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CARE in Bolivia

Mid-Term Evaluation
CHILD SURVIVAL XIII

MARKET NETWORKS FOR COMMUNITY HEALTH II

El Alto, Bolivia

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The efforts and support of the CARE (USA) headquarters office must also be acknowledged for their guidance before, during and after the evaluation

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List Of Acronyms

ARI	Acute Respiratory Infection
CBD	Community Based Distribution
CDC	Centers for Disease Control and Prevention
CDD	Control of Diarrheal Disease
CIES	Center for Research, Education and Services
CS	Child Survival
DHS	Demographic Health Survey
DIP	Detailed Implementation Plan
FHI	Family Health International
HIS	Health Information System
HQ	Headquarters
IEC	Information, Education and Communication
INE	Bolivian National Statistics Institute
INLASA	Bolivian National Laboratory Institute
IUD	Intrauterine Devise
KPC	Knowledge, Practice and Coverage Survey
LAM	Lactation Amenorrhea Method
MOH	Ministry of Health
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAHO	Pan-American Health Organization
PROCOSI	Coordination Program for Integrated Health
PSI	Population Services International
SNIS	Bolivian National Health Information System
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TA	Technical Assistance
UNICEF	United National Children's Fund
URO-P	Popular rehydration centers
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	Women of Reproductive Age

INTRODUCTION

The Bolivia CSXIII mid-term evaluation field work was conducted between August 23 to September 3, 1999 in the cities of La Paz and El Alto Bolivia The team consisted of Sandra Wilcox, team leader, and Judiann McNulty, the CARE headquarters representative In addition, the project staff participated in the evaluation, assisting with field interviews, organizing schedules and logistics and reviewing findings The staff from CARE and CIES who participated include Jayne Lyons, Carmen Monasterios, Irma Carrazana, Matilde Sanchez, Adela Paredes, Cecilia Espinoza, Celia Pacari, Adela Rios, Freddy Silio and Carman Mamani The team was also assisted by the CIES clinic staff who are under the direction of Dr A Machicao

The schedule followed by the team consisted of spending the first two days in La Paz at the CARE office receiving a briefing from the project team, reviewing documents and interviewing CARE field office staff The team leader also prepared evaluation tools during this time The team then spent the next seven days interviewing filed staff, visiting sites in the El Alto project area, and interviewing agencies involved in project activities, in La Paz and El Alto

The evaluation team spent the last three days writing up preliminary findings for the report and providing both internal and external debriefings of findings to CARE /CIES and to potential donors

1 SUMMARY

The goal of the CS XIII project is to improve the maternal and child health among 50,000 women of reproductive age and 23,300 children under age five in El Alto, Bolivia CARE hopes to achieve this goal through strengthening the capacity of its NGO partner, CIES and by expanding a community network with other local institutions in order to provide improved, community-based MCH services Project activities include diarrheal disease case management (30%), community education about maternal health with emphasis on how to prevent and recognize high risk pregnancies and neonatal complications (30%), STD/HIV/ AIDS prevention (20%) and birth spacing 20% The objectives, evaluation methods, inputs, outputs, and monitoring methods are listed in the annex (See Annex I) This is a follow-on project to the CS X project which was configured the same way but focused primarily on diarrhea disease control, family planning and STD/HIV/AIDS prevention

To date the project has been very successful in creating a network of health service providers between the CIES clinic in El Alto and the 80 community based health promoters operating in two districts delivering basic services, education and promotion about each of the four intervention areas and referring patients to the CIES clinic During this project the network is expanding to include community physicians who are associated with the CIES clinic and pharmacies The expanded network is functioning well with each service provider referring clients to the other members of the network for additional services

Although the baseline survey was not repeated at the mid-term, there is good evidence that progress is being made towards accomplishment of objectives in all four intervention areas (see section 2 of this report) Some additional key accomplishments of this project are

- The excellent teamwork among the project staff This is demonstrated by the good working relationship between CARE and CIES, the high level of integration of the project within the CIES clinic and the strong team of supervisors

- Strong supervision system The promoters interviewed during the evaluation demonstrated good knowledge of the project intervention areas and reporting abilities They also reported that they were very satisfied with the supervision that they have received

- The project has made good progress on its work plan It has completed most of the activities for year two and some of them for year three

- The promoters demonstrate strong technical capacity They have the knowledge and skills and a good understanding of the key messages for each intervention area

- Good evidence that the project is making use of experienced promoters For example, the use of "star promoters" to support promoter supervision needs

- Evidence of high quality training as provided by feedback from promoters and project staff through knowledge, skills and feedback There is also evidence that the project staff is continually trying to improve their training through the contracting of a "training advisor"

- A high level of retention of volunteer promoters (70%) This is probably due to the high quality of training and the strong system for supervision and follow-up

- Enthusiastic support for the referral network from CIES's associated doctors and pharmacists in the project area

- High quality IEC materials including posters, flyers, pamphlets, flipcharts etc There is also evidence that the materials reinforce the program's key messages in all the intervention areas

- There is great potential in the work that the project is doing with men's groups This is particularly evident in the STD prevention area that the project is conducting with factory workers, police and the army barracks in El Alto

Some of the key challenges that the project is facing and some suggestions for dealing with them include

- The project staff need to review and revise the WARMI methodology that they are currently using in the communities Although there has been an enthusiastic response, it is not being utilized as a community empowerment method in the way that it was intended Some of the steps are out of order Also the sessions that were observed by evaluators appeared to be too controlled by the staff and did not allow the community adequate time and space to define their real problems and arrive at appropriate solutions for these problems

- At the present time the project is not measuring all the activities being conducted by the promoters Their work is primarily measured through products sold in the communities whereas in reality they are doing more than that It is recommended that the project expand its information system to include some of these activities such as referrals to CIES and other providers Also it is important to acknowledge their advanced skills and the leadership roles they play in their communities Highlighting some of these qualities will strengthen the argument for continued funding of project activities

- Since the end of the last project (CS X) there has been a marked decline in the sale of condoms Project staff seem to think that this is because CIES is required to sell only the Pantera brand of condoms which is being marketed by PSI Since CIES is no longer a distributor for PSI, they no longer receive incentives and promotional material to increase sales Several strategies are being considered to manage this situation However, it seems that a logical place to start is to conduct a study in the project area of actual condom use and

preferences This could be done in the communities as well as at the pharmacies and other shops that sell condoms Once they have the study results, the project would have a better idea about how to improve condom sales

Regarding capacity building, this project has strengthened both CIES and CARE in a variety of areas During the first project and as part of this project, part of CARE's role has been to assure that CIES as an institution is strengthened through improved monitoring, evaluation and supervision systems for the CBD program The CARE-CIES sub-agreement states that CARE would strengthen CIES by improving its information and supervision systems, training project staff in the development of the information and supervision systems, training staff in documentation of (CBD) activities, and providing technical assistance to improve financial management and reporting In practice, the institutional strengthening has gone both ways, with CARE learning a great deal about working in partnership and about urban programming

Throughout the project's experience, significant progress has been achieved in developing the information system (see Section IV B of 1996 Mid-Term Evaluation) and in financial management capabilities (see Section 3 3 of final evaluation) As noted above there has also been significant and progressive improvement in the CBD supervision system One of the areas that the project has strengthened for CIES, that was not anticipated, is that it has provided them with an experience base from which to consolidate and expand its CBD program nation-wide through its other clinics In another area, the child survival project has also allowed CIES to link the diarrhea disease control and maternal health promotion (WARMI) activities with family planning and reproductive health

Some ways that CARE has contributed to CIES's institutional capacity include articulating and systematizing program procedures and practices, improving the organizational structure regarding the CBD program, proposal development for PROCOSI financing and follow-on funding for this project, quantitative techniques for baseline survey, KPC and evaluation studies, providing models and training for detailed implementation planning (DIP) CIES was already working on many of these areas but this project has allowed them to be strengthened and expanded It is anticipated that by the end of this project CARE will leave behind functioning systems for referrals, information exchange, supervision and logistics (contraceptives, ORS packets and Claro for water disinfection) CIES will assume the continuation of these policies, increased financial resources, and trained personnel to manage them

CIES and CARE are also exploring mechanisms to sustain the project after the project ends It is assumed that CIES' cost recovery mechanisms will help support supervisory staff needed to maintain the service network after the CS XIII project ends The cost effectiveness of this network is achieved through having a limited number of volunteers able to reach a large segment of the El Alto population This is due to the project's easy access to the target neighborhoods Cost effectiveness is also fostered through the incorporation of community physicians, pharmacies and cooperating health services who will charge fees for their services and therefore

will not have to be paid for from other sources In addition to these efforts, the project staff has recently been working on a strategy to present project proposals to other potential donors who might be interested in funding either part of the existing project or an expansion of the project into some of the other regions where CIES is operating

Some of the key recommendations made by the evaluation team for the remainder of the project include

- That CARE assist CIES in searching for outside donors who might be interested in continuing to fund the project activities in El Alto and /or in other areas of the country where CIES is trying to implement the CBD program CARE should be able to assist them in refining the proposal strategies for these donors, once identified

- That the project staff review and revise the WARMI methodology that they are currently using in the communities so that it is less controlled by staff and allows the community to arrive at solutions for their health problems

- That the project develop an appropriate supervision tool which includes the standard procedures employed by the project, that can be used by supervisors when following up with promoters

