

PD-ABU-782
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Andean Rural Health Care

First Annual Report Child Survival XIII Project Cooperative Agreement No. FAO A-00-97-00027-00

1. Accomplishments and Constraints

- a) Discuss the extent to which the project is being implemented on schedule, as planned in the DIP. Compare actual accomplishments with the goals, objectives, results, and/or outputs established in the DIP for the period.
- b) What factors have contributed the most toward the achievement of progress: What factors have impeded progress, and what actions are being taken by the project to overcome these constraints?

General Comments

During the month of December, Sara Lewis Espada, ARHC Bolivia Program Manager, traveled to all the project areas to participate in annual evaluations. The following information is based on data obtained during the evaluations. Most of the data cover 10-11 months rather than a full year since December data were not yet available.

It is rumored that the Bolivian government will pass a law soon making major changes to in the roles and functions of the Local Health Boards or DILOS. In fact, it appears that DILOS will be dissolved because many of them are not functioning as proposed. This is very disappointing, especially in Puerto Acosta, where DILOS has been successful after four years of implementation. Also, the previous government mother/child insurance is being replaced with a more general insurance, which will cover more health care services.

In Puerto Acosta, the Spanish NGO *Intervida*, has not been given permission by the MOH to operate public health programs there. This is fortunate for ARHC/CSRA since the values of the two organizations do not mesh. *Intervida* currently is providing agricultural services in the area and has plans to work in both Carabuco and Ancoraimes in the next few years.

There were several problems in Ancoraimes during the past year, which impeded high quality implementation of services. For instance, there was an outbreak of measles in an area near Ancoraimes and the MOH sent the Ancoraimes staff to vaccinate there. This was not an ARHC/CSRA service area; however, the majority of the Ancoraimes staff are MOH employees. ARHC/CSRA attempted to coordinate annual plans with the MOH in Ancoraimes early in the year, but as the year progressed the MOH priorities changed. Inevitably, ARHC/CSRA's activities were put to the side when a high priority MOH activity emerged. This caused tension and confusion among the staff. The Ancoraimes Project Director and ARHC/CSRA National Director are currently working on clarifying the relationship with the MOH in an attempt to avoid these problems this year. In addition to problems with the MOH, ARHC/CSRA did not receive the financial support or coordination from municipal and community leaders in Ancoraimes as expected and promised. Monies promised were not disbursed until very late in

the year and leaders did not participate in meetings. ARHC/CSRA views the relationship problems in Ancoraimes as high priority and is taking every measure to ensure that these issues will not be repeated in the future.

Many ARHC/CSRA staff in all project areas attended IMCI training offered through the MOH in La Paz last year. Further training will be offered this year.

Censused Communities

<i>Project Area</i>	<i>Goal for New Census Year 1</i>	<i>Achievement Year 1</i>	<i>Total Communities with Census to date</i>	<i>Total Communities in Area</i>
Ancoraimes	6	3	28	52
Carabuco/Ambana	7	5	32	43
Puerto Acosta	5	11	15	130
TOTAL	18	19	75	

The DIP called for a total of 18 new census in the three project areas for the first year. A total of 19 new census were completed including 3 in Ancoraimes, 5 in Ambana and 11 in Puerto Acosta. As seen in the table above, the goal was not met in Ancoraimes or Ambana. As discussed above, a variety of problems arose in Ancoraimes that impeded the completion of census, but the overriding was lack of schedule coordination with the MOH. Census work and health services in Ambana began in March 1998 and the accomplishments are commendable since only about 50% of the communities are reachable by vehicle. Progress in Puerto Acosta exceeded the goal due to the following: CHWs promoted the census-based methodology during municipal meetings; the health system in the area is managed jointly by all concerned parties; and the communities wholeheartedly support the introduction of ARHC/CSRA into their communities.

ARHC/CSRA will meet with the MOH staff in Ancoraimes this month to discuss the urgent need to coordinate staff schedules and will try to get back on track for conducting more censuses next year. In Ambana, staff are confident that they can meet next year's goal to complete seven censuses and also complete the two that were left undone this year.

