

PD-ABU-073

**IMCI COMPLEMENTARY COURSE
ACTIVITIES IN BOLIVIA
NOVEMBER 1997-AUGUST 1998**

A summation of four trips:

November 3-15, 1997
March 15-27, 1998
June 11-21, 1998
July 27-August 6, 1998

David McCarthy
Beth Gragg

From November 1997 through August 1998, David McCarthy made four trips to Bolivia to develop and field test the Complementary IMCI Course. During these trips, he worked with many people, including the BASICS/Bolivia office staff, Beth Gragg from World Education, Veronica Pinell of the Rational Pharmaceutical Management (RPM) Project, Ministry of Health staff, USAID personnel, and UNICEF staff.

The attached appendixes contain a chronological record of his four trips, beginning with a "scouting" trip in November 1997, and ending, in August 1998, with a field test of the training given in integrated management of childhood illness (IMCI).

APPENDIXES

APPENDIX A

**BOLIVIA SCOUTING TRIP
NOVEMBER 3-15, 1997**

Situation in General

During the course of this consultancy the Banzer government completed its first one hundred days in office. Though there has not been a systematic dismantling of the previous governments reformist program, this is generally felt to be due to the lack of any coherent alternative plan. The coalition which brought Banzer to the presidency is more pragmatic than ideological, and its component parts range the full political spectrum. The coalition has also been characterized by a high degree of "clientelismo" as the parties have squabbled over the spoils of victory, staking out spheres of influence and patronage positions for party loyalists. In the partitioning out of the ministries, the MOH has been awarded to the MIR, one of the stronger coalition members. This has brought two supporters of IMCI into significant positions within the MOH, Dr. Jaime Telleria and Dr. Roberto Urquiza. Technical responsibility for the IMCI initiative, formerly held by Dra. Miriam Lopez, has been assigned to Dr. Justo Cortez. IMCI has been incorporated into the MOH Strategic Plan, and the governments Action Plan. The problems which can be anticipated will have less to do with assuring support for IMCI, but rather with trying to meet unrealistic short term expectations.

A less positive result of the MIR ascendancy has been a rush to remove regional, district and hospital personnel and replace them with party loyalists. There have been wholesale removals in Santa Cruz, and a similar process began in La Paz during this consultancy. The USAID bilateral project CCH has not been immune, since its director is, by previous agreement, a member of the MOH and serves at the discretion of the Minister. (On a more limited but immediate note, BASICS candidate for the IMCI Essential Drugs field test in Ecuador was forced to cancel his participation upon being informed, two days before his departure, that his name was on the list of staff being purged from the hospital El Nino.)

The fragility of the political coalition may well mean a change in which party controls the MOH during the tenure of this government. Short term, the significant changes in personnel at all levels in the MOH and the changes that can be anticipated in the final year of the CCH project, would seem to indicate that caution and prudence should be watchwords for BASICS in Bolivia in 1998.

The Interagency Coordinating Committee continues to function and is providing the principal impetus for IMCI. PAHO, in the person of Dra. Marta Mejia, continues to be in the forefront, but has limited financial resources to draw on. UNICEF, which has been a significant partner for BASIC on both ORS production and the radio drama, is playing a larger IMCI role than previously and has provided significant financial support. Both of these agencies have prioritized increasing the number of regional IMCI training facilities. The limited number of training sites and facilitators represents a serious bottleneck to implementation. At the same time however, efforts at establishing Clinical Training Centers under an earlier joint initiative proved to be very labor intensive and extremely frustrating. Though this priority responds to the MOH desire for extended and equitable coverage, BASICS with CCH has played an important role in grounding this effort through training at the operational level. If problems of timely funding for district level training continue to plague CCH, it will be important for BASICS to avoid being drawn into an inordinate amount of national level facilitator training at the expense of district level

implementation.

At the USAID Mission the re-engineering process continues. A meeting of all collaborating agencies was held November 18 to review indicators and clarify requests by the Mission for calendar year budgets tied to the Intermediate Results Package. A large scale evaluation of CCH and the redesign of the Missions health portfolio are in the works. HPN Officer Paul Ehmer expressed support for the work of the BASICS Project, and his desire for continuing technical support of this nature in the future. In discussing current activities he stressed that while he found the application in other countries of lessons learned important, his primary interest is in direct support to current efforts in Bolivia. To this end he requested that additional support be provided to assure that the ORS working group be put on firmer footing.

