-of-date guides on the management of oncohematological diseases that do not fit the current landscape of this service in the country.	Technical and health personnel from five departments (La Paz, Cochabamba, Santa Cruz, Chuquisaca, Tarija) who will receive training on the application of new protocols for an effective diagnosis of oncohematological diseases.	Revision, updating of oncohematological guides Personal training of laboratories in the country in the nine guidelines	The guides must be of universal use nationwide. Trained personnel must be permanent in the workplace	The structure of the physicians health network module took 10 years. 10% increase in coverage of diagnostic services for both children and adult patients,	Timely obtaining the diagnosis from referral due to suspicions from the specialist. Date of diagnosis, such as flow cytometry report. Promptly obtaining treatment from the appropriate diagnosis. • Development of stem cells. • Leukemias when detected early are cured and usually in children only with medication.	Timely coordination with health services and oncology professionals, for a timely identification, diagnosis and treatment process.
Lack of a communication strategy for the prevention, diagnosis and treatment of oncohematological diseases, according to the current reality.	General population	Development of the communication strategy.	Spread in the population Coordinate with company groups for better access to information Coordination with social and communication media as their social responsibility.	The population knows, refers and / or goes to the prevention, attention and haematological diagnosis services when they need it.		Effective communication strategy performed by all media.

Theory of Change Matrix						
Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia						
Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Objectives
	Complete cancer control is aimed at the whole population, but tries to meet the needs of different risk subgroups.	Institutional communication with patients as good health practices. Management communication as a link for prevention, diagnosis and treatment activities. Communicative competence of medical oncologists within the biopsychosocial paradigm. Listening and containment training for the patient and his family. Make decisions to improve treatment adherence and symptom control. Working with others: interdisciplinary, intercultural, diversity of points of view and practices. The complementarity of knowledge for the improvement of attention and conflict resolution.	Inform patients about the procedures to be performed Coordinate prevention and treatment with medical professionals. He works on the subject of complementarity in an interdisciplinary way.	* General population informed about oncohematological diseases, which allows access to information before services intended to provide assistance. * Access to reliable services, for review and prevention, access to diagnostic services and timely initiation of treatment.		
	Population with oncohematological problems.	Interventions for prevention, early diagnosis, diagnosis, treatment and provision of palliative care.				
		Resources, time and opportunities in care				
		Quality indicators of care in cancer care				
HYPOTHESIS	Health policies linked to oncological diseases stable over time.					

Theory of Change Matrix						
Project 10665 - Strengthening of the strategies for the prevention and specialised diagnosis of oncohaematological pathologies in Bolivia						
Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Objectives
	HDI-UMSA resources permanently available to the competition as a counterpart.					
	Health services with the ability to promote, prevent and detect people with oncohematological diseases.					
	The Ministry of Health is committed to assimilating the project as a state strategy and establishes resources for its sustainability.					
	Prompt start of treatment once diagnosis is made.					
	Free in the treatment of patients with timely diagnosis.					

Theory of Change Matrix							
Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
Main target population		,000 adolescent women aged 12-19 from 4 Bolivian municipalities (about 20% of the total number of adolescents in this age group) in peri-urban and rural areas. 4,500 adolescents and young people between 12 and 19 years old from 4 Bolivian municipalities (about 10% of the total number of adolescents in this age group), coming from peri-urban and rural areas.					
Strengthen the capacity of local rights guarantors	Municipal management that does not prioritize sexual and reproductive rights, sexual and reproductive health and the prevention, treatment and punishment of sexual violence in adolescents.	* Autonomous Municipal Government Authorities (GMA) * Young male and female adolescent leaders aged 12-19.	Autonomous Municipal Governments (GMA): * Allocate resources for the creation of youth units, comprehensive adolescent care offices and organic letters that include sexual and reproductive rights (DSDR). * Incorporate at least one ongoing program or project into your municipal development plan (PDM) * Incorporate in the POA a sufficient budget to manage the SRH programs / projects established in the PDM. Teen leaders are incorporated for their participation in youth units.	* Political decision by local government bodies. * Sustainability of the project by the GAM, incorporating it as a municipal strategy in its PDM and with budget allocation. * Youth units, initially financed by the GAM, must be independent in their actions and tend to be self-supporting.	* Creation of youth units, with leaders working on behalf of their peers. * Integrated Care Offices (OAI) institutionalized in comprehensive care for adolescents. * GAM sponsored projects / programs in full implementation process, are strategically and financially sustainable.	* Young people who are well informed about their rights on SRH, sexual assault and other related issues. * Permanent, unrestricted adolescent access to OAIs of information, guidance and attention on SRH and related topics.	Establishment by society as a whole, municipal authorities and other state institutions of a culture of responsiveness to the information, guidance and attention needs in SRH and related issues of adolescents.

