

Data Sheet

USAID Mission:	Bolivia
Program Title:	Improved Health
Pillar:	Global Health
Strategic Objective:	511-003
Proposed FY 2004 Obligation:	\$15,302,000 CSH; \$13,000,000 PL 480
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$16,239,000 CSH; \$12,900,000 PL 480
Year of Initial Obligation:	FY 1998
Year of Final Obligation:	FY 2008

Summary: This Strategic Objective (SO) seeks to improve the health of the Bolivian population by improving individual, family, and community health practices; assisting local governments and non-governmental organizations (NGOs) to improve the quality and coverage of health services according to established technical norms and culturally acceptable standards; and helping central, departmental, and municipal governments to assume new, complementary roles in a decentralized and participatory health system. USAID's program supports the health sector priorities of the Government of Bolivia and focuses on reproductive and sexual health, child survival, HIV/AIDS, and other infectious diseases, with activities targeted for under-served populations (particularly in peri-urban and rural areas) and those at high risk for specific diseases.

Inputs, Outputs, Activities:

FY 2004 Program:

Improved health practices (\$3,774,800 CSH). USAID will continue to provide technical assistance and training to develop community-based activities that empower local groups to effectively demand quality health services; improve their own child survival rates and reproductive and sexual health; and prevent HIV/AIDS and other infectious diseases through improved health practices. Non-governmental organizations will be assisted to provide clinical and community health services. USAID will continue to support a reproductive health hotline and a health education materials clearinghouse. Prime implementers are PROSIN (within the Bolivian Government's Ministry of Health); the Coordination Program for Integrated Health (PROCOSI--a network of 36 non-governmental organizations); the Health Protection Association (PROSALUD--a non-governmental organization (NGO) operating the social marketing program); the Center for Research, Education and Services (CIES); the Communications Programs Center (CPC); and the P.L. 480 Title II partners: Adventist Development and Relief Agency, Save the Children Foundation, CARE, and Food for the Hungry International.

Improved quality and increased coverage of health networks (\$5,935,000 CSH). USAID will strengthen local immunization programs, increase coverage and quality of clinical services in priority areas, promote the prevention and control of infectious diseases, and improve disease surveillance, population research, and demographic analysis. These activities will improve the technical and administrative capacity of health program personnel and the logistics capacity of health networks. Prime implementers include PROSIN, PROCOSI, PROSALUD, CIES, Partners in Health, and the Title II partners.

Bolivian health system strengthened (\$2,692,200 CSH). USAID will provide technical assistance to regional and municipal health systems to increase their managerial capacity and technical competence. In addition, USAID will foster greater communication and collaboration among health officials, political leaders, and the community. Prime implementers include PROSIN, Partners in Health, PROCOSI, the Title II partners, and CODEPO (a project with the Ministry of Sustainable Development for population data collection, analysis, and use).

P.L. 480 Assistance. The objective of the Title II program is to systematically address immediate and underlying causes of childhood nutrition by improving household food security and strengthening child health care practices. The Title II program will enhance local capacities, increase access to key services, improve child care and feeding practices, and improve food security.

FY 2005 Program:

Improved health practices (\$4,621,500 CSH). USAID will continue to support effective behavior change communication programs, community mobilization activities for health, and enhanced support for grassroots NGOs and other organizations to improve community health practices. Prime implementing partners include: PROCOSI, Partners in Health, and PROSALUD.

Improved quality and increased coverage of health services (\$7,394,400 CSH). Activities to improve the quality and accessibility of health services will also be continued. Prime implementers include: PROSIN, PROCOSI, Partners in Health, and PROSALUD.

Improved government policies and administrative system (\$3,389,100 CSH). USAID will continue to support the decentralization of health services and local NGOs to promote community participation and oversight. Prime implementers include: PROCOSI, Partners in Health and PROSALUD.

P.L. 480 Title II resources will continue to support activities to improve child health, nutrition and household food security.

All family planning agreements will incorporate clauses that implement the President's directive reinstating the Mexico City Policy.

Performance and Results: As a result of USAID's interventions, there is greater use of modern methods of family planning (almost 334,000 couple-years of protection). Half of pregnant women received their first pre-natal consultation before the fifth month of pregnancy and a higher percentage (54%) of births were attended by trained personnel. A greater percentage (96%) of children under one year of age received their third pentavalent vaccine for protection against pertussis, tetanus, polio, hepatitis B, and Hemophilus Influenza B meningitis. Bolivians have greater access to quality health services. NGO networks have expanded their membership and geographic scope and have strengthened their internal management procedures and financial sustainability.

Upon completion of the health strategic objective, Bolivia will have a successfully institutionalized network of quality health services oriented toward maternal and child and reproductive health, and will maintain a regular program of child immunization, which will maintain immunization levels above 80%. Communities, particularly in previously under-served areas, will be better able to identify their own health needs and problems and effectively demand appropriate, high-quality health services.

US Financing in Thousands of Dollars

Bolivia

511-003 Improved Health	CSH	DA	ESF	PL 480
Through September 30, 2002				
Obligations	39,086	31,666	0	0
Expenditures	23,181	29,463	0	0
Unliquidated	15,905	2,203	0	0
Fiscal Year 2003				
Obligations	15,939	0	2,000	0
Expenditures	10,483	1,579	0	0
Through September 30, 2003				
Obligations	55,025	31,666	2,000	0
Expenditures	33,664	31,042	0	0
Unliquidated	21,361	624	2,000	0
Prior Year Unobligated Funds				
Obligations	0	0	0	0
Planned Fiscal Year 2004 NOA				
Obligations	15,302	0	0	10,000
Total Planned Fiscal Year 2004				
Obligations	15,302	0	0	10,000
Proposed Fiscal Year 2005 NOA				
Obligations	16,139	0	0	15,096
Future Obligations	46,215	0	0	38,700
Est. Total Cost	132,681	31,666	2,000	63,796