STATUS OF PROPOSED WORKPLAN OBJECTIVES

1.01 Integrated Behavior Change Interventions

At present, activity in this area is largely defined in terms of follow-on to the collaboration with CCH in social marketing and communication. This effort, which began with a series of workshops and the development of district level strategies, has been a mixed success. Though a significant amount of skills transfer and local capacity building has taken place, the program review conducted by CCH at the end of 1996 and a mid-year evaluation at the district level this year show activity largely confined to the production of radio spots on a limited range of health themes. The head of this effort at CCH has since resigned and been replaced by the educator previously employed by BASICS. Though BASICS staff member Gigi Kuncar has provided considerable technical assistance to the effort in the past, her involvement in the "EL Zambo Angolito" radio drama currently precludes her involvement and will continue to do so for several months.

Changes at the district level in MOH personnel, the increasing burden of activities on CCH district level educators, and the possibility that the confusion and delays that have characterized much of CCH's participation to date might worsen during the last year of the project, raise question as to how BASICS should focus its IEC work in 1998. On the one hand, BASICS entered into an understanding with CCH at the initiation of this effort, and does not want to abandon them part way through the process. On the other hand, BASICS did not envision this process being extended incrementally over three years, and its current priority is to provide community level IEC support to district level IMCI implementation.

To the degree possible BASICS should limit its IEC interventions to the three IMCI target districts and focus them on strengthening IMCI linkage between the community and the health centers. Given the uncertainty of timely CCH financial support for such efforts on either the short or long term, it would appear prudent for BASICS to identify additional stakeholders and potential partners in the districts to assure the continuation of IEC efforts. The current mortality survey implementation in these districts should also provide direction for IEC efforts.

Two areas of obvious need in terms of strengthening IMCI and assuring its relevance to the

community are counseling skills/messages and nutrition/ child feeding messages. Though initial work has been done on the IMCI food box, there is a continuing need for appropriate localized nutrition recommendations to be developed and tested at the community level. Similarly, there is a need to develop appropriate counseling messages for fast breathing, fever, dehydration etc.

1.02 El Zambo Angolita Radio Drama

Another BASICS IEC activities is the production of the radio novela El Zambo Angolita. This initiative grew out of the results of the mortality survey carried out in El Alto in 1995, and represents an attempt to capture the educational potential of the stories provided by mothers on the death of their children.

This effort has made steady progress and 30 of the projected 50 episodes have now been produced. The first 20 of these have been aired by different radio stations around the country, with special emphasis being placed on districts where CCH is working.

Much of the progress that has been made is due to the continued hard work and dedication by BASICS Bolivia staff despite uneven support from BASICS Washington. Though the initial impulse for this activity came from Washington, changes in personnel and shifting responsibilities have often left the Bolivia team without sufficient support. One of the results has been delays in Washington decision making and second guessing decisions that had been collectively taken at earlier points in the process. This situation has been most recently evident in the definition of the methodology to be used to evaluate this effort.

During the course of this consultancy, this consultant met both collectively and individually with USAID Global CTR Melody Trott, BASICS Washington M & E advisor Sandja Rao and BASICS Bolivia personnel (Dr. Ana Maria Aguilar, Lic. Gigi K., Dr. -----) to discuss current status and issues related to production, dissemination and evaluation.

Dr. Trott's expressed concerns focused on three areas:

- 1) Basis - The perceived lack of sufficient information on the target audience regarding access to radio, preferred listening time, and the ability of listeners to capture the intended messages.
- 2) Evaluation - The ability of the existing evaluation instruments to capture sufficient data and the ability to carry out a case control.
- 3) Promotion - the promotional strategy to be used in relaunching the radio drama in specific target districts and the insistence that radio time not be paid for.

The BASICS teams response to these concerns and their own expressed concerns were the following:

- 1) The original analysis done at the district level during the development of the social marketing and communication strategies as well as the follow-up evaluation done by CCH in mid-1997 has

defined both the question of access and peak listening times. This is further supported by the radio stations own segmentation of air time for commercial purposes, which conforms to the above.