- It is recommended that the project expand its information system to include more of the activities being conducted by the health promoters such as referrals to CIES and other providers Also it is important to acknowledge their advanced skills and the leadership roles they play in their communities

2 ASSESSMENT OF PROGRESS TOWARDS ACHIEVEMENT OF PROGRAM OBJECTIVES

2 A Technical Approach

Overview

Goals and Objectives of CS XIII

The goal of the CS XIII project is to improve the maternal and child health among 50,000 women of reproductive age and 23,300 children under age five in El Alto CARE hopes to achieve this goal through strengthening the capacity of its NGO partner, CIES and by expanding a community network with other local institutions in order to provide improved, community-based MCH services Project activities include diarrheal disease case management (30%), Community education on maternal health with emphasis on how to prevent and recognize high risk pregnancies and neonatal complications (30%), STD/HIV/ AIDS prevention (20%) and birth spacing 20% The objectives, evaluation methods, inputs, outputs, and monitoring methods are listed in the attached chart (See Annex I)

CS XIII is building upon the interventions established in its CS X project to improve maternal and child health The existing health network is being expanded to include pharmacists and community physicians The purpose for including pharmacies is to strengthen the STD prevention component of the project Safe pregnancy and birth practices are being promoted along with post partum contraception Men are being targeted for messages and counseling regarding birth spacing, STD prevention, and maternal health promotion Community education about diarrhea case management will continue as well as referral to the CIES clinic for IUD insertion, Depo-provera, first time pill use, STDs and acute diarrhea

Program Location

Market Networks for Health II is being implemented in Districts I and II of the city of El Alto, a large urban center adjacent to La Paz, the capital of Bolivia El Alto is located at 13,000 feet above sea level on the cold, barren high plain region called the Altiplano The city has become a center for rural-urban migration and is currently the fastest growing city in Bolivia The population was measured at 405,492 during the 1992 National Census and has a current annual growth rate of 9 2% El Alto is also expanding through the incorporation of new neighborhoods, both within the project area and on the edge of the city of El Alto Market Networks for Community Health II will focus on these newly incorporated neighborhoods while maintaining services in the rest of the project area

The target population of the project is 50,000 reproductive age women and 23,300 children less than 5 years of age Additional beneficiaries are 45,000 men 15 years and older

Most of the target population are first generation migrants of Aymara and Quechua origin with limited knowledge, practice and access to maternal and child health services and information The KPC survey performed in July of 1997 found that 78% of women and 79 9% of men speak Aymara and 4% of women and 10 4% of men speak Quechua Most of this population also speaks Spanish, but is more comfortable speaking their native language A total of 44% of women and 39 5% men have lived in El Alto 9 years or less Half the population surveyed was born in rural areas (50 3% of women and 50 8% of men)

The majority of the population work in the informal sector or are employed in factories Many work in La Paz as domestics or as day laborers According to CARE's KPC survey conducted in 1997, only 23 7% of reproductive age women (15-49 years) and 27 4% of men 15 years and older had attended high school A total of 82 6% of women interviewed work to earn a living Commonly these women work as artisans, street vendors, agricultural product sellers or own a small store Small children often accompany women who work in the informal sector
Women and children in El Alto face difficult health situations as reflected by elevated statistics of infant and maternal mortality According to the 1994 DHS (Demographic Health Survey), infant mortality for the Altiplano region where El Alto is located, is 96 per 1,000, child mortality (under five years of age) is 142 per 1,000 and maternal mortality was measured to be 591 per 100,000 live births

Neighborhoods in the project area lack basic services, particularly electricity, potable water and sanitation systems Houses are crowded together and often shelter more than one extended family plus domestic animals such as dogs, guinea pigs (raised for food), and poultry More and more streets are being paved with stones to minimize mud and dust There is an extensive public transportation network which includes buses, mini-buses, and different levels of taxis There are large and small markets, either open-air or enclosed, throughout the city, most of which operate on specified days of the week

El Alto is serviced by different health facilities, both governmental, NGO, private sector and religious affiliated The MOH of El Alto is responsible for three health districts However, public sector facilities do not have sufficient funds, personnel, supplies or management support systems to deliver maternal and child health services to all neighborhoods Many of the private health facilities do not place a high priority on maternal and child health, nor do they provide community based services and education

In El Alto the MOH operates two district hospitals "12 de Octubre" and "Los Andes" which are referral hospitals for CIES and the project The hospitals offer referral services in obstetrics, pediatrics, and general medicine In addition the MOH operates small health centers, usually staffed by one or two physicians and two nurse auxiliaries The El Alto MOH has a total of 206 staff, including 53 physicians, 8 licensed nurses, and 52 nurse auxiliaries

The current MOH is in the process of developing its specific health strategy and plan which

follows "Plan Vida" (Life Plan) which was developed under the previous government whose term ended in 1997 "Plan Vida" states as its goals the reduction of maternal and infant (less than 1 year) mortality each by 50% " Plan Vida" proposes to accomplish this by establishing local systems with referral sites that provide obstetrical, perinatal and pediatric services which can handle complications The previous government established a national maternal-child health insurance system for government facilities with the aim of providing free services to the population This insurance system has had difficulty covering all the population in the country and its payment mechanism does not permit adequate cost recovery for non-governmental centers The MOH sponsors vaccination campaigns, treatment of pneumonia and Diarrheal disease, growth monitoring, and reproductive health care (pre- and postnatal care, deliveries, and some family planning), however the MOH is limited by budget and staff in delivering these services to all of the population

Several NGOs, including CIES, provide health services or health education in El Alto CIES operates out of a single clinic and provides both outreach and clinical services in maternal and reproductive health and is the major provider of birth spacing services in the project area Other services are available in El Alto, such as PROSALUD which operates low cost primary care clinics in El Alto Other organizations that address women's health issues through education include PROMUJER, CIDEM and Gregoria Apaza The municipality of El Alto sponsors four health centers There are four church supported clinics, four private clinics plus an undetermined number of physicians in private practice (whose numbers have been reduced by the "free" services offered by the MOH) This project has been in the process of assessing the services provided by these entities and identifying those who are interested in becoming part of the network
In addition, the Dutch government sponsors a primary health care project (APS), which concentrates on strengthening the local MOH through training and inter-institutional coordination including with CIES This project concentrates on areas in District III and some areas in District II

Public transportation is available to health centers at a cost of approximately $US 0 25 each way for buses Accessibility to transportation varies depending on the neighborhood In outlying neighborhoods, the population may need to walk half an hour to reach public transportation, night service is not always available and sometimes it is necessary to take more than one bus Radio taxis are available in some parts of El Alto and cost approximately $US 2 50/trip Although the public transportation system is variable, the population can get from their homes to health services

Progress Report by Intervention Area

Although the baseline study has not been repeated at this time, it is possible to note progress towards objectives by reviewing project monitoring data This information is presented below

by intervention area However, measurement of exact increases in knowledge and prevalence rates will have to wait until the baseline survey is repeated at the time of the final evaluation

Control of Diarrheal Disease (CDD) - 30% of Project Effort

During November 1998 the project conducted a census of water use among the populations of four neighborhoods in the project area These neighborhoods are Mercurio, German Busch Cosmos 79 and Ingavi The findings were as follows

Out of 556 families interviewed, they found that there were 890 children under 5 years or 1 6 children under 5 per family

500 out of 556 families do not have bathrooms or latrines at their household (90%)

Of the 556 families interviewed, 35% have running water in the house, 44% use water from a public spigot and 21% use well water

Only 44% of the population drinks boiled water

71 6% of mothers interviewed knew about oral rehydration salts and 77% of these knew how to prepare the solution correctly Also of the women who knew about ORS and how to prepare it correctly, 82% had given ORS to their children during episodes of diarrhea

27% of respondents mentioned that lack of hygiene and consumption of untreated water were the causes of diarrhea, 2% said it was due to bad food, the rest said it was due to magic or religious causes

Only 10% of the mothers recognized dehydration as a cause of death among children with diarrhea

Project staff reviewed the information from this study and incorporated the findings into the training courses given to promoters and the education talks given in the communities and at markets and during home visits

Regarding progress towards meeting objectives

Increasing knowledge of the signs of dehydration (25% to 35%) and the number of mothers who recognize at least 3 signs of acute diarrhea (31% to 40%) among mothers with children under 5

In order to track progress towards these objectives, project staff extrapolated information regarding educational activities completed So far the promoters and staff have conducted 364 educational talks about diarrhea with community groups in 30 of the 31 project zones The educational sessions include information about prevention, recognition of signs and symptoms of acute diarrhea, and recognition of dehydration and how to treat it correctly with ORS Most of the promoters have received CDD training and had average post test scores of 95% comprehension or higher While the mothers educated through community sessions had post test scores averaging an 80% comprehension level

There are 80 volunteer promoters, 5 supervisors and one educational instructor who conduct community education based on key messages The promoters interviewed during the evaluation

had a clear grasp of the basic messages These messages are reinforced through IEC materials and local radio programs

> Increase from 54% to 65% the number of mothers with children under 5 who know that ORS impedes dehydration and increase from 0 to 10% the number who use CLARO to purify their water

Although there has not been a repeated baseline survey to detect increases in knowledge and behavior, the water census study conducted in 1998 noted above, showed that already 72% of the mothers interviewed knew that ORS was an effective method for treating diarrhea and of these 77% knew how to prepare it correctly If these four neighborhoods are representative of the 31 neighborhoods in the project area, then the project is more than meeting its objectives in this area