Theory of Change Matrix

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
	The first and second level health services do not have a complete and differentiated sexual and reproductive assistance program for adolescents, nor do they promote access to contraceptive methods.	<ul style="list-style-type: none"> * Autonomous Municipal Government Authorities (GMA) * 1st and 2nd level health service personnel per municipality concerned. * Young male and female adolescent leaders aged 12-19. 	<p>Autonomous Municipal Governments (GMA):</p> <ul style="list-style-type: none"> * Issue a municipal resolution to allow free delivery of condoms to adolescents under the current health system. <p>At least one 1st and 2nd level health service per municipality concerned must have:</p> <ul style="list-style-type: none"> * Internal program of complete and differentiated assistance in SRH within the context of Comprehensive differentiated assistance for adolescents-AIDA (geographic accessibility, identification of the service, special environment, adequate times and scheduling of appointments) with access to contraceptives. * Plan for the promotion, information and communication of the delivery of contraceptives to adolescents. 	<ul style="list-style-type: none"> * Political decision by local government bodies. * Regional SEDES must maintain the program, allocating corresponding resources and coordinating the improvement of health service environments with the GAM. * Gradually increase the benefits of managing contraceptive methods by improving communication strategy. 	<ul style="list-style-type: none"> * Young adolescents, with free and impartial access to the supply of condoms. * First and second level health services, with adequate environments and qualified personnel, to provide SRH services to adolescents and to promote the use of contraceptive methods within AIDA. * The GAMs ensure the strategic and financial sustainability of the condom distribution program. 	<ul style="list-style-type: none"> * Teens rely on health services when they access guidance and attention in SRH and other related individuals, with the confidentiality they deserve. * Increased distribution of contraceptive methods for adolescents. 	

Theory of Change Matrix

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
	<ul style="list-style-type: none"> * Municipal authorities do not establish guidelines that promote the protection of adolescent rights. * Teenagers' access to justice, limited. * There are no recovery and rehabilitation mechanisms for adolescent victims of sexual violence. * Public operators do not have a coordination mechanism for joint action. 	<ul style="list-style-type: none"> * Autonomous Municipal Government Authorities (GMA) * 1st and 2nd level health service personnel per municipality concerned. * Multidisciplinary public workers dealing with adolescent problems. * Young male and female adolescent leaders aged 12-19. 	<p>Autonomous Municipal Governments (GMA):</p> <ul style="list-style-type: none"> * Establish coordination guidelines with different public actors (health services, FELCV representatives of public ministries at local level, child-adolescent ombudsmen, etc.) dealing with adolescent problems. * Establish criteria for providing differentiated care to adolescents from their jurisdiction. * Coordinate the registration, reporting and monitoring of cases of sexual violence against adolescents Health services * Apply treatment protocols to adolescent victims of sexual violence under Law 348 (Standard for the clinical treatment of LV cases). 	<ul style="list-style-type: none"> * Political decision by local government bodies. * (Sustainability of) Coordination between public operators dealing with adolescent problems. * Up-to-date and updated sexual assault records. * Monitoring of health services on the correct application of sexual violence protocols, making the appropriate changes. 	<ul style="list-style-type: none"> * Young adolescents, have access to differentiated assistance, for cases of protection of rights, justice and issues of sexual violence. * World-class health services have adequate environments and their staff are qualified to provide services to adolescent victims of sexual violence. * The GAM guarantees the technical-strategic sustainability of the protection of the rights of adolescents. * There are reliable data on the management of cases of sexual violence in adolescents. 	<ul style="list-style-type: none"> * Young people who are well informed about their rights on SRH, sexual assault and other related issues. * Permanent, unrestricted adolescent access to OAI of information, guidance and attention on SRH and related topics. 	

