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2020 | Summary of the 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

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

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

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.

## III. CONTEXT AND LOGIC OF THE INITIATIVES

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.

Based on this context, the initiatives implemented by Italian Cooperation have supported a number of areas in the health sector, which have been:

**“Support programme for the implementation of the social-healthcare system of the Department of Potosi – Phase IV” (AID 7240) – duration 2011 – ongoing**

- To improve 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.
- Structure a network of health services in both urban and rural areas that can identify, adjust and satisfy health needs;
- Improve the quality of health care and cultural adaptation of better health services and create spaces for organisation between biomedicine and traditional medicine.
- Strengthen and modernise the Faculty of Health Sciences (degrees in medicine and nursing) of the Tomas Frías Autonomous University of Potosi;
- Establish services to prevent child neglect and adolescents at risk, and implement strategies to improve their living conditions in consistency and within the framework of the Convention on the Rights of the Child.

**“Strengthening of health services in the Bolivian Chaco: a community proposal” - (AID 8759) - duration 2009 – 2013**

- Strengthen social and health services in the Bolivian provinces of Cordillera, Gran Chaco, Hernando Siles, O’Connor, with special attention to diagnostic and environmental health services with a view to shared management.

**“Strengthening of the Prevention and Specialized Diagnosis Strategies of oncohaematological pathologies in Bolivia” - (AID 10665) - duration 2015 – 2017**

- Improve national coverage of the diagnosis of leukaemia.

**“Strengthening of the exercise of the sexual and reproductive health rights of adolescents, in the departments of Pando, La Paz, Cochabamba” - (AID 10685) - duration 2016 – 2017**

- Strengthen the abilities of local rights guarantors to ensure the proper implementation of public policies, the smooth functioning of comprehensive sexual and reproductive health services, the effective prevention of unplanned pregnancies and the treatment and punishment of sexual violence in adolescents.
- Strengthen the mechanisms for the co-responsibility, participation, oversight and social control of civil society organisations for access to sexual and reproductive health, the prevention of unplanned pregnancy, the protection and guarantee of the rights of pregnant adolescents and/or victims of sexual violence and the promotion of sexual and reproductive rights.

**“Programme of technical assistance to the Ministry of Health” - Phase I (AID 10706) - duration 2015 - 2017**

- To strengthen, under the SAFCI policy, the abilities of the Ministry of Health to implement the National Health System (SUS), assistance to persons with disabilities and those dependent on

psychotropic substances.

**“Programme of technical assistance to the Ministry of Health” – Phase II (AID 10869) – duration 2017 – ongoing**

- Implement strategies to strengthen institutional capacity in the non-communicable diseases sector, in implementing SUS in the context of SAFCI policy (with particular attention to gender inequalities).

## IV. THE CONTRIBUTION OF ITALIAN COOPERATION TO THE HEALTH SECTOR

Italian Cooperation integrates the European cooperation strategy to support the health system in Bolivia. Its main objective is to strengthen the ability of the plurinational 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.

## V. USEFULNESS AND OBJECTIVES OF THE EVALUATION

### 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. Through this evaluation and the dissemination of its data, an indication will be given to Parliament regarding the use of the funds allocated for public development aid and the Italian public opinion on the validity of the allocation of government resources available for 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.

## 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 sustainable development.

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.

## VI. METHODOLOGY

### EVALUATION PROCESS

The work of the evaluation team was carried out at three stages: firstly, all of the initial documentary information provided by AICS Rome, AICS La Paz, OXFAM and UNFPA. The analysis of secondary data allowed for an appropriate approach to the contextual, programmatic and operational reality of the programmes and projects, and also allowed for a comparative analysis of projects and for the inclusion of 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 phase 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 phase 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 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.

### ANALYSIS BASED ON THE EVALUATION CRITERIA

The methodology for the evaluation exercise was based on the evaluation criteria of the OECD/DAC. Based on the application of the aforementioned criteria, the following conclusions were obtained:

Relevance	<ul style="list-style-type: none"> <li>- 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.</li> <li>- However, there is no proper process to identify the needs of the projects overall, which ends up generating problems of relevance and consistency.</li> <li>- 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.</li> </ul>
Effectiveness	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>- 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.</li> </ul>

Impact	<ul style="list-style-type: none"> <li>- 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”.</li> <li>- 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.</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Sustainability is also strongly correlated with ownership.</li> </ul>
Coherence	<ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>
Added value of the Italian Cooperation	<ul style="list-style-type: none"> <li>- 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,</li> </ul>

	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.

## VII. RESULTS FOR EACH PROJECT

Below are the principal results obtained for each project followed by the corresponding evaluation criteria.

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

- 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.

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

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

- 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.

#### Project 10685 - Strengthening of the exercise of adolescent sexual and reproductive health rights in the departments of Pando, La Paz, 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 10706 - Programme of Technical Assistance to the 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 10869 - Programme of Technical Assistance to the 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, while 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.
- The municipalities, health centres, community authorities take ownership of the project; they value the support of the AICS, show commitment to the project management and its sustainability by allocating resources in their POAs 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.

## VIII. 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.

## IX. GOOD PRACTICES AND LESSONS LEARNED

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 Guarani 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.**

## X. RECOMMENDATIONS

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

Project dimension	Recommendations	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	AICS	Based on the design of new projects



	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 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 need 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 ownership, efficiency and effectiveness of the projects.	AICS	Based on the design of new 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
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