To date, the project has sold 2,012 packets of ORS salts and 70 CLARO bottles It appears that there has been an uneven sale of ORS salts due to fluctuations in supply and seasonal prevalence of diarrhea as well as competition, but these numbers are below CIES's projected goals for number of sales by this point in the project (4%) After the project objectives were written, the MOH, which had previously sold ORS at a comparable price, decided to distribute them for free, and to provide home distribution So the staff may want to reevaluate its goals in light of the project's experience and/ or consider alternative strategies for increasing the number of product sales However ideally, if the project is successful in reaching its target audience through prevention messages, then we would expect a decline in use of ORS Also if the project's prevention education is effective we would expect increased sales of CLARO Recently CIES lowered the price of the CLARO bottles and solution and this has created an increase in sales

> Increase the average number of diarrhea cases attended by promoters from 126 to 250 per month

According to project reports, the average number of cases of diarrhea attended by promoters is well below this hoped for objective of 250 per month This is probably due to competition from other agencies, such as the MOH Project staff may want to reevaluate this goal and the strategies being used to meet it in light of project experience Again, if the prevention messages are successful, the number of cases should drop

Maternal Health - 30% of Project Effort

(Among women 15 - 49 years)

Objectives

> Increase the number of women who know at least 4 pregnancy danger signs from 4% to 15% Increase from 19% to 25%, the number of women who recognize three danger signs during delivery Increase from 19% to 30% the number of women who recognize 2

signs of complications during the post-partum period

In order to meet this objective, the project has trained its staff (5 staff, 1 coordinator and 2 others) in the WARMI methodology The staff are beginning apply the WARMI methodology in an effort to empower community groups to seek services for maternal health and pregnancy care Part of the process is to assist the community members in early detection of obstetrical complications and to help them develop emergency plans for getting complicated deliveries to appropriate health services in a timely manner The intent has been to work with selected communities during the project period (18 total) Apart form these activities, the project is conducting education sessions with many communities on pregnancy care and how to recognize danger signs and prevent maternal morbidity and mortality

As an aid for the project communities in their formulation of plans for dealing with health emergencies, the project conducted a study to identify all the referral centers in the project area The project met with Juntas Vecinales from 92 neighborhoods and discovered that

Of the 92 neighborhoods, 24 have health centers (26%), leaving 68 without health centers
Of the 24 health centers, 7 have an obstetrician-gynecologist, 2 have pediatricians and 11 offer dental service
Of the 24 health centers, 21 have at least one doctor, 18 have pharmacies with basic supplies, 4 have laboratory services and 2 have X-ray services
Of the 24 health centers, 8 have maternity beds, 6 of which are well equipped Of the 8 centers 4 have a surgical room
The study identified 11 health centers that have both general doctors and gynecologists All offer good quality services

Since this study helped the project identify and qualify all the health centers in the intervention area, it has been useful for developing the referral network that the project is establishing This network is not only useful for obstetric emergency plans but for any health referral purpose The project evaluators noted that promoters were aware of and referred to the health centers and associated doctors in their areas as well as the CIES clinic

In addition to training the staff, the project has formed 11 community WARMI (women's) groups (out of 18 projected by EOP) and 3 HUASCAR (mens) groups (out of 12 projected EOP) Also, the project staff has provided 462 community educational sessions on safe motherhood and newborn care which is 122% of the objective So the project is making good progress in this area

While observing the WARMI and HUASCAR community sessions, the evaluators noted that project staff were not completely following the standard WARMI methodology and that some of the steps were out of order As a result the communities are not being effectively empowered to

develop solutions for community problems nor learning how to apply the process in solving other problems However, in general the sessions were very active with good participation on the part of community members The fact that the project staff speak Aymara and relate well to the community populations is a great asset to the project

STD and HIV/AIDS Prevention - 20% of Project Effort

Objectives

> Among women of reproductive ages increase their ability to identify at least 2 STD symptoms from 22% to 30% Among men between the ages of 15 to 49, increase their ability to identify 2 STD symptoms Among women of reproductive ages, increase their ability to identify 3 methods for preventing transmission of STDs from 6% to 15% Among men between the ages of 15 to 49, increase their ability to identify 3 methods for preventing transmission of STDs from 9% to 18%

In order to reach these objectives, the project has conducted several training sessions to different audiences concerning prevention of STDs (see annex for list of training activities) After 22 months of project activity, they have provided refresher training to 10 staff, 80 volunteer promoters and 56 others, including adolescents All staff and volunteers passed the course post tests with scores averaging 95% In addition, in July of 1999 the project conducted STD syndromic diagnosis and treatment training for 17 associated doctors and pharmacists (who collaborate with CIES in El Alto) as well as 9 staff This training was an initial step in activating the network between the project promoters, CIES clinic, associated physicians and pharmacists who will ideally be referring to each other for services So far the promoters and supervisors have conducted 315 educational sessions based on key messages in 30 neighborhoods which is more than projected In the last few years, CIES has been working with male promoters who have targeted factories, police and one army barracks for STD education and prevention activities

Birth Spacing - 20% of Project Effort

Project objective

> Increase use of modern family planning methods among women who do not wish to have more children during the next two years Increase to 100% the number of project personnel who can explain MELA (lactational amenorrhea method)

Corresponding to these objectives, all project staff and 80 volunteer promoters have been trained in family planning The promoters are all provided with methods (condoms and pills) by the project to sell at a small profit Evaluators were able to observe that promoters had a good understanding of birth spacing methods and their use, informed choice, and sexual and human rights During the project period promoters have provided 572 referrals for IUDs, 412 referrals for new pill users and 257 referrals for new users of depo-provera

Condom sales are well below the number of sales projected by CIES CIES is only selling the Pantera condoms now and these condoms may be too expensive for their customers CIES is not a commercial a distributor for Pantera and does not participate in marketing incentives and sales propaganda distribution There also appears to be wide availability of cheaper condoms from other sources The marketing that is being done for condoms stresses birth spacing and there is not as strong an emphasis on its importance in preventing STDs Many other organizations in El Alto are also selling the Pantera condom

With regard to training the staff in LAM, so far two training courses have been held during February and May of 1999 13 staff and 69 promoters have received training in the lactational amenorrhea method (LAM) of family planning So the project is making good progress in achieving its goal to train 100% of the staff However, the evaluators did note that the promoters interviewed did not appear to be promoting LAM as a birth spacing method and would suggest that the supervisors review this method with them

Qualitative studies of couples' fertility desires in El Alto have shown that there is a great need for methods that will allow couples to limit family size In order to expand the menu of long term methods available, Family Health International, (FHI) is directing an operations research study on depo provera in the project area Depo provera use delivered by volunteer auxiliary nurses living in the intervention areas is being studied The study has funding from USAID through FHI Volunteer auxiliary nurse promoters were trained in the administration of depo provera through an agreement between FHI, CIES and CARE This parallel activity to the child survival project is expanding birth spacing options of couples in El Alto The study results will be used to advocate for policy change and to encourage the MOH and other PROCOSI NGO members to consider using trained and well supervised community personnel in follow up in the administration of depo-provera, particularly in under served areas

2B CROSS CUTTING APPROACHES

2B (1) Community Activity

Some of the cross cutting strategies involving community mobilization include the following

One of the major cross cutting strategies that has always been part of this project as well as the previous project is the **use of volunteer promoters** to educate and motivate the communities in the project area to practice better preventive health in the areas of diarrheal disease control, maternal health, family planning and prevention of sexually transmitted diseases Presently the project is working with 80 volunteer promoters At times the number has been as high as 200 However, the project has discovered that if you want to sustain quality services in this area, it is better to work with a manageable number of promoters that you can train and adequately supervise Given that there are

finite number of supervisors (6), the project staff have found 80 to be a manageable number to work with and this appears to be yielding positive results There is a high level of retention of volunteers (more than 70%) and the evaluators observed that they all appear to be well supervised (2 or 3 supervision visits a month)

Associated doctors and pharmacists One of the promising activities that the project is developing is a network of doctors associated with CIES (CIES provides these community doctors with training, IEC materials and contraceptive supplies – and in exchange receives referrals and increased sales), pharmacies, volunteer promoters and the CIES clinic The project has recently completed a first training session on syndromic management of STDs with pharmacists and associated doctors The doctors and pharmacists interviewed for the evaluation were very enthusiastic about this network They were willing to work with the promoters and serve as referral sources for community members The pharmacists were pleased to have reliable sources to refer to when patients asked them where they should go for medical attention The general practitioner doctors also expressed that they were pleased to know about specialists they could refer to who were part of the network

One of the new community mobilization strategies adopted in this project is the use of the **WARMI methodology**, which is a community-based strategy for improving maternal and neonatal health in areas with poor access to health services This methodology allows participants to recognize and analyze their problems, prioritize them and then, through a structured process, arrive at and implement their own solutions as a community This is the first time that this methodology has been applied in an urban setting

As a first step in initiating this process, the project trained the staff in the simplified WARMI method developed by CARE Potosi Next they contacted numerous Juntas Vecinales and other organized community groups Later, they selected and approached organized community women's groups and invited them to participate in the program Recently the project has begun to work with men's groups in the community in an effort to educate and mobilize them around issues of maternal and newborn health These groups are called HUASCAR (Quechua for men) At first it was difficult to convene the groups but as the project began working with a few groups informing them about the process and working with them to identify maternal health as a problem, more people from neighboring areas began to approach the staff and ask them to form more groups At this point there are 11 WARMI groups and 3 HUASCAR groups