Theory of Change Matrix

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
Strengthen the mechanisms of shared responsibility, participation, supervision and social control of civil society organizations	Lack of a participatory community program for the prevention of adolescent pregnancy, the promotion of sexual health and the prevention of sexual violence.	<ul style="list-style-type: none"> * Young male and female adolescent leaders aged 12-19. * Teenage leading women. * Parents with teenagers in their families. * Teachers of the participating educational units. 	<p>Preparation of a community program on SRR and related topics in a participatory way with the social actors of the communities involved in the project, which includes:</p> <ul style="list-style-type: none"> * Training aimed at female adolescents to promote self-determination and decision-making power. * Orientation to male and female adolescents to strengthen comprehensive sex education skills. * Train teachers and teachers in guidance skills in comprehensive sex education. * Training of fathers and mothers to improve their SRH orientation skills in adolescents. <p>Formation of a community network for the prevention of adolescent pregnancy, SRR and the prevention of sexual violence.</p>	<ul style="list-style-type: none"> * Political decision by local government bodies. * (Sustainability of) Coordination between the actors of society that make up the community network. * Make lifelong learning sustainable for community network groups and involve other actors. * Expand the tasks and responsibilities of the community network (eg Form support groups for adolescents in situations of violence). 	<ul style="list-style-type: none"> * Community networks with the participation of parents and teachers, as a support and focal point in orienting and solving problems related to SRH, sexual violence and others. * Young teenage women, make decisions about their personal relationships, couples with criteria that show their self-determination. * Young teens in general, with information on sex education, enable them to make decisions about their relationships. 	Generate citizen awareness at the community level, in the sense that, with the participation of all social actors, it contributes to solving the main needs of adolescents in terms of information, guidance and access to health services.	

Theory of Change Matrix

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
	No existence of a male adolescent program that promotes health prevention, responsible parenthood and violence-free relationships based on respect and gender equality.	<ul style="list-style-type: none"> * Young adolescents between 12 and 19 years old. * Parents with teenagers in their families. * Teachers of the participating educational units (optional). * GAM authority. * Multidisciplinary public workers dealing with adolescent problems. 	<p>Preparation and implementation of a program which includes:</p> <ul style="list-style-type: none"> * The participation of the family and educational units in the adolescent orientation process. * Training and guidance for adolescents to strengthen their knowledge of respectful relationship practices free of violence and gender equality, with a focus on masculinity and responsible parenthood. * Formation of peer groups among young people. <p>Autonomous municipal governments</p> <ul style="list-style-type: none"> * Incorporate in the PDM and POA, the strategy and budget for the implementation and operation of a rehabilitation center for adolescents with conflict due to gender-based violence. 	<ul style="list-style-type: none"> * Political decision by local government bodies. * (Sustainability of) Coordination between the actors of society that make up the community network. * Sustainability of the training process for the group of male adolescents. * Support parental participation. 	<ul style="list-style-type: none"> * Community networks with the participation of parents and teachers, as a support and focal point in orienting and solving problems related to SSR, sexual violence and others. * Young adolescents in general, with information on sex education, enable them to make reliable decisions about their relationships, free from violence and responsible parenthood (when warranted). * The GAMs guarantee the technical-strategic sustainability of this program. 	Generate the awareness of citizens at the community level and its educational institutions, in the sense that, with the participation of all social actors, it helps to solve the main needs of adolescents in terms of information, guidance and access to health services.	