In terms of comprehension, staff felt that the results obtained from the validation of early segments, prior to the re-formatting which was begun in June of this year, which assures that key messages are repeated at least three times in Spanish as well as in Aymara and Quechua, showed target audience ability to identify and comprehend key messages. They also expressed concern that any limited effort they might take now to confirm this would be seen as unscientific, while a statistically significant study would be prohibitively expensive and time consuming.

In terms of the existing evaluation instruments, it was agreed to examine the possibility of a more elaborate exit interview at clinics with caretakers who identified listening to the radio drama.

Staff felt that the current design provides for case control but agreed to await the definitive judgement of a primary investigator to be identified by BASICS Washington. It was pointed out that the primary investigator needed to provide the case control design by the end of January to meet agreed evaluation targets.

The issue of the relaunch continues to be contentious. An initial sample done in September found little identification of the radio drama by the target population. BASICS Bolivia feels this is largely due to two factors. 1) The decision to not buy radio time, and 2) the decision to air only one episode a week.

Though Dr. Trott identified a number of dramatic media interventions from other countries which had been successfully marketed without paying air time, Bolivia staff continues to believe that the current situation in Bolivia precludes a similar approach here. The intense competition among radio stations has reduced profit margins and consequently the willingness to provide free public service air time. This comes at a time previous national legislation which mandated such free air time has been abolished, and when an increasing number of other sectors are interested in airing public service messages. BASICS has also been put in an awkward position by the fact that two of its significant partners, CCH and MotherCare, have paid local radio stations to air similar messages or programs, creating certain expectations.

APPENDIX B

**PROGRAM IMCI ACTIVITIES
MARCH 15-27, 1998**

DRAFT TRIP REPORT
DAVID McCARTHY
BOLIVIA
MARCH 15 - 28
ACTIVITIES

March 15

Arrived in La Paz

March 16

Together with Beth Gragg met with BASICS Bolivia team to discuss schedule for current trip and reprogram activities related to translation and adaptation of materials, facilitator training course and field test of IMCI Complementary Course.

Together with Beth Gragg, met with USAID HPN Officer Paul Ehmer to discuss purpose of visit by this consultant, Beth Gragg from World Education and Veronica Pinell of Rational Pharmaceutical Management (RPM) project.

Paul Ehmer stated that his priority for IMCI training was Auxiliary Nurses, and that he was encouraged to hear that the CC methodology was not only targeted at this population, but was also focused at training supervisory personnel who work with auxiliary nurses as facilitators. He also expressed his opinion that there was a need to look at other methods of providing the course that did not involve taking service delivery personnel out of their centers for such long periods at a stretch. He recognized the magnitude of the effort that will be needed to move from the initial implementation in the three CCH districts to national implementation.

This consultant then briefly informed Mr. Ehmer of the collaborative efforts to date with PAHO IMCI and Essential Drugs, RPM and BASICS to broaden the participation of drug managers in the planning for IMCI. The development of assessment instruments and their application in a combined field test and training in Ecuador was also discussed. Mr. Ehmer expressed concern that the assessment in Bolivia not create unrealistic expectations on the part of the MOH that this effort implied a larger commitment by AID to provide support in drug supply and logistics. At the same time he stated that AID had been frustrated in the past by an inability to coordinate with PAHO on drugs and logistics systems and he was interested in the possibilities this new initiative might create to at least begin a dialogue.

March 17

Together with Beth Gragg, met with the BASICS Bolivia team to continue discussions in more detail on the proposed Complementary Course workshop and field test. The necessary resources were identified and a tentative budget drawn up.

This consultant then met with the Bolivia team to discuss the results of the meeting on operations research and costs that had been held with WHO, UNICEF and AID. It was agreed that the Bolivian team would develop a SOW for a consultant to further the work done in Bolivia to date on costs, and that this consultant would take the SOW to Washington for additional input.

Together with Beth Gragg and the BASICS Bolivia team, this consultant met with Dra. Marta Mejia of PAHO to discuss the proposed plan for facilitator workshop and field test. Dra. Mejia mentioned that Dr. Benguigui had expressed interest in sending observers to the field test. It was agreed that it would be important to have such observers, but that given the limited space available at the Training Center where the initial field test will take place, it was recognized that the number of external observers would need to be limited. It was agreed that this consultant would meet with Dr. Benguigui upon returning to Washington to determine well in advance who the observers would be and to avoid any confusion arising in the future about including additional observers at the request of other countries, given limitations of space. This consultant agreed that OPS Bolivia and BASICS Bolivia would be informed as to the results of this meeting.