In the group planning stage of the WARMI method, it becomes clear who the community leaders are, as they usually surface during this phase In addition, the groups tend to take on an organized direction and structure For example, many of the groups produce governing bodies that include a treasurer who collects dues from the rest and establishes a fund to be accessed by the group whenever emergencies occur Norms are established for use of the fund and when it

should be repaid

The evaluators observed that while the WARMI process seems to be generating much community participation and interest, there needs to be more refinement of the methodology as it is currently being conducted in the communities The process as it is being practiced tends to impose solutions on the community groups rather than guide them to discovering their own solutions for problems In some instances the steps are out of order, with solutions being promoted by staff before the problems have been identified However, it is believed that these issues can be clarified and resolved through some additional training

Education of community leaders As a key strategy, the project identified community leaders such as the Juntas Vecinales as necessary supporters for the mobilization of the project For this reason, the project spent time educating and interacting with these leaders (for example, during the health facility assessment study) so that they would understand the importance of the project activities for their community members During this consciousness raising process, the leaders were motivated to request some of the project education activities such as informal talks, education sessions, WARMI and others

Through its promotion activities, the project has also been working with **organized groups** such as factory unions, military units and the police In fact the project discovered that male promoters were very effective in working with these largely male groups particularly in the area of STD prevention and family planning The project has added a male supervisor and 7 male promoters to organize and expand these efforts

2B (2) Communication for Behavior Change

In order to determine if there has been a measurable change in behavior in the intervention areas, it will be necessary to wait for the results of the KPC study which will be conducted at the end of the project There is some evidence that the behavior change strategies are succeeding from the results of the water and diarrhea census conducted in four of the project neighborhoods 72% of mothers interviewed knew about oral rehydration salts and 77% of these knew how to prepare it correctly 82% of these had given ORS salts to children during diarrhea episodes 44% of the families interviewed drink boiled water

The educational activities conducted by the staff in the 31 neighborhoods of the project area include messages and skills directed at changing behavior Through July of 1999, 1,651 educational talks have been given to 20,526 participants The educational sessions are directed at encouraging behavior change by increasing use of family planning methods, preventing STD

transmission, preventing and treating diarrheal disease and encouraging women to seek preventive medical care during pregnancy and recognize danger signs In addition CIES has also sponsored several radio campaigns encouraging the preventive health behaviors mentioned above
The project has used the results of the water and diarrhea census study to promote better hygiene, encourage drinking of purified water, and educate mothers regarding how to recognize signs of dehydration

According to CIES's data, there has been a steadily increasing use of depo-provera as a method of family planning (190% of CIES's projected goal) Regular referrals are being made by project volunteers for IUDs, depo provera, and pills An increasing number of people are being referred for STD diagnosis and treatment

The community WARMI activities are encouraging participants to develop behavior change strategies that will improve pregnancy outcomes among reproductive age women These include seeking prenatal care, being aware of danger signs and developing plans for dealing with obstetrical emergencies To date the project is working with 11 WARMI groups and 3 HUASCAR groups

2B (3) Capacity Building Approach

Strengthening of the PVO and local Partner Organizations[1]

The CARE-CIES partnership has been a new and exciting arrangement for both institutions CARE has a global policy directed at enhancing its work through partnerships with other organizations and CIES was interested in strengthening its own institutional capabilities through its work with CARE At the time the partnership was proposed (during CS X) it was thought that the indirect benefits of the partnership were that CIES would become a stronger more viable organization and gain experience in working in diarrhea disease control and CARE would gain experience working in urban areas, in reproductive health, and in learning the advantages and disadvantages of implementing projects through partnerships

At the time of the final Evaluation of CS X, a viable and effective working relationship seemed to have been established between the two organizations and this has continued and been strengthened through the current project The first project saw many administrative adjustments and negotiations required in making the partnership work The major issues centered around the

1 Because institutional strengthening of the PVO and the NGO partner are interrelated, the authors chose to discuss them together rather than separately

internal interests and autonomy of the two organizations and meeting CARE's contractual obligations with AID

One of the issues in implementing this project and the previous one through a sub-agreement arrangement is that the CARE project manager (the only full time CARE staff person) is responsible and accountable to CARE for all project resources and results, but she has no direct authority over CIES's project staff nor its management of resources While the CARE project manager has a legitimate role in overseeing, monitoring and contributing to project implementation CIES personnel are accountable within their own organizational structure and operating policies Thus, CARE's influence resides in the precision and clarity of the subcontract, obtaining agreement to strategic objectives, mutually agreed upon annual and quarterly operational plans, clarity and respect for roles and responsibilities, and ultimately on the strength of human relations, good will, and mutual respect of the individuals involved The previous project manager and the present one have been very successful in this role The current CARE project manager has excellent relationships with the CIES staff and is appreciated for her support and dedication to the partnership and project functioning

Both institutions have considerable experience in implementing health projects and in managing finances and program agreements from diverse donors CIES staff have considerable experience in family planning and reproductive health CIES provides these services through 10 regional centers in the major cities of Bolivia CIES field staff are experienced in working with volunteers and community groups

Early in the previous project (CS X) it was found that there were two project management areas that needed attention The first was the inadequate financial management capabilities of both the CARE project manager and the CIES deputy project manager The second was the inadequate structure, leadership and operational planning capabilities of the field coordinators and supervisors in El Alto Most of these problems had been resolved by the end of the project The members of the CS XIII mid-term Evaluation team found that both the CARE project manager and the CIES deputy project manager were jointly working with the financial offices of both institutions to facilitate any financial management issues The project budget is well monitored and there do not appear to be any problems with expenditures Also, as noted in other sections of this report, the supervisors and the promoter coordinator are very well organized and have regular planning sessions to assure compliance with project objectives The coordinator of the CBD activities has taken on a very strong leadership role with the supervisor team and has been a real inspiration in motivating and directing them in their activities and in interfacing with the CIES deputy project coordinator and the CARE project director There appears to be a very strong spirit of cooperation and collaboration among all parties involved in this project

During the first project part of CARE's role was to assure that CIES " as an institution will be strengthened through improved monitoring, evaluation and supervision systems for the CBD

program " 2 The CARE-CIES sub-agreement went further by stipulating that CARE would strengthen CIES by improving its information and supervision systems, training project staff in the development of the information and supervision systems, training staff in documentation of (CBD) activities, and providing technical assistance to improve financial management and reporting In practice, the institutional strengthening has gone both ways, with CARE learning a great deal about working in partnership and about urban programming

Significant progress has been achieved in developing the project information system (see Section IV B of 1996 Mid-Term Evaluation) and in financial management capabilities (see Section 3 3 of final evaluation) As noted above there has also been significant and progressive improvement in the CBD supervision system One of the areas that the project has strengthened for CIES, that was not anticipated, is that it has provided them with an experience base from which to consolidate and expand its CBD program nation-wide through its other clinics In another area, the child survival project has also allowed CIES to link the diarrhea disease control and maternal health promotion (WARMI) activities with family planning and reproductive health

Some ways that CARE has contributed to CIES's institutional capacity include articulating and systematizing program procedures and practices, improving the organizational structure regarding the CBD program, proposal development for PROCOSI financing and follow-on funding for this project, quantitative techniques for baseline survey, KPC and evaluation studies, providing models and training for detailed implementation planning (DIP) CIES was already working on many of these areas but this project has allowed them to be strengthened and expanded It is anticipated that by the end of this project CARE will leave behind functioning systems for referrals, information exchange, supervision and logistics (contraceptives, ORS packets and Claro for water disinfection) CIES will assume the continuation of these policies, increased financial resources, and trained personnel to manage them

Health Facilities Strengthening

CIES's clinic in El Alto provides services in maternal health, child spacing, STI treatment and pediatrics Laboratory services include diarrhea and STI diagnosis, pregnancy tests and PAP tests The clinic performs pre-natal care and offers low cost sonogram services Pediatric services include, well baby check ups, vaccines and attention of severe diarrhea cases (see section O Detailed Plans by Intervention Diarrhea Control for further details) CIES performs assisted births (not cesareans) and has a surgical room where tubal ligation is performed on a limited basis CIES refers complicated maternal and pediatric cases to government hospitals, "Los Andes" and "20 de Octubre" in El Alto and the Children's Hospital in La Paz The hospitals offer referral services in obstetrics, pediatrics, and general medicine

2 Detailed Implementaion Plan 1995 P 23

CIES has agreements with the Bolivian Ministry of Health and the Mayor's office in El Alto CIES provides health information to the national health information system and participates in local and national health information committees where problems are discussed and activities coordinated

Other important partners in this project are NGOs such as ProMujer (Women's credit programs) and Gregoria Apaza (promotes women's issues) who work in El Alto and whose groups of women receive education from the project and the El Alto Regional Ministry of Health CIES also has a good relationship with other NGOs, such as ADRA-OFASA and ENDA These organizations work with women's groups in the development of solar tent greenhouses and CIES provides these women's groups with education and services about reproductive health In addition, the project supervisors and promoters are working with a number of factories in the area, such as the fabrica Kristi, in the provision of reproductive health information and services