Theory of Change Matrix

Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, Cochabamba

Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
	Lack of a communication strategy to promote sexual and reproductive rights, including the prevention of unplanned pregnancy and freedom from sexual violence.	* General population. * Young male and female adolescent leaders aged 12-19. * Parents with teenagers in their families. * Teachers of the participating educational units (optional).	Preparation of a communication strategy for the promotion of sexual and reproductive rights and related issues which includes: * Differentiated by target population. * Content that emphasizes the teen population. * The involvement of local media, with social responsibility. * Dissemination through trusted social networks.	* Political decision by local government bodies. * (Sustainability of) Coordination between the actors of society that make up the community network. * Sustainability in local media participation in promoting SRH issues, unplanned pregnancy and sexual violence. * Strategy included in the municipal POA with assigned budget.	* Population in general informed about the rights in SSR that adolescents have. * The media establish their own social responsibility strategies, which allow access to them for the dissemination of SRH and other programs aimed at adolescents. * GAM, making the communication strategy sustainable.	Having good information helps you make more reliable decisions.	
HYPOTHESIS	Rights advocates prioritize and incorporate the approach to the prevention of adolescent pregnancy and the prevention, treatment and punishment of sexual violence into the social development agenda.						
	Pregnancy in adolescence and sexual violence are considered a priority by civil society organizations.						
	Autonomous municipal governments prioritize adolescent sexual and reproductive rights, sexual and reproductive health, and the prevention, treatment and punishment of sexual violence.						
	Health services have environments and qualified personnel to assist adolescents.						
	Autonomous municipal governments prioritize the prevention, treatment and punishment of sexual violence.						
	Civil society considers the problems of adolescent pregnancy and sexual violence to be important.						
	The full participation of male adolescents attends the masculinity training processes.						
	Social media using social responsibility criteria disseminates and promotes the reproductive sexual rights of adolescents.						

Theory of Change Matrix							
Project 10706 - Programme of technical assistance to the Ministry of Health – Phase I							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
Main target population		Impact population: * People with alcohol, tobacco and drug addiction problems. * Women, men, boys and girls, with disabilities.					
Strengthen, within the framework of the SAFCI policy, the capacities of the Ministry of Health for the development of the national health system (SUS), assistance to people with disabilities and people dependent on psychotropic substances.	The Mental Health and Addiction Unit of the Member States do not have a strategy and protocols for the prevention, cure and treatment of alcohol, tobacco and drug addicts.	Impact population: population at risk with specific problems of addiction to alcohol, drugs and tobacco. Healthcare personnel who will provide the aforesaid services.	Ministry of Health and Health Network Development of the following regulatory documents: * Standard for the accreditation of addiction treatment centers, therapeutic communities and their critical pathways. * Guidelines for universal, selective and appropriate prevention of drug use. * Therapeutic Care Diagnostic Guidelines (PDTA) for patients with problematic consumption. * Standard for the detection and primary care of people with addictions. Specialized services at the 2nd level, for the treatment of addictions * Personnel specialized in the care of people with addictions. * Suitable environments, with the necessary equipment for this type of care. Level 1 health services such as detection services for people with addictions. * Personnel trained in the detection and orientation of people with addictions. Municipal schools * Teachers trained to detect and guide young people and adolescents with possible addiction problems. Organized community Formation of community committees that support the identification and referral of cases with addictions to the corresponding health services.	Political decision of the EAW of the Member States. * Management role of MS through the Mental Health Unit. * Training and updating of new regulations by health services, both 1st and 2nd level of assistance, * Incorporation of the EU to support the identification of young people and adolescents with addiction problems. * Active and permanent incorporation of the community and its organizations in this project.	Better access and coverage of people with addictions to first-rate and specialized care services for diagnosis and therapeutic procedures to follow. * 1st and 2nd level health service personnel, who work to support detected people with addictions. * Accompaniment of organized communities in the rehabilitation of people with addictions.	* Rules and application procedures also to institutions working with this topic. * There are specialized and quality services at the 2nd level of assistance.	It contributes to the strengthening of the Bolivian public administration and to the improvement of epidemiological indicators relating to social diseases.
	The MS care unit for people with disabilities has no norms and protocols to support disabled people, according to the community-	Impact population: women, men, boys and girls, with some of the six known disabilities (psychiatric, intellectual, motor,	Ministry of Health and Health Network Development of the following regulatory documents: * Support protocols for people with disabilities, according to the community-based rehabilitation approach (CBR).	* Political decision of the EAW of the Member States. * Role of Member States through unity of attention to people with disabilities. * Training and updating of new regulations by health services, both 1st and 2nd level of assistance,	* People with disabilities, registered and registered for care with preference and quality. * Persons with disabilities with coverage and access for rehabilitation, in the	* Rules and application procedures also to institutions working with this topic. * There are specialized and	

