Bank-Netherlands Partnership Program
Global and Regional Initiatives
Capacity-building

Concept Note: Sample 2
Concept Note: Program Details (Program Details should be a maximum of two (2) pages in length)

(1) Development Objective(s):

The Poverty Reduction Strategy Papers (PRSPs) for Bolivia, Honduras and Nicaragua all identify the reduction of maternal mortality rates as a high priority development objective; reducing maternal mortality is also an important Millennium Development Goal. Bank-financed health projects address this issue, but recent gender analysis of World Bank health projects in Latin America has shown that the failure of reproductive health programs to focus on men’s roles in reproductive health decisions—and more generally in household decision-making—has negative consequences for maternal mortality, fertility outcomes and the spread of sexually transmitted diseases (STDs), which in turn limit households’ ability to escape poverty.

PRSPs also identify intra-family violence as a priority issue. The PRSP for Nicaragua notes that developing a national plan to combat intra-family violence will promote social equity; the PRSP for Honduras identifies measures to revise and apply the law against intra-family violence and to prevent and treat violence against women; and Bolivia’s PSRP considers the eradication and prevention of gender-based violence to be the principle issue in promoting women’s rights, as well as a cross-cutting issue crucial to achieving poverty reduction. Unfortunately, most health systems are poorly equipped to detect intra-family violence, despite the fact that prevalence studies indicate that up to 60% of all women of childbearing age are victims of psychological violence every year, and between 10% and 30% are victims of physical violence. Women who are victimized by intra-family violence are more at risk for depression, drug dependency and a host of other negative outcomes. Furthermore, victims of intra-family violence have higher levels of maternal mortality and morbidity, and are less likely to have healthy babies.

This proposal seeks BNPP support to build capacity in the health sector at the local level to improve effectiveness of Bank-financed health projects in Bolivia, Honduras and Nicaragua. In particular, the project will focus on the areas of reproductive health and intra-family violence by building the capacity: a) of health service providers (private companies, NGOs, and community-based health networks) to integrate men in sexual and reproductive health programs, including preventing the spread of sexually transmitted diseases; and (b) of staff in health care centers and hospitals to effectively screen for intra-family violence and refer victims to appropriate services.

(2) Program Description:

The project will directly support three World Bank-financed health projects in IDA countries in Latin America: the Nicaragua Health Sector Reform Project; the Bolivia Health Sector Reform Project; and the Honduras Health System Reform Project. The projects have been selected because they have specific reproductive health components with high involvement from communities and local health staff; they also lend themselves to incorporation of activities to screen for intra-family violence. Two of the projects (Nicaragua and Bolivia) work directly in indigenous communities where reproductive health indicators tend to be low and levels of intra-family violence may be particularly high.

a. Capacity building in sexual and reproductive health (SRH). To promote men’s integration in SRH programs, the project will design and implement: (a) a training module on male roles in SRH for health service providers, including healthcare workers, health care reform project staff and male leaders within select target communities in each country; (b) training of trainers workshops for health care workers and men from the communities to disseminate and apply information learned during training; (c) social marketing campaigns providing information and education to raise awareness of SRH issues. The project will involve local Civil Society Organizations (CSOs) and community-based health networks in both training and social marketing activities.

b. Capacity building to improve screening and response to intra-family violence cases. As a first step towards improving effectiveness of the health sector to respond to victims of intra-family violence, the project will build the capacity of health workers to screen for intra-family violence in health centers and hospitals. The project will (i) identify and develop suitable health protocols for intra-family violence screening; (ii) provide training to health personnel in how to apply the protocols via a training of trainers model, targeting health service providers in maternal clinics and emergency rooms where a large number of intra-family violence cases can be detected; (iii) provide briefings/training to health sector decision makers at the central and district level to raise awareness about the use of the protocols; and iv) train health workers in making referrals to appropriate social services, whether they are provided within the hospital or clinic, by another government agency, or by a CSO. Care will be taken to ensure that good practices developed by the Pan American Health Organization (PAHO), the
Inter-American Development Bank (IDB) and the World Health Organization (WHO) are incorporated into the design of this activity.

c. Cross Sectoral Peer Learning at regional level. This activity, to be developed jointly with the World Bank Institute, will support two long distance learning events (one on men’s involvement in SRH programs and one on screening procedures for intra-family violence). Participants will include the health service providers and project staff that have participated in the capacity building activities of the project in the three countries and health sector World Bank Task Managers from the LAC region. The events will analyze the impact of the capacity building activities funded by the project; discuss operational problems encountered; and identify lessons learned and potential for replication of the experience in other countries in Latin America. Important potential partners such as PAHO and IDB will be invited to participate in this activity.

(3) Expected Outputs/Results:

Expected outputs include:

- Health care workers trained in recognizing signs of intra-family violence and knowledgeable of referral mechanisms for victims
- Health care workers trained in how to involve men in SRH programs
- Men at the community level trained in sexual and reproductive health issues
- Manuals outlining methodology for training courses and workshops
- Manuals outlining operational lessons and guidelines in the area of intra-family violence screening and male involvement in reproductive health components for World Bank health projects
- Increased awareness among Task Managers of men’s role in reproductive health and intra-family violence screening

Expected outcomes/results include:

- Reduced maternal mortality
- Reduced spread of STDs
- Reduced fertility
- Greater detection of cases of intra-family violence
- Increased usage of social services by victims of intra-family violence

(4) Contribution to capacity-building:

The project will enable health sector providers to improve care in areas of weakness identified by health staff themselves. It will strengthen the capacity of health care operators, including community-based health networks, to respond to intra-family violence cases and to integrate men in reproductive health programs.

(5) Gender Strategy:

By addressing key gender issues in health care service delivery, this project will improve health care for both men and women. Care will be taken to involve CSOs with both gender and health sector expertise in the project.