As noted in the previous section, the project and CARE have contributed significantly to strengthening the CIES clinic in El Alto Specific areas that have been strengthened include improving its information and supervision systems, training project staff in the development of the information and supervision systems, training staff in documenting (CBD) activities, and providing technical assistance to improve financial management and reporting The evaluators were able to observe the CBD team plans that are developed regularly during monthly and weekly meetings These plans are followed up at the next team meeting and adjusted accordingly The supervision system appears to be particularly strong (see section 3C for discussion about this)

Early in the CS XIII project, the staff conducted a study to identify all the referral centers in the project area The project met with Juntas Vecinales from 92 neighborhoods and discovered that there were 24 adequately staffed health centers in the area and many of these were from the MOH The project has actively sought to include these services in the referral and "market network" of services available to community members The evaluators verified that the project promoters were referring to these health centers when it was not convenient or necessary for patients to go to the CIES clinic

One of the purposes of the project is to build and to leave in place a network of volunteer promoters, community physicians, pharmacists and cooperating health services which will continue to provide education, information and supplies to project beneficiaries In addition to the incentives of profits, fees and customers, these health personnel will benefit from officially belonging to the CIES health network and the system of cross referrals within the network It is expected that they will continue to serve their community, with on-going coordination from CIES

Strengthening Health Worker Performance

One of the tools that the project has used to improve performance of supervisors and health promoters is the job description document entitled "Manual de Desempeno" The document has been revised several times and serves an important function in clarifying roles and responsibilities and as a supervision tool which is used as a basis for annual evaluations for all project staff For project purposes, the staff developed a form based on one of CARE's documents Then CARE and CIES evaluated the staff together, so that they could make joint decisions regarding how to strengthen the work of the employee, support them in undertaking a necessary activity or in the worst case, terminate an employee

The evaluators observed that all staff and volunteer promoters had copies of their job descriptions and that they were satisfied with the supervision they received They appreciated the support and attention they received from project staff in the performance of their job functions Whenever a problem is detected during the monthly supervisory sessions with the promoters, then the supervisor addresses the problem, correcting it and making sure that the volunteer has all the necessary tools for fulfilling the task appropriately The supervisor then follows up during the month to make sure the problem is resolved If the supervisor has a problem she can not solve in the community or if she has another problem in her work, then the field coordinator works with this person by accompanying them in their work, observing the problem and offering solutions as appropriate In general, most of these problems are resolved with more education or training

Training

Training of project personnel and CBD promoters is the main strategy being implemented by the project to reach its objectives The project developed a training plan at the beginning of the project and at the time of the mid-term evaluation, was reasonably on-target with this plan (see Annex II)

Initially the Supervisors and Coordinators and other project personnel are trained in a new area Then, the trained staff offers courses to the CBD promoters The purpose of training all the staff is to assure that everyone uses the same language, standard concepts, the same kinds of teaching tools and to assure that they provide refresher training using the same methodologies with promoters and communities

As a strategy for strengthening project training activities, each of the initial (TOT) workshops included a field based activity that was conducted in each of the supervisor's project areas This allowed the supervisor/ trainer an opportunity to receive individual feedback on site Then training was provided to the promoters by the supervisor/ trainers under the guidance of the training consultant in each of the different intervention areas of the project Thus, the training consultant and supervisor/ trainers worked together in workshop preparation and in providing

and receiving feedback In addition, for each training workshop there were pre and post test results from each of the participants which gave an indication of training effectiveness

Overall the training conducted by the project has been strengthened by

- The contracting of a training specialist who oversees the entire training process from the planning stages to the evaluation and follow-up activities
- The assistance of the La Leche League in selected training activities
- The training of personnel in the AEIPI system to strengthen training skills
- Follow-up training in the WARMI methodology
- Participation of project personnel in some of CARE's related internal training courses

To date, the project has conducted training staff and volunteers in the following areas

- WARMI methodology training
- Training Skills
- How to Effectively Use IEC Materials
- LAM training (Lactational Amenorrhea Method)
- Maternal Health
- Using Standard Key Messages for Infectious Disease, family planning and STDs
- Marketing Techniques
- Syndromic Diagnosis of STDs
- AEPI Workshop for MDs
- AEPI workshop for Educators
- Monitoring and Supervision
- Referral System Networking (M D s)
- Referral System Networking (Pharmacies)
- Treatment of STDs (for associated MDs and pharmacists)

Although the evaluators did not directly observe a training course, the staff and volunteers generally appeared knowledgeable and confident about the intervention areas The only exception was with the WARMI activities It appeared that the staff had not completely captured the correct methodology and that some of the steps were out of sequence This is something that can be addressed in follow-up training

Given that one of the major strategies of the project is to strengthen the referral network between the CIES clinic, the community promoters, the associated doctors and pharmacies, it is noteworthy that the project has already completed some training activities for the participating pharmacies and doctors It is anticipated that there will continue to be training activities like this during the next two years, so that by the end of the project the network will be firmly in place

2 B(4) Sustainability Strategy

The Detailed Implementation Plan emphasizes the following key points in its sustainability strategy

The project will achieve lasting changes on three levels

1 By the end of the project, the community will have incorporated a variety of health seeking behaviors related to diarrheal case management, maternal and newborn care, STD/HIV/AIDS prevention and birth spacing These behaviors will maintain the demand for services which the service network will have established through this project

2 The project will leave in place a network of volunteer promoters, community physicians, pharmacists and cooperating health services which will continue to provide education, information and supplies to project beneficiaries In addition to the incentives of profits, fees and customers, these health personnel will benefit from officially belonging to the CIES health network and the system of cross referrals within the network It is expected that they will continue to serve their community, with on-going supervision from CIES

3 The third level of sustainability is a strengthened local health outreach system operated by CIES This system will have increased CIES's capacity to provide periodic supervision, training and supplies in support of the market distribution network CARE will leave behind functioning systems for referrals, information exchange, supervision and logistics (contraceptives, ORS packets and Claro for water disinfection) CIES will assume the continuation of these policies, increased financial resources, and trained personnel to manage them

This strategy was developed with CIES during the development of the proposal

According to observations made by evaluators, the project is making progress in all three areas Although there has not been a repeated baseline study at this time, there was evidence that the health seeking behaviors of the project population had increased substantially between the beginning and end of the original CS X project (1994-1997) Since then there is evidence from the Water Use Census as well as the data from the project's monitoring system that people in the project area are increasing their health seeking behaviors (see section 2 A of this report)

As mentioned in the previous section, the project is making progress in the establishment of its network of service providers in the El Alto area The network includes the CIES clinic, volunteer promoters, community physicians, pharmacists and cooperating health service providers By the end of the last project the CIES clinic and the health promoters had a strong presence in El Alto Since then the project has worked on enhancing the relationship with the

community physicians through the CIES Associated Doctors program, and on building relationships with pharmacists through training programs and coordination meetings The evaluators were impressed by the enthusiasm of the pharmacists and doctors at being part of the network and their interest in coordinating with CIES There is also evidence survey that the project is building relationships with the 24 health facilities in the project area that were identified by the health facilities survey (see section 2 A of this report) If the project continues to build relationships at this rate, the network should be well established by the end of the project

CIES is continuing to build its capacity and has the ability to provide periodic supervision, training and supplies in support of a market distribution network This ability is demonstrated by CIES's management of its associated doctors program where local doctors that want to be affiliated with them are provided with training, supplies and periodic visits by the program coordinator CIES already has systems in place for referrals, information exchange, supervision and logistics (contraceptives, ORS packets and Claro for disinfecting water)

In addition to these factors, CIES and CARE are also exploring mechanisms to sustain the project after the project ends It is assumed that CIES' cost recovery mechanisms will help support supervisory staff needed to maintain the service network after the CS XIII project ends The cost effectiveness of this network is achieved through having a limited number of volunteers able to reach a large segment of the El Alto population This is due to the project's easy access to the target neighborhoods Cost effectiveness is also fostered through the incorporation of community physicians, pharmacies and cooperating health services who will charge fees for their services and therefore will not have to be paid for from other sources

Since community outreach activities began under the CS X project, demand for services in CIES' clinic has risen In 1994, CIES attended 6,000 consultations In 1995 the number reached 10,500 and climbed to 12,000 as of September 1996 The CS X project doubled the demand for services in the CIES clinic Clinic attendance continues to be high during the first part of the CS XIII project Community outreach through the child survival projects is helping to ensure the financial sustainability of the El Alto clinic

In addition to these efforts, the project staff has recently been working on a strategy to present project proposals to other potential donors who might be interested in funding either part of the existing project or an expansion of the project into some of the other regions where CIES is operating In fact, the mid-term results were presented to an audience of interested donors by the evaluation team before leaving La Paz There appeared to be significant interest in continuing the project after the child survival funding ends in 2001

4 PROGRAM MANAGEMENT

A Planning

At the beginning of the CS XIII project, the staff developed a detailed implementation plan (DIP) and the planning process involved all the project staff Although involving the staff made the process slower, it also assured their understanding and commitment to it In addition, each staff member is involved in development of the CIES annual operational plan Each staff member develops his or her own monthly plan of activity which is in keeping with the overall operational plan Viewing these plans it is easy to determine that the personnel understand the program objectives as well as the overall environment at CIES and in the El Alto communities in which they work

Each staff member has a copy of the program objectives as well as a summary of the detailed implementation plan The staff are expected to have an understanding of the project plans so that they can be prepared for the monitoring activities conducted at weekly and bimonthly El Alto staff meetings between the Clinic Director, other project staff and CBD project staff