Computerization of HIS

The project is on track in terms of putting the MOH National Health Information System (SNIS) monthly report forms on a computer in each project area as well as data that ARHC/CSRA monitors separately from the MOH. In the coming months, follow up training will be carried out with staff to ensure proper use of these forms.

Supervision Guides

Written guides have been completed to measure the quality of supervision. The ARHC/CSRA Technical Coordinator is in the process of completing policies for these guides as well as revising quantitative supervisory checklists. In March there will be an in-depth training workshop to review the use of the guides and policies. The workshop will highlight the Quality Improvement Checklists discussed below. This task has been delayed because the CSRA Technical Coordinator, who has the main responsibility for this activity, was out on maternity leave.

Quality Improvement Checklists

The DIP stated that during the first year of the project checklists on Behavior Change communication and Growth Monitoring would be developed. In August 1998, Dr. Ramiro Llanque, the Puerto Acosta Project Director, attended a workshop on this subject held in Sucre, Bolivia and led by Tom Davis, ARHC Senior Program Specialist. Dr. Llanque and several senior technical staff members developed checklists for: family planning/reproductive health, prenatal controls, home visits, immunizations, group education sessions, child examinations for newborns to two months and two months to four years, and growth monitoring and nutrition counseling. The second week in February 1999, Tom Davis will conduct a one-day workshop with senior staff on implementing the Quality Improvement checklists. After this workshop, a plan will be developed for implementing the checklists and each supervisor will establish goals with CHWs. Sara Lewis Espada will follow up on the checklist training and implementation in June 1999. Please see the attached for a sample of the immunization and group education quality improvement checklists recently developed.

Sustainability

Local municipal financial contributions to ARHC/CSRA have been significant this past year. The Puerto Acosta municipality disbursed approximately \$100,000 and the Carabuco municipality about \$46,000. Both of these amounts are above what was expected. Also, local income increased slightly in both Carabuco and Ancoraimés. Finally, the MOH added several salaried positions, which have been maintained and consolidated.

In October 1998, ARHC staff held a one-day workshop in the headquarters office with Lassen Associates to review the current sustainability plan, discuss ways to increase local income and next steps for developing a long-term financing plan. Unfortunately, there has been no follow up on the part of Ms. Lassen, but ARHC/CSRA plans to move ahead without her support.

Information, Education and Communication (IEC)

As stated in the DIP, Rosemary Machaca, a communications student from the Catholic University in La Paz, carried out an assessment of the IEC materials currently in use by ARHC/CSRA. She revised and updated all the education *cartillas*, provided education on communication to all levels of field and office staff, developed radio education messages for Puerto Acosta and designed health fairs for Carabuco and Ancoraimés. The radio communication is a soap opera series, adapted from Zambo Angolita, a program designed and funded by CCH and BASICS. She now has begun work on tools to measure the effectiveness of these interventions. For example, the health fairs have an informal assessment and she is working on a tool to assess radio communication.

Although her graduate project is completed, ARHC/CSRA has asked Ms. Machaca to continue as a full-time employee. This year, Ms. Machaca will concentrate on developing appropriate materials for Ambana and will continue to improve IEC skills among staff in other sites.

Municipal Leader Training

The DIP states that ARHC/CSRA will offer training opportunities to municipal and community leaders both in our service areas and the adjacent provinces of Muñecas and Bautista Saavedra. This training has been undertaken in the ARHC/CSRA service areas with both positive and

disappointing results. In Puerto Acosta, ARHC/CSRA has a positive relationship with municipal and community leaders and they participated fully in the annual evaluation. In both Carabuco and Ancoraimes, leaders did not participate at a high level in the training workshops offered. Workshops will be offered again this year and different strategies will be implemented to increase participation.

