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SAVE THE CHILDREN

La Paz-Bolivia

FINAL REPORT

WARMI NACIONAL YEAR III

October 20, 1994 through

December 30, 1997

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INTRODUCTION

The following technical report is the Final Report for Year III of the subcontract "WARMI Nacional Project" between John Snow/MOTHERCARE and Save the Children Bolivia. This report covers the period from June 30 to December 30, 1997. The purpose of the WARMI Nacional program is to provide technical assistance and training to the National Secretary of Health and the 24 members health NGO consortia PROCOSI in the replication of the WARMI methodology.

This report covers Year III of the subcontract which constitutes the conclusion of three years of technical assistance and training that MotherCare and Save the Children have implemented together with the National Secretary of Health, Bilateral projects and members of PROCOSI the WARMI methodology.

1 - PROJECT BACKGROUND

The Warmi project was developed by Save the Children/Bolivia in the province of Inquisivi from 1991 through 1994, as a component of the Mother Care project and with funding from USAID. The Warmi methodology proposed a community action cycle in which women identify and prioritize their reproductive health problems. The following steps include a community developed plan of action, an implementation phase and finally an evaluation of the results obtained. The community then returns to the autodiagnosis phase. The gender sensitive, participative methodology was tested and validated over a period of 4 years.



The results of the methodology in Inquisivi showed a reduction of 46% of perinatal mortality in three years. The methodology also showed an increase in the use of health services and an increased self-esteem among women participants.

These impressive results attracted the attention of other NGO's and the Bolivian Ministry of Health. The Warmi methodology was then included in the national Health Plan, as the best way of mobilizing communities around their own reproductive health. It was at this point that MotherCare signed an agreement with Save the Children Bolivia to provide technical assistance to the MOH as well as NGO and bilateral health projects in the use of the Warmi methodology. The methodology has even spread regionally to the REPOSALUD project in Peru.

Since the signing of the MotherCare agreement, Save the Children has completed a three year replication period. The WARMI methodology has reached 513 communities of the following departments, Santa Cruz, Cochabamba, Chuquisaca, Potosí, Tarija, Oruro and La Paz, in (29) Health Districts. It is estimated that the methodology benefited over 200,000 women and their families.

This large outreach was through the technical assistance and training provided to seven NGO's members of PROCOSI for the replication of the WARMI methodology. T A was also provided to two bilateral agencies CCH (Child and Community Health) supported by USAID and PSF (Proyecto de Fortalecimiento en Salud) supported by the IDB (Inter-American Development Bank).

Save the Children, Bolivia has had a very productive three years implementing the Warmi Nacional Project. The project and the Warmi methodology have evolved considerably since activities were initiated in 1994. The methodology has been further adapted to become an even more effective community mobilization tool. Indeed, thousands of women have for the first time analyzed their own reproductive lives, prioritized problems, have become pro-active participants in creating better lives for themselves and their families. The sustainable benefit provided by this project and methodology to poor Bolivians is clear.

Save the Children would like to thank MotherCare for the confidence, understanding and support that it has received during the project.



2 - OBJECTIVES OF THE PROJECT

Contribute to the improvement of maternal and neonatal health nationwide, especially in rural areas of Bolivia, through the replication of the WARMI methodology, providing technical assistance and training to interested NGO's and to the national health system

3 - PROJECT STATUS BASED ON THE OBJECTIVES

A COORDINATION WITH THE NATIONAL SECRETARY OF HEALTH AND PARTNER AGENCIES

Since the beginning of the project the National Secretary of Health played a very important role and was an instance where the project activities were planned. As expected in the second phase of implementation of the methodology, the Health Districts, the Regional Directors Offices and Regional District Offices assumed the role of permanent coordination.