Following this, there was a second meeting at which the above mentioned group minus Beth Gragg was joined by Veronica Pinell of the RPM project, Dr. Francisco Rossi and Dra. Susana Sanjines from the PAHO Essential Drugs program. During this meeting Drs. Rossi and Sanjines presented the advances that had been made on the proposal the IMCI Essential Drugs working group had received in February. The current proposal involves an expanded indicator based assessment to be applied in a total of 39 municipalities in nine departments. The size and distribution of the sample responds to political criteria since it encompasses the three early acceptor districts for IMCI, the 11 Reform districts that the MOH has identified as their priority, and the 10 municipalities being supported by the Dutch essential drugs program.

Though what was presented demonstrated that considerable thought and work had gone into the proposal it was also apparent that support from the RPM project in the person of Veronica Pinell had arrived at a critical juncture in the process. BASICS agreed to support the addition of a physician trained in IMCI to the team during the following two weeks, and it was agreed that the same group would meet on March 26 to review progress made, and discuss what might be presented to the Washington based working group on April 2nd.

Following this meeting this consultant joined a meeting in progress between Beth Gragg, Dr. Andres Bartos and Dr. Adalid Zamora.. Dr. Bartos had previously been given a part of the Complementary Course materials to translate, and Dr. Zamora will be assisting in adapting the translated materials to the Bolivian version of IMCI.. After reviewing the materials that had been translated in Washington it was agreed that it would be more advantageous to have the remaining materials translated and adapted in Bolivia, and that the team of Drs Bartos and Zamora would identify the changes that would need to be made in the materials that had been translated in Washington.

Following this meeting this consultant had a meeting with Veronica Pinell to discuss expectations of the group with which she would be working and her initial impressions of the

proposal.

March 18

This consultant, Dr. Dilberth Cordero and Beth Gragg met with the Director of Maternal and Child Health, Dr. Jaime Tellaria, the coordinator of IMCI, Dr. Justo Cortez, and the Coordinator of Child Health, Dr. Roberto Urquiso. The proposed plan for the facilitator training and field test of the Complementary Course was discussed.

The three officials expressed interest in the course, though they expressed concern for the time and number of facilitators the course required. Dr. Tellaria explained that the government is currently in the process of redefining the national health policy, and that IMCI is a key element. IMCI will form part of the core content of Salud Familiar which will be supported financially by Seguro Nacional and administered as Medicina Familiar. The concept will be applied initially within the eleven priority districts identified as part of the Reforma, and it is contemplated that all MOH staff working in these districts will be trained in IMCI. As many of these areas are rural the MOH is interested in other modalities for the training of rural staff closer to their work sites. The possible use of the Complementary Course material as IMCI training moves beyond urban hospitals was discussed.

Later this consultant met with BASICS Country Representative Dra. Aguilar to discuss the current situation in regards to the work being done with private sector production of ORS. Though Dra. Aguilar recognized the importance of increased domestic production of ORS she expressed concern regarding the degree to which the producer, INTI, had complied with the agreement under which BASICS and other agency support had been provided. Dra. Aguilar expressed concern about the ability to leverage compliance on the part of INTI and questioned whether the suggested contracting by BASICS of someone to coordinate with INTI would provide this leverage, or allow INTI to postpone assuming the role they were anticipated to play at the beginning of this initiative. This consultant agreed to follow-up on this issue in Washington.

In the afternoon this consultant together with Dr. Dilberth Cordero and Beth Gragg visited the Hospital El Nino to observe an IMCI course being given for fifth year medical students doing their internship at El Nino. This course is given in the afternoon over a period of three weeks and is supplemented with practice sessions incorporated into the regular morning consultations carried out by the students. The course provides an orientation to IMCI to students prior to their public health courses which involve work in rural areas.

Flew that evening to Santa Cruz.