	<p>based approach to rehabilitation (CBR).</p> <p>The CIF-based SIPRUN-PCD system is obsolete.</p>	<p>auditory, visual and multiple).</p> <p>Healthcare personnel who will provide the aforesaid services.</p>	<p>* Treatment protocols for each of the six disabilities: psychiatric, intellectual, motor, auditory, visual and multiple.</p> <p>Specialized services at the 2nd level, for the treatment of disabilities.</p> <p>* Personnel specialized in the care of people with disabilities.</p> <p>* Suitable environments, with the necessary equipment for this type of care.</p> <p>Level 1 health services as screening and referral services for people with disabilities.</p> <p>* Personnel trained to detect people with addictions.</p> <p>Involvement of the family</p> <p>* Families involved in the risk management process and / or the diabetic patient.</p> <p>Organized community</p> <p>Community committees that support the identification and referral of cases with addictions to the corresponding health services.</p> <p>SNIS</p> <p>* Technical assistance in the implementation and updating of the SIPRUN-PCD in the context of the CIF.</p>	<p>* Incorporation of the EU to support the identification of young people and adolescents with addiction problems.</p> <p>* Active and permanent incorporation of the community and its organizations in this project.</p> <p>* Active and permanent incorporation of families in the monitoring and care of patients with disabilities.</p> <p>* Specialized consultancy for updating the CIF and on the basis of it update the SIPRUN-PCD.</p>	<p>environment of their families and communities.</p> <p>* 1st level health services personnel, participate so that people with disabilities are rehabilitated in the community environment.</p> <p>* 2nd level staff provides quality specialized assistance to people with disabilities.</p> <p>* Updated, continuous and permanent case register and information on disabilities.</p>	<p>quality services at the 2nd level of assistance.</p> <p>* SIPRUN-PCD system aligned with SNIS with real and updated information.</p>	
	<p>The Directorate-General for Insurance has no guidelines for establishing payment mechanisms for healthcare professionals under SUS.</p>	<p>Technical staff of the Directorate-General for Insurance.</p> <p>1st and 2nd level public health service provider</p>	<p>ENT program of the Ministry of Health-National Development of the following regulatory documents:</p> <p>* Methods of financing and payment at the 1st level of care.</p> <p>* Payment for 2nd and 3rd level services under law 475/2014.</p>	<p>* Management role of the Member States and monitoring by the Directorate-General for Insurance.</p> <p>* Implementation of the rules established in coordination with the public health services at all levels of care.</p>	<p>t generally contributes to:</p> <p>* Medical liability for efficiency.</p> <p>* Continuity of care.</p> <p>* Incentives preventive medicine.</p> <p>* Promotes inter-consultation.</p> <p>* Stimulates healthy competition internal professional.</p>	<p>Assistance services at all levels, benefiting from an efficient and transparent management in the payment sector for the provision of services.</p>	
HYPOTHESIS		Political stability of the country.					
		Political will of the national health system to support the strategies.					
		Active participation of the Ministry of Health in the strategic and political part and implementation of projects.					
		Participation of civil society institutions and the education system in the work to be carried out.					
		The various programs and levels of the Ministry of Health ensure participation and coordination.					
		Continuity of technical assistance for the development of the health system through international cooperation.					