At operative level, other factors in some of the districts had obstructed the fluid implementation of the methodology actions like in (Oruro and Potosí). The first problem was the delay in the disbursement of funds from PSF (a partner agency) to support the implementation of the workshops and monitoring the impact communities. The second problem was the change of trained personnel to other areas where the project was not implementing the WARMI methodology. Thus maintaining trained personnel with the project was an ongoing issue, when working with the MOH.

The process with CCH (another partner agency), that worked with SC in Santa Cruz and La Paz were supported without any problem. However, activities with CCH in Cochabamba were canceled due to delays in disbursement from CCH.

Currently, each of the Regional Direction have been informed about the achievements obtain with the WARMI methodology in each district. The next step is to fully document the case study of the Warmi Nacional Project.



B IMPLEMENTED ACTIVITIES WITH THE MEMBERS OF THE HEALTH NGO CONSORTIA PROCOSI

From the 24 members of the health NGO consortia PROCOSI, seven worked with SC in the replication of the WARMI methodology

- ❖ CARE de Bolivia - Potosí
- ❖ CONSEJO DE SALUD RURAL ANDINO (CSRA) - Santa Cruz-La Paz
- ❖ PLAN INTERNATIONAL (PI) - Tarija-La Paz
- ❖ APSAR - Cochabamba
- ❖ ASOCIACION DE PROMOTORES EN SALUD DE AREA RURAL (APROSAR) - Oruro
- ❖ PROYECTO CONCERN INTERNACIONAL (PCI) - Cochabamba-Oruro - Potosí
- ❖ FUNDACION CONTRA EL HAMBRE (FH) La Paz-Oruro-Potosí

From the 513 communities implementing the WARMI methodology at national level, 289 were implementing the methodology by the institution named above and 278 by the National Secretary of Health. The bilateral partners PSF and CCH also supported this implementation.

C TRAINING WORKSHOPS FOR THE WARMI METHODOLOGY

The total number of workshops that were programmed for the Warmi National Project in the four phases of the Community Action Cycle was 117. Of these, 109 were implemented, with 8 workshops pending according to the following chart:

REGION	IMPLEMENTATION OF THE WORKSHOPS BY PHASES			
	ADX	P TOGETHER	IMPL	PART EVAL
SANTA CRUZ	Concluded	Concluded	Concluded	Concluded
CHUQUISACA	Concluded	Concluded	Concluded	Concluded
POTOSI	Concluded	Concluded	Concluded	Pending 3
COCHABAMBA	Concluded	Concluded	Concluded	Concluded
TARIJA	Concluded	Concluded	Concluded	Concluded
LA PAZ	Concluded	Concluded	Concluded	Pending 1
ORURO	Concluded	Pending 1	Pending 1	Pending 2



Consolidated

Total of Planned CAC Workshops for 1995 - 1997	117
Total Workshops implemented until January, 1998	109
Total Pending Workshops	8

The pending workshops are from La Paz, Oruro, Potosí

PSF	Oruro (2) and Potosí (3)
FUNDACION CONTRA EL HAMBRE	Oruro (1) and La Paz (1)
APROSAR	Oruro (1)

Pending workshop training was caused by the following

- 1 - Delay in the disbursements from PSF to cover the cost of the training workshops in the departments of Oruro and Potosí
- 2 - Fundación contra el Hambre and APROSAR were waiting for the conclusion of the separate phases in the implementation of the Warmi methodology in the communities to continue on with training

SC has proposed that the training process be concluded for Fundación contra el Hambre and APROSAR. Even though the project has concluded, SC Warmi staff is currently working in the SC Oruro impact area. Once these two institutions have the resources to fund the workshops, the WARMI personnel will be able to conclude the outstanding training's

PSF still has 3 training workshops for technicians to conclude. PSF has made a commitment to SC to finish the process initiated in Oruro and Potosí. It is expected that their trained staff will go ahead with the training or perhaps contract Save the Children to finish the process.

In La Paz, SC is still talking to Fundación contra el Hambre to find the best solution to the final training (Participative Evaluation) which is still pending.