March 19, 20, 21

Over these three days this consultant and Beth Gragg met with Dra. Lillian Brun, head of the IMCI training unit at Hospital Mario Ortiz Swarez, the referral children's hospital for Santa Cruz and the surrounding area., and observed the IMCI course being given there to nurse auxiliaries.

12

There were 20 auxiliaries drawn from rural districts where BASICS is collaborating with CCH. These were divided into two groups with two facilitators per group. One group had the same two facilitators morning and afternoon, the other had one constant facilitator and two facilitators who alternated morning and afternoon. This consultant and Beth Gragg alternated days between groups, each observing a group during the morning clinical sessions and the afternoon classroom sessions, then joining the facilitators and Dra. Brun for the evening facilitator meetings.

March 23

Cuevas

March 24

IMCI course and meeting with CCH

March 25

IMCI course and meeting with Dr. Dilberth Cordero

Return to La Paz

March 25

Meeting IMCI drugs

CONCLUSIONS

IMCI Complementary Course

In the opinion of this consultant, the visit confirmed the value of the time and effort that has and will continue to be expended in the development of the IMCI Complementary Course. It was apparent that the standard course which had been used successfully in the training of professional staff from the MOH and medical school students, could not be used with auxiliary nursing staff without a significant reduction in technical content and feed-back. In the course observed, facilitators struggled daily with participants who were slow readers, who had difficulty in interpretation of algorithms, and who needed more time to complete exercises. Faced with this situation some facilitators first eliminated reading by slower participants, read decreasing amounts of the material to participants, began cutting out exercises and providing less individual feedback to participants. In making these decisions the facilitators were guided by their individual judgement of what materials or exercises were more important, and increasingly by the clock, as participants were unable to finish the material proposed for a given day.

The intent here is not to criticize the facilitators, nor the course director, all of whom demonstrated not only considerable dedication and creativity, but also a strong commitment to

providing auxiliary personnel with the skills needed to carry out IMCI. The intent is rather to identify that it is unfair to all concerned to put facilitators in the position of having to daily make individual judgements with unclear criteria on how to reduce and simplify material.

If the IMCI course is to avoid repeating the experience of the previous CDD and ARI courses, which suffered significant degradation in both methodology and content as they were replicated for auxiliary personnel, the special needs of this staff need to be addressed appropriately and facilitators need the necessary skills and materials to carry this out. The CC more clearly defines the objectives of each activity, provides techniques to facilitate learning by adults with less developed reading ability, and systematically builds upon the skills which participants bring to the course. The field test of both the facilitator training and the CC will allow a more accurate calculation of what will be necessary to carry out national implementation of IMCI in Bolivia.

The field test of the CC in Bolivia will provide a body of adapted and tested material and techniques that will prove invaluable for national implementation of IMCI. Though it is not clear at this point what all the potential products of this application will look like, it will provide a technically solid basis for adapting to different needs especially in rural areas.

RECOMMENDATIONS

IMCI Complementary Course

Translation - Though the material translated into Spanish in Washington will serve to accelerate the completion of the material to be field test, there are enough differences that require national adaptation and local terminology that will require input from the adaptation team, that it would appear to be more efficient to continue the rest of the translation in Bolivia. All material will need to be translated by the end of April. A budget that reflects the necessary costs is being submitted separately.

Adaptation - BASICS Bolivia has proposed a team of people to review the existing materials and make the modifications necessary to adapt it to Bolivia. All adaptation will need to be completed by the end of May. Costs for this team are identified in the above mentioned budget.

Training of Facilitators - It is proposed that a workshop on facilitation skills be carried out during the week of 14 June 1998 that will be based on and largely involve practice using the Complementary Course materials. The workshop would be designed to bring together current facilitators from the different training centers as well as proposed facilitators for both the initial field test and a second field test proposed for a rural training center at a later date. This will require both a local budget and a modification of the current contract with World Education since it is anticipated that Beth Gragg will have the lead role in both preparing and facilitating the workshop.

Field Test - It is proposed that this be carried out in Santa Cruz from 17 July through 1 August 1998 using the facilities currently used for the standard course. This will require both a local budget and the above mentioned modification of the World Education contract, as Beth Gragg

will be both an observer and play an active role in documenting the results of the field test.