Theory of Change Matrix							
Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
Main target population		Women of childbearing age from selected municipalities. People at risk for diabetes.					
Develop strategies to strengthen institutional capacity in the area of noncommunicable diseases, in the implementation of SUS in the context of SAFCI policy (with particular attention to gender inequalities)	<p>The population of women of childbearing age does not have access to early diagnosis and prompt treatment.</p> <p>The current strategy for promoting women's health rights has not had the expected impact.</p>	<p>Impact population: women of childbearing age in the municipalities of Toro Toro and Acasio.</p> <p>Health services personnel designated for the pilot project.</p> <p>Referral hospital staff.</p>	<p>Autonomous Municipal Governments (GMA):</p> <ul style="list-style-type: none"> * Incorporate the CACU diagnosis and treatment program into its municipal development plan (PDM). * Incorporate in the POA a sufficient budget to manage the program established in the PDM (equipment maintenance and corresponding reagents for diagnosis). <p>Ministry of Health and Health Network</p> <p>Preparation of protocols:</p> <p>Incorporation of the GenXpert team, its management and maintenance.</p> <p>Management of the CACU at the first level, including reference and counter-reference, with the new methodology.</p> <p>Second level health service.</p> <p>Reception of cases by 1st level health services, for complementary analyzes and / or treatment procedures.</p> <p>First level designated referral health services within the participating municipality.</p> <ul style="list-style-type: none"> * Laboratory personnel trained in the management of diagnostic equipment. * Management of statistical data and periodic case reports. * Monitoring of cases referred to the second level for complementary analyzes and / or measures for treatment. * Promotion of diagnostic services within their health networks, for the early diagnosis of CACU. <p>Municipal schools</p> <ul style="list-style-type: none"> * The EU establishes the teaching of SRH topics. * Teachers, teachers, work for adolescents' access to a healthy life. <p>Organized community</p> <p>Formation of community committees that promote, monitor and refer women for diagnosis.</p>	<ul style="list-style-type: none"> * Role of Member States and monitoring of the pilot project by the CACU program. * Political decision by local government bodies. * Sustainability of the project by the GAM, incorporating it as a municipal strategy in its PDM and with budget allocation. * Commitment of designated health services to project implementation. * Active and permanent incorporation of the community and its organizations in this project. * Incorporation of the EU into SRR instruction. 	<ul style="list-style-type: none"> * Improved access and coverage of the human Papillomavirus-HPV test. * Women of childbearing potential (MEF) who have had early diagnosis and early treatment of CACU. * 1st level health services personnel, engaged in the early diagnosis of the CACU. * MEFs who request SRH services and make decisions regarding their relationships, contraceptive use and other related services. * Integration of gender issues and SRH into school teaching. 	<ul style="list-style-type: none"> * First level health services, with adequate environments, qualified personnel, to provide services in the early diagnosis of the CACU. * The GAMs ensure the strategic and financial sustainability of the program. 	Decreased death rate from CACU