D TRAINED PERSONNEL IN THE WARMI METHODOLOGY

SC has trained 180 technicians of the National Secretary of Health and 70 technicians from PROCOSI in the four periods of the Warmi methodology, for a total of 250 trained Warmi technicians nationally

Currently, 170 of the trained technicians are working with the methodology. The vast majority of the technicians who have abandoned the process were mainly from the National Secretary of Health. These technicians were either rotated out of Warmi areas or fired.

E WOMEN GROUPS ORGANIZED

Nationwide, 445 Warmi women's groups were organized. These organizations formed base from which the methodology mobilized communities, through the identification and prioritization of women's problems. In all the cases, the Warmi methodology contributed to the process of increasing women's participation in the community. During this process, the organized women not only develop their communication skills, also they learn how to plan interventions and negotiate with other community organizations to improve the health conditions.

One of the recommendations, for the National Secretary of Health was to include the proposals that emerge from the implementation of the Warmi Methodology in the Annual Plan of the Municipal governments (POAS), in order to guarantee sustainability and support. This process has already begun in several communities. The action proposals emerge in the Planning Together Phase of the methodology, about 15% have been included in the POAS of the Municipal governments. However, there are a large percentage of the communities that are aware and working toward this goal, as specified in the objective of the project.



The number of communities that started the Community Action Cycle in the Warmi Methodology is 513. When SC/Bolivia finished the activities in (January 1998) the communities had reached the following phases

Community Warmi Information

Phases Prog	Advances in the implementation of the CAC in the Communities								Total Tot Impl	
	Sta	Cru	Chuqu	Potosí	Cbba	Tarija	La Paz	Oruro		Goal
CAC										
ADX	33	63	125	26	34	46	186	513	513	
P Togeth	33	60	108	26	32	46	80	513	385	
Implem	20	20	67	20	25	30	75	513	257	
Part -Eval	5	2	52	5	2	8	5	513	79	

Consolidated		
Total of communities planned to implementation the CAC		513
Total of Communities that concluded ADX	513	(100% advance)
Total of Communities that concluded Planning Together	390	(76.02% advance)
Total of Communities that concluded Implementation	257	(50.09% advance)
Total of Communities that concluded Participative Evaluation	79	(15.39% advance)

The goal of the Warmi Nacional Project was not the conclusion of all CAC phases in the communities initiated, but that each health District develops the internal capacity to implement the Warmi process. Creating the necessary dynamic and resources in each participating institution was always what Warmi Nacional was striving to reach. This SC has attained. While the project has ended, the methodology continues nationwide within the participating agencies.



G MONITORING AND EVALUATION

During all of the phases, in each of the participating Health Districts SC coordinated the implementation of a monitoring and evaluation system. This system proposed the following:

- ❖ Monthly evaluation meetings at the District level (12 by District)
- ❖ National Evaluation Workshop (1)
- ❖ Mid Term Evaluation (1)
- ❖ Mid Term Regional Evaluations (7)

An extension of the Warmi Nacional Project it would have been recommended to best monitor and evaluate the Districts and selected communities activity, in order to guarantee the quality of the implementation process but as the actions have to be finished on the established date, currently, we are on the communication process with each of the participating institutions in the project. Letters have been sent to the National Secretary of Health, Department Health Offices and to the members of the health NGO consortia PROCOSI with follow-up recommendations, so that they can efficiently conclude all of the Warmi phases.

It is important to mention that leadership in the coordination and all the members of PROCOSI took implementation. Joint leadership in planning resulted in well planned WARMI activities, as well as an experiential learning process. SC/Bolivia is sure that this process has improved the possibilities of sustainability, especially, CARE Potosí and CSRA La Paz.

The first National Evaluation Workshop held in March 1996, the participants defined and decided upon the following impact indicators, which are found in the Bolivian National Information System (SNIS):

Prenatal

- No. of pregnant women who had a prenatal visit
- No. of pregnant women who had at least two doses of TT

Deliveries

- No. of deliveries attended by trained community personnel
- No. of deliveries attended by health personnel (doctors, nurses, etc.)