APPENDIX C

**IMCI COMPLEMENTARY COURSE
FACILITATORS TRAINING
JUNE 11-21, 1998**

**DAVID MCCARTHY
DRAFT TRIP REPORT
IMCI COMPLEMENTARY COURSE FACILITATORS TRAINING
SANTA CRUZ BOLIVIA JUNE 13 - 20, 1998**

BACKGROUND

Over the course of the past two years BASICS and World Education have been working to develop and field test an IMCI Complementary Course. This course has the same technical content as the standard IMCI course but is designed to better address the needs of those with less developed reading skills. The original course was developed and field tested in Zambia, and was based on the Zambian adapted version of IMCI. With support from the LAC Bureau of AID, BASICS has translated this version and adapted it to Bolivia. The current trip was designed to: expose Bolivian IMCI facilitators to the material to determine the degree to which they felt it is appropriate; to train facilitators in the adult learning techniques used in the Complementary Course; identify potential facilitators for the field test of the course in July.

PURPOSE OF VISIT

This consultant traveled to Bolivia with Beth Gragg of World Education to co-facilitate the Complementary Course Facilitator training workshop.

ACTIVITIES

June 13 Leave Washington for Bolivia

June 14 Arrive in Santa Cruz, Bolivia. Met with course facilitator Beth Gragg of World Education to review workshop objectives, logistics, prepared materials and view workshop space.

June 15 Met with Drs. Dilberth Cordero, Adalith Zamora and Roxanna Espada of BASICS Bolivia and Dra. Lilian Brun of the Mario Ortiz training center to review workshop participants, objectives, logistics etc.

June 15 - 19 Inaugurated Complementary Course workshop. This consultant facilitated the opening of this workshop attended by 17 participants (12 physicians, 3 nurses and 2 nurse auxiliaries) consisting primarily of directors and trainers representing five Bolivian Clinical Training Centers (Hospital del Nino, La Paz; Hospital Obrero, La Paz; Hospital Santa Barbara, Sucre; Hospital Japones, Santa Cruz; Hospital Mario Ortiz, Santa Cruz). Other participants were the IMCI coordinator for the Ministry of Health, a regional representative of the Ministry, a representative of a nurse auxiliary training institution, a district level nurse/educator, a representative of an NGO that trains nurse auxiliaries, and two nurse auxiliaries from rural clinics.

All workshop participants had been previously trained in IMCI and all except the two

representatives from Cochabamba and the nurse auxiliaries had experience as facilitators of IMCI courses.

The activities for the week consisted in the daily review of the previous days activities, presentation of the days objectives, orientation to different training techniques included in the Complementary Course, practice sessions using different activities contained in the Introduction and Assess and Classify sections of the CC Facilitator Guide followed by feedback and concluding with an evaluation of the day by the group. Following the workshop each day there was a meeting of the coordinating committee. The workshop concluded on Friday evening June 19.

June 20 This consultant, Beth Gragg, Dra. Lilian Brun and Drs. Adalith Zamora and Roxanna Espada met to prepare for the field test which will take place in Santa Cruz from July 19 - Aug. 1

OBSERVATIONS

The workshop was well received by the participants, many of whom referred throughout the week to problems they had encountered in training nurse auxiliaries in IMCI.

Workshop attendees were active participants in all the exercises, which were carried out using a fish bowl technique where a pair of co-facilitators works with a group of participants while the remaining group has a defined observer role. Each group in turn provides feedback after the exercise in terms of what they liked about the exercise was carried out and what they would change.

The exercises are designed to allow extensive opportunities for facilitators and participants to model the desired behavior for health workers interacting with mothers.

CONCLUSIONS

The response from the workshop participants indicated that they felt that the CC would assist them to address a number of problems they had encountered in training nurse auxiliaries in IMCI. Participants also often expressed the appropriateness of a number of techniques for use in standard IMCI courses for nurses and physicians.

The fact that ten workshop attendees have requested to facilitate the 14 day field test of the CC demonstrates the degree of interest and perceived utility of the course.

For many workshop attendees this was the first training they had ever received in adult learning techniques and they were effusive in praise of the applicability of what they had learned.

RECOMMENDATIONS

That the CC field test be carried out in July as programmed, allowing the broadest possible participation of facilitators trained during this workshop. To this end it is proposed that trained

facilitators be included as course director, facilitators and observers for the field test.