Theory of Change Matrix							
Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
	The population at risk of suffering from diabetes does not have access to a service at the first level of assistance, which allows for therapeutic diagnosis and has adequate information for its prevention.	Impact Population: Population (women and men) at risk for diabetes. Health services personnel of selected health services.	Ministry of Health and Health Network Diagnosis to establish effective control and treatment mechanisms for overweight and diabetes in school age. Preparation of a guide for the management of diabetes and the high-risk population as part of the new strategy, which includes health promotion methodologies. First level health services designated for the pilot program. * Personnel trained in the management and identification of high-risk patients and diabetic patients. * Periodic reports on cases and their management. Municipal schools * The EU incorporates nutrition education in the classroom. * Teachers and teachers are responsible for food education. Involvement of the family * Families involved in the risk management process and / or the diabetic patient.	* Leading role of the Member States and monitoring of the pilot project by the NCD program. * Sustainability of the project by Member States, incorporating it as a national strategy for the detection and management of diabetes. * Commitment of designated health services to project implementation. * Food education. * Active and permanent incorporation of families in the monitoring and care of at-risk and / or diabetic patients.	High-risk patients with diabetes are identified and included in the follow-up and treatment process. * 1st level health services personnel, engaged in the early diagnosis of the CACU. * Case registration and updated information. * Integration in school food education.	* World-class health services, with appropriate environments, qualified personnel, to provide services in identifying patients at risk and diagnosing diabetes. * Patients whose quality of life has improved thanks to the diabetes screening program. * EU students improve their eating habits.	Decreased death rate from CACU. Decrease in the rate of obesity in children under the age of 18.

Theory of Change Matrix							
Project 10869 - Programme of technical assistance to the Ministry of Health - Phase II							
Objectives	Problems to solve	Target population	Problem approach to reach the target population	Steps required to generate changes desiderate	Effects	Benefits	Purpose
	The national program on noncommunicable diseases, with no guidelines for the implementation of services for the prevention and treatment of noncommunicable diseases.	Technical staff of the national program for communicable diseases. Selected health service personnel.	ENT National program of the Ministry of Health Strengthen the skills of its staff in managing NCD programs. Development of standards for the prevention and treatment of prevalent and priority NCDs. First-rate health services designated for implementation. * Personnel trained in the management and treatment of patients with prevalent and priority NCD. * Case management through statistical data and periodic reports. * In coordination with SNIS, reinforce information corresponding to the prevailing and priority NCDs.	* Steering role of the Member States and monitoring by the NCD program. * Sustainability of the project by the Member States, which once validated, incorporate it as a national strategy for the detection and management of diabetes. * Strengthening health services in the area of assistance and information management	Healthcare networks provide quality services in the prevalent care of NCDs		Government role of the Member States through the management of the national ENT program.
HYPOTHESIS		Political stability of the country.					
		Political will of the national health system to support the strategies.					
		Participation of the Ministry of Health in the strategic and political part and implementation of the projects.					
		Participation of civil society institutions and the education system in the work to be carried out.					
		The various programs and levels of the Ministry of Health ensure participation and coordination.					
		Continuity of technical assistance for the development of the health system through international cooperation.					

ANNEX 5 – REVISED DOCUMENTS

Throughout the evaluation process, the following documentation was analyzed:

PROGRAMME 7240 - SUPPORT PROGRAMME FOR THE IMPLEMENTATION OF THE SOCIAL-HEALTHCARE SYSTEM OF THE DEPARTMENT OF POTOSI – PHASE IV

- Program Document "Support for the development of the socio-health system of the Department of Potos - Phase IV"
- Specific Agreement Program "Support for the development of the social-health system of the Department of Potos - Phase IV"
- POG modified and approved.
- Addendum 1, 2, 3 to the specific financing agreement.
- Audit of the first funding of the program "Support for the development of the socio-health system of the Department of Potos - Phase IV"
- Management Report - From 02 January to 31 December 2012 - Programs and Projects Coordination Unit, Ministry of Economy and Public Finance.
- Annual Physical Financial Report 2015 and 2013-2014-2015 Accumulated - Programs and Projects Coordination Unit, Ministry of Economy and Public Finance.
- Report on the 2nd Semester and 2016 Management - Program and Project Coordination Unit, Ministry of Economy and Public Finance.
- Annual Physical Financial Report - Management 2018 - Programs and Projects Coordination Unit, Ministry of Economy and Public Finance.