Contraceptive

No of women of fertile age that use contraceptive methods

Perinatal Mortality

No of fetal deaths plus infants deceased in the first week of life

Detection of high risk pregnancies

No of pregnant women in high risk referred to the health system

These indicators have not yet been measured, as the majority of communities have not concluded the Warmi phases. An impact study or a case and control study will be required at the end of 1998.

4 PENDING ACTIONS

A document will be edited and presented by May 1998. This will be the compiled and revised Second Implementers Manual of the WARMI Methodology enriched with the experience of the Warmi Nacional Project.

5 LESSONS LEARNED

- ❖ Communities lose interest in the Warmi process if long periods of time pass without follow-up by the trainers. The implementing organization loses credibility in the eyes of the community if follow-up is not done punctually. One of the biggest problems that SC/Bolivia had was the delay of disbursements by the bilateral partners. Lack of funding created a lack of fluid actions for the training and implementation of the methodology. When this happens, there is always the risk of losing the participation and interest of the leaders and women organized into groups in the process. Momentum is lost.
- ❖ It is important to mention that the Warmi Methodology is an educational process. It is not an isolated health theme. The process takes time (eight months or a year). Qualitative changes take time, but contribute to strengthen women's actions in a social and cultural context and eventually contribute to improve maternal and neonatal health indicators.



- ❖ Inclusion of the Warmi community action plans into the municipal government annual plans is an important process indicator for the sustainability of the interventions
- ❖ The meticulous selection of the communities and developing a strategic plan are important steps to be done at the beginning of the methodology
- ❖ The social and cultural context of each community must be measured carefully. For example, traditionally women in the Altiplano zone, valleys and tropics, are women who generally do not participate in the decision making, not even in their families. So, when the Warmi process starts, there are many different reactions, which could delay the process or sometimes influence in the continuity of the process. SC witnessed many reactions and resistance from men who are leaders in their communities. They do not accept the participation of women in a process like WARMI. Other women have to ask permission from their husbands to assist the meetings. The men generally distrust the reflection and analysis of women about different reproductive health issues, during the Auto-Diagnostic Phase, as well as when women talk about other sexual themes, violence in the family, self esteem and human rights. Men must feel comfortable that they too can participate if the Warmi process is to be successful
- ❖ The WARMI methodology creates demand for information and immediate services. The institutions participating in the WARMI methodology have to plan for the increase in demand, which are generated through this process. During the auto-diagnostic and later on in the Planning Together Phase more information requests are generated. The themes generally requested are, the importance of the pre and post natal exams, ETS's and others. To respond to this demand it is necessary to develop or obtain didactic materials and have personnel trained in aspects like modern contraceptive method
- ❖ The health district services are not generally prepared for the demand. The doctors, in many cases, are not prepared to attend to the requests for modern contraceptive methods
- ❖ The Warmi methodology not only generates reflection and analysis of the reproductive health problematic, but also constitutes reflection in other themes such as human sexuality, self esteem, violence into the families, human rights, etc

- ❖ The staffing of the project was well designed. The National Coordinator of the WARMI Project managed and coordinated the activities implemented by the Regional trainers. Few technical staff provided low overhead costs and required intensive reliance on the participating organizations to implement, yet provided national coverage in Warmi technical matters.
- ❖ The Technical personnel in charge of the Warmi process should have the following requirements: high level of skills in non formal education methodologies, speak the regional language, interpersonal skills capable of obtaining the acceptance of the communities and commitment to stay with the project for at least two years.
- ❖ The original Warmi methodology was very time intensive. Processes take time, however women's time is valuable. Community participants must be able to measure the impact quickly that their participation has on the process or they will cease to participate. The Warmi methodology now has factored in these considerations and has reduced the total time required to implement the entire process. The new methodology will be detailed in the Second Manual for Warmi Implementers.