The CBD coordinator and the supervisors also meet on a regular monthly basis to review progress in reaching goals The promoters also attend these meetings

The evaluators reviewed the work plan with the staff and the project is on schedule with its planned activities

3 B Staff Training

As noted in section 2B(3) of this document, training is the one of the key strategies employed by the project in order to reach its objectives To date all project staff and volunteer promoters have received basic training in all intervention areas of the project As noted above most staff appear knowledgeable and confident about the project intervention areas The quality of the training is continually monitored by the training specialist and the CBD coordinator In addition all courses include pre- and post tests and evaluations Trained promoters are also followed up in their field stations by the supervisors assigned to their area, so if there are any misconceptions or other problems, they can be appropriately managed

Presently, it appears that the resources allotted for training are more than adequate, given that the project has not spent the total amount of funds allocated for training Apparently this is because the project staff found less expensive venues for conducting the training

3 C Supervision of Program Staff

As previously noted (see section 2B(3), health worker performance) the project supervision system is one of the strongest areas of the project The project managers, coordinators and supervisors understand that guidance and support are key to motivating volunteers and other staff It also motivates staff to provide high quality service

During the first year of the project, CIES staff received supervision training from CARE and also from Management Sciences for Health (who adapted some of CARE's training curriculum) The project staff is currently validating the training curriculum used

Because the project has limited the number of promoters to 80 and because the staff have made use of "star promoters" 3 to assist with supervisory responsibilities, there appears to be adequate supervision for the volunteer promoters All of the promoters interviewed indicated they were satisfied with the supervision they were receiving The evaluators did note that despite these efforts, the supervisors still seem overworked and it is recommended that the project continue to develop alternative strategies for supervision, such as more group meetings and not requiring that the supervisors return to the clinic at mid day to punch a time clock

D Human Resources and Staff Management

As noted above each staff person and each promoter has a written job description CIES also has a policies and procedures manual that the staff have copies of Although the program tends to conduct informal supervision of promoters and staff during field visits, each employee's work is formally reviewed on an annual basis and recommendations are made for salary increases at this time In addition, there is a personnel file with pertinent information for each project employee

In general the morale of the staff is quite high Even though the supervisors still carry a heavy load, the fact that the project has limited the number of promoters and is seeking assistance from "star promoters" and is making an effort to ease the administrative requirements (staff are now reimbursed for transportation expenses and they are resolving the mid-day time clock requirement) have all contributed to improved work conditions In the past the field staff has worked well together but now the clinic staff and field staff have formed a strong team The clinic staff has recognized the important contribution that field staff (supeervisors and promoters) make in bringing patients to CIES During the last two years, the clinic staff (clinic director (DTA), Lab Technician and nurses) have been actively involved in field activities, particularly the WARMI events Also the supervisors take turns greeting patients and seeing that they are

3 A recommendation of the CS X final evaluation was that the supervisors consider delegating some of their supervisory tasks to motivated and capable promoters or "star promoters" The project has recently begun working with these star promoters and the evaluation interviews indicated that they were highly motivated to do this work and were comfortable with the responsibility even though they were not paid Each of the four interviewed was responsible for between 2 and 8 promoters

attended appropriately as they arrive at the clinic from the surrounding areas In the past this was done by the clinic secretary who is also responsible for the accounts and who often did not have time to deal with the patients suitably In addition the CBD program coordinator has taken on a much more proactive leadership role than she had in the previous project She has learned how to provide leadership and direction as well as maintain good human relations with her staff All of these factors have contributed to a high morale among the project staff and clinic staff

In general there is good retention of staff Recently one of the supervisors left but that was the first time a supervisor has left since the project began in 1994 The level of retention of volunteer promoters is also higher than it has been in the past, with a rate of 70% Reasons for this high retention are attributed to quality training and a strong supervision system When staff and promoters were asked what suggestions they had to improve the project, many responded that they would like to receive more training Thus, training appears to be a major incentive and motivating factor

If CIES is able to maintain the field staff and maintain the level of supervision it currently has as well as the training, then there will be no problem in transitioning the program after CSXIII ends The major cost will be that of staff salaries and the added resources being brought into the CIES clinic by the increased number of patients may be enough to cover this cost In addition, CARE and CIES are actively soliciting funds from other donors to offset the costs of the project (see Sustainability Strategy section of this report) CARE is very strong on job descriptions and has made sure that appropriate job descriptions have been developed for all project staff and are in place in CIES and at CARE, respectively

E Financial Management

As discussed in the section of this report that discusses capacity building, the financial management of this project has undergone successive improvements since the mid-term evaluation of the first project, CS X At that time there were several difficulties in the administration of funds for the project The funds were dispersed from USAID to CARE who then subcontracted funds to CIES In addition both the CARE project manager and the CIES deputy project manager needed more training to adequately manage the budget aspects of the project However by the end of the project these difficulties had been corrected and the project ended right on track with its projected budget

The CS XIII project appears to be on target with its expenditures Some of the training activities have actually cost less than originally anticipated, so there are some unexpended funds in that area There have been some improvements in the financial management of the new project at CIES involving buying procedures, accounting adjustments for these, processing of checks in a more timely manner and other administrative modifications at the CIES regional accounting office The CARE financial manager for the project has a good working relationship with the CIES accounting office and the two teams are usually able to resolve most difficulties

The CIES administrators were able to finally allow for project personnel to be reimbursed for travel in the El Alto area which has facilitated their work The office is presently working out an arrangement with the El Alto office so the supervisors will no longer be required to punch in at a time clock at the CIES office at mid-day This requirement may be normal for clinic personnel but it has created difficulties for field personnel who often have to leave meetings early in order to reach the clinic in time to do this and then rush back in order to complete their work Solving these problems is doing wonders for morale!

There was a recommendation in the final evaluation of CS X that suggested that the CIES assistant project coordinator should charge the actual amount of time she was spending on the project to the project rather than 80% of her time At the time they thought it was about 20 to 30% of her time To assure that adequate oversight continue, it was suggested that the clinic programs officer spend more of her time managing the project and charge this time appropriately The intent of this suggestion was to assure that the budget realistically reflect actual project activity Another purpose for this was to facilitate better coordination between the clinic and the CBD project which was still operating in isolation from the other projects at the El Alto clinic

During the meeting that the evaluators had with the CIES financial office, this issue was raised The director of programs has left El Alto and no one has replaced her management role with the project The CBD coordinator was named to the position but decided after working in that role for a while that she preferred her job as the CBD coordinator As a result, the assistant program manager has assumed more management responsibilities in El Alto and is working beyond the 20% time budgeted in the project Again, the project may want to reevaluate this situation and if the assistant program manager is working more than 20% time and if the resources are available, consider making that adjustment in the budget

F Logistics

In general the project has not had difficulties in acquiring the logistical supplies needed for the project CIES acquires the contraceptives, ORS packets and other items distributed by the promoters through its own resources No vehicles or other major equipment items were budgeted for this project

There is a need to acquire more IEC materials for distribution by staff and volunteer promoters in information dissemination and education activities It is anticipated that the project will do this during the next period

G Information Management

CIES has a good information management system both for the clinic activities and for the

project
The health information system (HIS) for the CS XIII project is based on the system developed for the CS X project The HIS provides information which allows different levels of staff and service network participants to monitor activities and detect problems in order to ensure efficient project implementation The system also provides evaluation information The assistant project manager is responsible for managing the HIS

Volunteers collect the following information Cases of diarrhea attended, number of ORS packets, Claro and contraceptives sold, Contraceptive users and Referrals to the service network Field supervisors report on educational activities in the community, volunteer activities, supplies distributed to volunteers, WARMI sessions and activities in the diarrhea focus project The project counselor collects information on number of counseling sessions performed and on distribution of supplies Community physicians provide information on number of patients attending and number of referrals made Pharmacies will report on number of clients attending for project components This information is consolidated into monthly reports by the field coordinator who adds information on training activities This information is passed to CIES's central office where it is reviewed and checked for consistency of information by the assistant project manager She ensures that problems in the information reported are corrected and then sends this information to the project manager on a quarterly basis and internally to CIES's national information system on a monthly basis The project manager analyzes the information and writes quarterly reports which are sent to CARE-USA

At each level information is used for decision making Volunteers use the information that they collect to track their own activities and follow up on diarrhea cases and contraceptive users and ask for resupplies Field supervisors review this information with volunteers and identify and discuss problems

The visiting physician will review information with community physicians and discuss problems and solutions The supervisor in charge of pharmacies will review information collected from pharmacies and also discuss problems and solutions

Field staff meet with the project coordinator and the program coordinator to review consolidated reports and monitor progress toward project objectives, determine supply needs, identify problems and plan follow-up activities as needed

The project manager reviews monitoring information on a quarterly basis Results of this analysis are discussed during project coordination meetings and activities are prioritized to address problems encountered

Information for project evaluation is obtained through a KPC survey performed before project

activities begin and repeated at the end of the project in order to measure change at the community level Mid-term and final evaluations are performed by outside evaluators who review monitoring information and results of KPC surveys, who interview staff and members of the service network and who observe educational activities

Information from the KPC surveys and the monthly monitoring system is being incorporated in community education activities to provide feedback to the community Information is also being disseminated to the following groups and partners