PROJECT 8759 - STRENGTHENING OF HEALTH SERVICES IN THE BOLIVIAN CHACO: A COMMUNITY PROPOSAL

- Program Document "Improvement of health services in the Bolivian Chaco: a community perspective"
- Synthetic file of the project.
- Technical notes.
- Final report of the project - January 2013 - OXFAM ITALIA, Apostolic Vicariate of Cuevo.

PROJECT 10665 - STRENGTHENING OF THE STRATEGIES FOR THE PREVENTION AND SPECIALISED DIAGNOSIS OF ONCOHAEMATOLOGICAL PATHOLOGIES IN BOLIVIA

- Program Document "Improvement of specialized strategies for the prevention and diagnosis of oncomatological diseases in Bolivia"
- Management reports of the specialized laboratory of oncohematological pathologies of the Universidad Mayor de San Andrés
- Approved Regional Operational Program.
- Changes to the Program "Improvement of specialized strategies for the prevention and diagnosis of oncomatological diseases in Bolivia"

- Information notes.

PROJECT 10685 - STRENGTHENING OF THE EXERCISE OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN THE DEPARTMENTS OF PANDO, LA PAZ, COCHABAMBA

- Program Document "Strengthening the exercise of sexual and reproductive health rights in adolescents, Departments of Pando, La Paz and Cochabamba"
- Financing agreement of the Italian Agency for Development Cooperation with UNFPA.
- Evaluation Document of the Project "Strengthening the exercise of sexual and reproductive health rights in adolescents, Departments of Pando, La Paz and Cochabamba". From January 2012 to December 2015.
- Baseline: "Knowing how to decide, situation of sexual rights and reproductive rights". Punata, Viacha, Cobija. 2014
- Agreement with GAM La Paz, GAM Punata, GAM Cobija, GAM Viacha.
- Financial plan, from January 2016 to April 2017.
- Interim report - 1st semester 2016
- Final report - December 2017 - UNFPA
- Technical notes.

PROJECT 10706 - PROGRAMME OF TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH - PHASE I

- Document "Technical assistance program of the Ministry of Health - Phase I"
- Program Agreement between the Ministry of Health and the Embassy of Italy in the Plurinational State of Bolivia.
- Minutes of the meeting of 22 December 2016, at the Directorate General for Planning of the Ministry of Health to participate in the Product Evaluation Assembly developed by the consultants of the Technical Assistance Program to the Ministry of Health.
- Final products.

- ✓ Afiche ZIKA
- ✓ Diagnosis RBC (Community Rehabilitation)
- ✓ RBC protocol
- ✓ CBR dissemination strategy
- ✓ Financing payment methods
- ✓ Payment systems
- ✓ Construction of accreditation standards and indicators for rehabilitation centers in Bolivia.
- ✓ Analytical cards to build accreditation standards.

- ✓ On prevention.
- ✓ Diagnosis, care and treatment process for people with pathological addiction.
- ✓ Information management system for rehabilitation services.
- ✓ Report on the activities carried out. Management 2016
- ✓ Changes to the "PROGRAM OF TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH"
- ✓ Information notes.

PROJECT 10869 - PROGRAMME OF TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH - PHASE II

- Funding proposal "Technical assistance program to the Ministry of Health - Phase II".
- Program Agreement between the Ministry of Health and the Embassy of Italy in the Plurinational State of Bolivia.
- Modification of the agreement between the Ministry of Health and the Italian Agency for Development Cooperation - La Paz Regional Office.
- Document "Nutritional status, biological factors, structural factors and social representations of obesity and overweight in adolescents in the urban area of the municipality of La Paz".
- Technical note for funding in the direct management initiative.
- Approved regional operational program.
- Changes to the "Technical assistance program of the Ministry of Health - Phase II"
- Information notes.