That it be made clear to all collaborating agencies and observers that the field test to be conducted July 19 - August 1 is a field test designed to further analyze and refine the material developed in Zambia, modified in consultation with WHO and BASICS and translated and adapted for Bolivia. The purpose of the field test is to see how the material might be further simplified and clarified, and to determine the approximate time necessary to carry out each activity. The current material is being somewhat modified based on the workshop, the version which results from the field test process will be the Bolivian version of the CC which will then need to be evaluated.

That an evaluation of the Bolivian CC be included in the activities contemplated in the next phase of the LAC IMCI Initiative.

That an initial replication of the facilitator training workshop be carried out in Bolivia for CCC personnel by national facilitators, and that a second such workshop be carried out for additional CCC personnel and representatives of countries contemplating the possible use of the CC. Support for the translation into Spanish of the workshop guide and the carrying out of the two developmental workshops should be included in the LAC IMCI Initiative. PAHO Bolivia has expressed interest in supporting such an activity for all Bolivian CCCs.

APPENDIX D

**NEXT STEPS FOR COMPLEMENTARY COURSE
JULY 27-AUGUST 6, 1998**

NEXT STEPS FOR COMPLEMENTARY COURSE

The field test of the Complementary IMCI Course was extremely successful and there is considerable interest on the part of the Bolivians to incorporate the Complementary Course into their overall implementation strategy as quickly as possible. At present they are in the process of modifying the material to reflect the changes resulting from the field test and preparing budgets for the remaining steps which consist of the following:

Translation of the Training of Facilitators manual for the Complementary IMCI Course

This manual has been prepared by World Education in English and incorporates the experience of the facilitator training given to the facilitators who carried out the field test of the CC materials. Given the experience in translating the CC it would be more economical, more efficient and more appropriate to use the existing translation capacity in Bolivia. This activity would begin September 1

Field Test of the Training of Facilitators manual

The field test would be carried out by facilitators who have received the training. It would be carried out to both field test the material, give the existing facilitators to practice training of trainers, and train up additional facilitators to participate in the final field test of the Bolivian Complementary IMCI Course. It is expected that the participants would be senior facilitators from the current training centers. It is anticipated that this field test will be carried out in October. Besides local costs it is anticipated that World Education would work with the facilitators who will field test the course, implying a two week consultancy. BASICS might want to also consider sending a very limited number of BASICS staff from other countries (such as Guatemala) to this field test.

Field Test of the finalized version of the Bolivian Complementary IMCI Course

This field test would assure that the changes made in the material during the first test had been successfully incorporated and that the material had been sufficiently condensed to assure coverage of all activities, including those related to the Sick Young Infant, within a time frame not significantly different from the standard course. It is anticipated that this field test will take place in November.

CONSTRAINTS

Time

If the above activities can be carried out prior to December a Complete Complementary IMCI Course package will be ready for insertion into the Bolivian national IMCI implementation plan for 1999. This would assure widespread use of the CC in the training associated with the next district level trainings, which are slated to take place in the context of World Bank support to the IMCI initiative. They would also be placed to be the preferred materials used in the new AID

supported bilateral PROCIN, and well as BASICS training with PVOs and IMCI training at the district hospital level.

The above mentioned scenario would provide a significant number of opportunities for BASICS and collaborating partner staff from other LAC IMCI Initiative countries to be trained in this methodology.

Funding

As encouraging as all of the above is, it is also coming at a rather awkward point in time. If it is not possible to finance all of the above activities prior to December, then both the training of trainers and the final CC field test should be postponed until early next year, since there should not be a significant gap between them. If that is the case the incorporation of these materials into the national strategy will most likely be postponed for a year and space that would have been easily ceded will need to be fought for.

This activity legitimately falls within the LAC IMCI Initiative, but trying to get it funded outside the context of an overall agreement on criteria and prioritization for funding, would work against BASICS larger interests.

It would also appear to be an area where Core funds might appropriately be used, but if such funds are not already earmarked for LAC or IMCI we quickly enter into a zero sum game with more factors than we want to deal with.

Both of the above options should be explored first, as well as other options not immediately apparent. If there is no other source of funds then the Bolivian Mission should be approached.