- Project staff during monthly meetings
- Volunteers during quarterly meetings
- The regional MOH via information committee meetings
- Other CARE Bolivia projects and development agencies in Bolivia through reports, workshops and conferences
- CARE-USA via quarterly reports and field visits of HQ staff during annual reviews and evaluations

The project tries to assure that staff and members of the service network retain essential knowledge, skills and practice through a variety of activities Pre and post tests are being performed for participants in each training session (see training sections of this report) Supervisory visits are used to strengthen knowledge, skills and practice Refresher courses are programmed to concentrate on weak areas detected during these visits

Quality of service in CIES' clinic is being measured using CIES' system of exit interviews, review of information obtained and actions taken based on this review

H Technical and Administrative Support

So far the project has received short term technical assistance from several sources One major activity has been the hiring of a training consultant who has reviewed the training needs of staff and volunteers in their field sites and then developed the training program appropriately from the assessment After the training has been completed, she has followed up with the staff in their field sites to be sure that needs have been met and addresses any concerns The supervisors also follow-up with their individual promoters

The project staff have also been receiving some technical assistance from Management Sciences for Health in the area of supervision training Apparently the MSH curriculum is making use of CARE course materials that were given to the previous CARE project manager and clinic coordinator, both of whom attended the CARE supervision training program (international

CARE workshop for CS held in Nicaragua in May, 1998)

The project received training from the Bolivian chapter of La Leche League International in LAM and promotion of exclusive breastfeeding This was replicated for the volunteers

Project staff also received training from CARE Potosi staff in the modified WARMI methodology This methodology has been used in developing community awareness regarding maternal and neonatal care As noted in section 2, it appears that the staff have not completely grasped all the steps in the WARMI community empowerment process and they are planning to address this in their next training session with the Potosi staff Despite this shortcoming there has been a very favorable response from the communities in El Alto

Given the interest by both CARE and CIES to continue the project activities after the CS XIII project ends, it is critical that the project dedicate time to this pursuit There were several donors at the midterm evaluation debriefing who were potentially interested in funding the activity but this will require staff time and a well developed strategy If CARE/ Bolivia does not have time to assist with this effort, the project might consider bringing in someone from CARE headquarters to assist CIES with the process

CARE headquarters has made two visits per year to Bolivia to offer technical assistance In addition, CARE Bolivia has a Reproductive Health sector coordinator with extremely strong expertise who provides continual oversight of the project Immediately after this evaluation, the Regional Technical Advisor, based in Guatemala, was in Bolivia to provide staff training on improving the implementation of WARMI

5 CONCLUSIONS AND RECOMMENDATIONS

In general the project is making very good progress and should be able to meet its objectives by the end of CS XIII The CARE – CIES partnership is very strong and both have indicated that they would like to continue working together Both have benefited from the relationship The project has also developed a strong spirit of teamwork with the CIES El Alto regional office and clinic Both parties seem to truly appreciate each other's contributions to the overall program in El Alto From the evaluation it is clear that both the supervision system and the training program are of excellent quality Both of these activities have been key to the success of the project Although not completely in place yet, the referral network of service providers is growing and gradually taking shape between the CIES clinic, the CBD promoters, other service facilities in the area, associated doctors and pharmacists All indications are that the network will be in firmly place by the end of the project

The following are some observations and suggestions of matters to consider during the remainder of the project

Achievements

- There is good evidence excellent teamwork in the project This is demonstrated by the good working relationship between CARE and CIES, the high level of integration of the project within the CIES clinic and the strong team of supervisors

- Strong supervision system The promoters interviewed during the evaluation demonstrated good knowledge of the project intervention areas and reporting abilities They also reported that they were very satisfied with the supervision that they have received

- The project has made good progress on its work plan It has completed most of the activities for year two and some of them for year three

- The promoters demonstrate good technical capacity They have the knowledge and skills and a good understanding of the key messages for each intervention area

- Good evidence that the project is making use of experienced promoters For example the use of "star promoters" to support promoter supervision needs

- Evidence of high quality training as provided by feedback from promoters and project staff through knowledge, skills and feedback There is also evidence that the project staff is continually trying to improve their training through the contracting of a "training advisor"

- A high level of retention of volunteer promoters (70%) This is probably due to the high quality of training and the strong system for supervision and follow-up

- Enthusiastic support for the referral network from CIES's associated doctors and pharmacists in the project area

- High quality IEC materials including posters, flyers, pamphlets, flipcharts etc There is also evidence that the materials reinforce the program's key messages in all the intervention areas

- There appears to be great potential in the work that the project is doing with men's groups This is particularly evident in the STD prevention area that the project is conducting with factory workers, police and the army barracks in El Alto

Issues

- Although the project has made tremendous progress in this area, the supervisors continue to carry heavy workloads It would be useful for the team to review activities and see what

tasks can be delegated to promoters Also look into other strategies for reaching project objectives

- At the present time the project is not measuring all the activities being conducted by the promoters Their work is primarily measured through products sold in the communities whereas in reality they are doing more than that It is recommended that the project expand its information system to include some of these activities such as referrals to CIES and other providers Also it is important to acknowledge their advanced skills and the leadership roles they play in their communities Highlighting some of these qualities will strengthen the argument for continued funding of project activities

- Since the end of the last project (CS X) there has been a marked decline in the sale of condoms Project staff seem to think that this is because CIES is required to sell only the Pantera brand of condoms which is being marketed by PSI Since CIES is no longer a distributor for PSI, they no longer receive incentives and promotional material to increase sales Several strategies are being considered to manage this situation However, it seems that a logical place to start is to conduct a study in the project area of actual condom use and preferences This could be done in the communities as well as at the pharmacies and other shops that sell condoms Once they have the study results, the project would have a better idea about how to improve condom sales

- Although the project has some excellent IEC materials, there is a need for more of them When the evaluators visited promoters at their sites, they found that the volunteers had only limited supplies of materials These were sufficient to counsel with but not enough to send home with the clients who received the counseling When asked about this the supervisors responded that they did not have sufficient quantities to send them home with clients It is recommended that the project consider reprinting enough materials so that every client can receive the basic brochure on FP methods as well as one pamphlet for each of the other intervention areas

Challenges

- The project staff need to review and revise the WARMI methodology that they are currently using in the communities Although there has been an enthusiastic response, it is not being utilized as a community empowerment method in the way that it was intended Some of the steps are out of order Also the sessions that were observed by evaluators appeared to be too controlled by the staff and did not allow the community adequate time and space to define their real problems and arrive at appropriate solutions for these problems

- Continue developing strategies to deliver the key messages to larger audiences The health

fairs and community education sessions are good avenues but the project might be able to reach more people through other strategies The project might explore conducting more media programs on radio and television

- It is always a challenge to select the right individual to become a promoter The project should continue to work on the promoter profile highlighting the qualities that have paid off best in the past

- The project needs to periodically review the birth spacing methods being recommended by the volunteer promoters The evaluators observed that they were not promoting the lactational amenorrhea method and they seemed confused about the calendar method

- Given the importance of training as a source of motivation for promoters, the evaluators recommend that the project develop a long range plan for training and update/ review sessions

- The project needs to develop a strategy for selling more of the CLARO bottles and solution

Recommendations

- That CARE assist CIES in searching for outside donors who might be interested in continuing to fund the project activities in El Alto and /or in other areas of the country where CIES is trying to implement the CBD program CARE should be able to assist them in refining the proposal strategies for these donors, once identified

- That the project develop an appropriate supervision form which includes the standard procedures employed by the project, that can be used by supervisors when following up with promoters

- The project consider adding birth planning sessions to their WARMI and maternal education activities that they are conducting in the communities of El Alto

- The training in syndromic STD diagnosis and treatment that was conducted for the associated doctors and pharmacists was very successful The evaluators would recommend that the project continue to provide more training for these audiences in order to further motivate them to be active in the project's referral network

- There appears to be a considerable amount of interest in menopause in the project communities The project might want to consider developing an educational session along with appropriate IEC materials about menopause to present as part of their education

program

- It is recommended that the project consider providing more tools to patients who use depo-provera to help them remember when their next injection is due An example would be to provide them with a calendar that has the follow-up date clearly marked and talk to them about urban or national events occurring around that time in order to help them remember it

III THE ACTION PLAN (COMPLETED BY PVO TEAM)

Concerns

1 **Follows a higherarchy of supervisors Activities must be reviewed to see what can be delegated to health promoters Other strategies must also be explored**

Strategies

- Strengthen the volunteer promoters' (VPs) referral system toward the health centers and the CIES clinic
- Work with best health promoters so other VPs will follow
- Schedule informative fairs in such a way that the VPs will gradually support this activity
- Transfer in an organized manner the home visits to VPs
- Over time, increase the number of VPs in community training
- Gradually delegate to the VPs the responsibility of maintaining and communicating with the group and institutional contacts

2 **Must present the activities and successes to the health promoters For example, expand on the Health Information System (HIS) used by the program, speak of the advanced capabilities and the role they play in the communities**

Update VP HIS activities

- Training registration and follow-up is in progress
- VP workload registering – volume of goods consumed
  - -- number of home visits
  - -- number of educational sessions
  - -- number of persons trained
  - -- number of referrals
  - -- number of other activities

(Matilde works on format until October 15)

Design a supervisory instrumental guide for VPs

Systematize the information

(Carmen develops format and the team implements the supervisory workshop November to December)

3 **Fall in sale of condoms It would be interesting to understand the market—i e , research the relation between the public and pharmacies as well as the public and other sources of sales**

Strategies

- Market study with suppliers
- Market study with consumers

4 **Provide health promoters with more IEC materials, i e , flip-charts and pamphlets for distribution**

Strategies

Reprint general leaflets on Family Planning (FP) and distribute among VPs
Distribute Diarrhea Disease flipcharts to most active and permanent VPs
Provide Information Education and Communication (IEC) materials to all VPs

(Matilde will work on this until October 15, 1999)

Challenges

1 Reach more people by using key messages designed by the project
Strategies
Resume the radio show from Radio Pachamama
Disseminate radio commercials
Include graffiti contests, soap operas, theater, etc

2 Evaluate health promoter profile Look for extraverted individuals

3 Evaluate FP methods that are promoting the health promoters and their priorities For example, there's not much evidence that the MELA method is promoted Also need to review the 9-9-9 calendar method
Strategies
Strengthen MELA training and calendar method
Review "rosary" use

4 Develop long term plan to recycle training sessions
Strategies
Reschedule training plan and revise possibility of long term recycling

5 Examine strategy to expand the sale of CLARO cans
Strategies
Do more promotion
Give one can to health promoters so that they may do promotion activities
Conduct an investigative survey on where cans are sold, cost, etc

(Franz will do this until November 3, 1999)

Main Challenge

Review the methodology being used in WARMI implementation Some steps are not in order Also, observed sessions show that the process is too controlled by the instructors

Methodology to be reviewed

Suggestions and Recommendations

1 **That CARE help CIES in searching for donors who are interested in continuing or expanding their project, well defining their priorities with them and examining how they can integrate the project strategies in them**
2 **Add some sessions to Maternal Health Education and WARMI activities on how a family can plan a birth**
- Conduct assimilation of CARE-Peru birth plan until November
  (Do this until November)

3 **Distribute tools to help patients who use the Depro-Provera method For example, a calendar whose dates are crossed out when they should get their next shot**
- Print a calendar

4 **Do a small study on condom preferences and tendencies of usage in El Alto**

ANNEX I

Goals and Objectives

Objectives Set	Achieved
Family Planning	
Increase from 10.6% to 20 0% the number of women of reproductive age who are not pregnant, who desire no more children in the next two years and who are using a modern contraceptive method	Increased to 15 3%
Increase from 61.7% to 90 0% the number of women of reproductive age who have knowledge of at least three modern methods of family planning	Increased to 78 7%
Increase from 70 0% to 90 0% the number of women of reproductive age who have knowledge of pills as a contraceptive method	Increased to 82 2%
Increase from 59 0% to 90 0% the number of women of reproductive age who have knowledge of condoms as a contraceptive method	Increased to 76 4%
Increase from 65 0% to 90.0% the number of women of reproductive age who have knowledge of IUD as a contraceptive method	Increased to 78 3%
Increase from 14 0% to 60.0% the number of women of reproductive age who have knowledge of rhythm as a contraceptive method and know that a woman is most fertile half-way between menstruations	Increased to 29 0%

Objectives Set	Achieved
Control of Diarrheal Disease	
Increase from 52 2% to 65.0% the number of mothers who have used ORT.	Decreased to 51 3%
Increase from 27 7% to 40 0% the number of mothers who know that ORT is used to prevent dehydration.	Increased to 54 3%
Increase from 51 0% to 64 0% the number of mothers who know how to prepare ORT packets correctly.	Increased to 57 3%
Increase from 19 7% to 30 0% the number fo mothers who know that it is necessary to give more fluids than normal when a child has diarrhea.	Increased to 45 3%
Increase from 36 0% to 50 0% the number who can recognize signs of dehydration as an indication that they need to seek help	Decreased to 24 7%
Increase from 46 7% to 55 0% the number of mothers who know it is necessary to give a child more food than usual when the child is recovering from an episode of diarrhea	Increased to 47 0%
Maintain at 84 2% or increase the percent of mothers who are breastfeeding who breastfed the same or more frequently during the diarrhea episode	Increased to 86 8%
Increase from 62 7% to 75 0% the percent of children who were not exclusively breastfed who were given the same amount or more fluids (breastmilk excluded) than normal	Increased to 77 8%
Maintain at 67 6% or increase the percentage of children who were given the same amount or more food during the diarrhea episode	Decreased to 57 0%

Objectives Set	Achieved
Sexually Transmitted Diseases	
Increase from 58 0% to 80 0% the number of women of reproductive age who know that sexually transmitted diseases exist and who can name at least one.	Increased to 66 3%
Increase from 75.3% to 85 0% the number of men 15 years or older who know that STDs exist and who can name at least one	Increased to 81 0%
Increase from 38 0% to 75.0% the number of women of reproductive age who know that STD transmission can be prevented by using a condom, having sexual relations with one partner who is also faithful, or abstinence	Inreased to 60 3%
Increase from 38 0% to 75.0% the number of men 15 years or older who know that STD transmission can be prevented by using a condom, having sexual relations with one partner who is also faithful, or abstinence	Increased to 84 7%

ANNEX II

Interview tools

GUIA DE ENTREVISTA
PROMOTORES VOLUNTARIOS

Nombre _____

Tiempo que trabaja como promotor. _____ anos/meses

1 Que tipo de actividades realiza usted como promotor voluntario? Ha cambiado sus actividades con este nuevo proyecto (Redes II)

2 Tiene usted una descripción de funciones? Un record de actividades?

3 En que lugar realiza su trabajo?

4 Que mensajes básicos da usted a los clientes en cuanto a (EDA, PF, ETS, CMRN)

5 Que tipo de capacitación recibió usted de parte de CIES?

6 Recibe usted visitas de supervisión? Con qué frecuencia? Qué temas se tratan durante la visita de supervisión? Qué opina usted de la supervisión?

7 (Pregunatar al promotor si puede mostrar sus registros y sus insumos)
Cuantos clientes tiene usted? Alguna vez le faltó insumos o formularios?

8 Asiste usted a reuniones para revisar el progreso de su trabajo con el grupo de promotores? Cada cuanto?

9 Que recomendaciones tiene para mejorar su trabajo?

GUIA DE ENTREVISTA
SUPERVISORES

Nombre _____

Tiempo que trabaja como supervisor _____ anos/meses

1 Que tipo de actividades realiza usted como supervisor? Ha cambiado sus actividades con esta nuevo proyecto (Redes II)?

2 Cuanto tiempo dedica a la educación comunitaria (ferias, charlas, grupos warmi etc)

3 En la supervisión del promotor, qué porcentaje de su tiempo se dedica a educación continua, temas administrativos (reportes, logistica), evaluación de desempeño?

4 A cuantas personas supervisa? Como están distribuidos los promotores que Ud supervise en relación a las zonas geográficas?

5 Cada cuanto se realiza la supervisión a cada promotor? Tiene usted un cronograma de visitas? Utiliza un formulario de supervisión? (Pedirle al supervisor mostrar algunos formularios llenados) Qué hace cuando detecta problemas de desempeño durante la visita de supervisión?

6 Qué tipo de supervisión recibe usted? Recibe el apoyo y educación continua que necesita para desempeñar sus funciones Recibe usted una evaluación de desempeño anualmente?

7 Que tipo de capacitación ha recibido? Cuales son sus necesidades para capacitación en el futuro?

8 Existen descripciones de trabajo, normas de rendimiento, y objetivos anuales? (Para promotores y supervisores)

9 Se reunen ustedes como supervisores para realizar una planificación en equipo? Se reunen con los promotores periodicamente para revisar el avance del trabajo y compartir información técnica acerca de las intervenciones del proyecto?

10 Qué recomendaciones tiene usted para mejorar su trabajo?

GUIA DE ENTREVISTA
PERSONAL TECNICO Y/O ADMINISTRATIVO

Nombre _____

Tiempo que trabaja en/con CIES _____ anos/meses

1 Que tipo de actividades realiza usted? Ha cambiado su trabajo con el nuevo proyecto?

2 Recibe el apoyo y la capacitación que necesita para desempeñar sus funciones? Cuales son sus necesidades para capacitación en el futuro?

3 Existen descripciones de trabajo, normas de rendimiento, y objetivos anuales? Tiene usted una descripción de funciones?

4 Qué tipo de supervision recibe usted? Recibe usted una evaluación de desempeño anualmente?

5 Qué cambios han occurido despues de la Evaluación Final?

6 Qué recomendaciones tiene usted para mejorar su trabajo?

ESTIMADO USUARIO (A) SOLICITO A USTED RESPONDER LAS SIGUIENTES PREGUNTAS:

1.- **Como usted conocio el CIES o quien le ha recomendado visitar nuestra clinica?**

-

-

2.- **Vio usted en su zona algun panel o letrero, volante de CIES y/o participo en alguna feria de salud?**

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3- **Usted conoce de alguna actividad de educación en salud en su comunidad, y quienes lo hicieron?**

-

-

GRACIAS POR SU INFORMACIÓN Y COLABORACIÓN

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MEDICOS ADJUNTOS Y FARMACIAS

- Que tipo de capacitacion ha recibido de CIES?

- Que otras capacitaciones desea recibir?

- Qué tipo de interaccion tiene usted con CIES?

- Que piensa usted de ser parte de una Red de Medicos, con CIES y sus promotoras?