Two initial meetings were held with the members of Local Health Boards, municipal leaders, and the MOH in the Muñecas province, but participation was low. The objective of the meetings was to provide information on the positive relationship between the variety of entities in Puerto Acosta and to suggest that this be used as a model for their areas. Due to MOH redistricting, Bautista Saavedra no longer belongs to the Suches Health District. Activities in Bautista Saavedra are temporarily suspended pending further redistricting and other MOH decisions.

Immunizations

Indicator	Carabuco		Ambana		Ancoraimes		Puerto Acosta	
	Goal	Achiev	Goal	Achiev	Goal	Achiev	Goal	Achiev
Increase % of children 12-23 months with all vaccinations	90%	88%	20%	62% ¹	65%	84% ¹	35%	77% ¹
Increase maternal TT coverage	40%	16%	25%	17% ²	45%	10%	15%	25% ³

¹ These percentages probably overstate coverage rates, since censuses are not complete in the areas and current national census data likely underestimates the actual population. The actual population of children 12-23 months in Puerto Acosta also may be much larger than the data provided through the MOH.

² The denominator includes all women of reproductive age and not just pregnant women.

³ The denominator represents only the women that that received prenatal visits from ARHC/CSRA.

Childhood immunization coverage in all project areas is good. The coverages for Ambana and Puerto Acosta appear inflated because, as noted above, the populations used to calculate the percentages are based on the INE (Instituto Nacional Estadístico – National Institute for Statistics), which inevitably underestimates rural populations.

The maternal TT coverage rates are low and this was a point of discussion in each project site during annual evaluations. It was discovered that most of the project sites only calculated the number of women who received their second dose of TT during the past year, rather than taking into account women who already had at least two or more doses of TT. (The MOH indicator specifies measuring only the second dose during any given year.)

Diarrhea Case Management

The indicators for diarrhea case management are to be measured during the baseline and final KPC surveys. Nevertheless, staff measured selected indicators in each site. In general the diarrhea case management program in Carabuco is well managed. There were no identified deaths due to diarrhea in Carabuco. The implementation of factor analysis and quality improvement checklists this year will help make further improvements.

Indicator	Carabuco
Mothers who sought help during diarrheal episodes	80% (107/133)
Children with diarrhea and dehydration who received supervised ORT	88% (30/34)
Children with diarrhea and dehydration who received follow-up visits	81% (21/34)

Source: ARHC/CSRA complementary information forms

In Ambana, the diarrheal program is just getting started and staff concentrated on training health workers and volunteers, and providing group education to communities. There was good participation in the community education sessions (with an average of 15 participations per session), and 34 volunteers were trained, of which 19 remain active.

In Ancoraimes the diarrhea case management program is lacking, and there were eight identified deaths attributed to diarrhea in Ancoraimes. There were 216 cases of diarrhea identified, but only three were identified as being accompanied by dehydration. Staff presented 20 education sessions to communities, but it is unknown how many people participated. During the evaluation staff discussed ways to improve diarrhea case management. As mentioned previously, a variety of problems exist among staff such as low motivation and a conflict of schedules and goals, since the majority of staff are paid by the MOH. ARHC/CSRA is attempting to address this issue now.

Staff in Puerto Acosta surpassed their goal to treat 150 cases of diarrhea by treating 250 cases of diarrhea, although just 30 of these received follow up treatment. Of the total cases treated, 46 mothers sought treatment because they recognized danger signs. Community leaders, CHWS and administrative staff have participated in problem solving sessions in Puerto Acosta. They discussed ways to overcome obstacles to diarrhea case management, ranging from parents who don't view their child's health as a priority, to the fact that many communities are highly disperse and distant from the health posts.

Pneumonia Case Management

Most of the indicators for pneumonia case management are to be measured during the baseline and final KPC surveys. In all of the project sites staff noted an increase in pneumonia cases during the past year, especially in Puerto Acosta. In Carabuco, 88% (44/50) of mothers sought help when their child displayed symptoms of pneumonia and 77% (36/47) of these cases received treatment and follow-up. There was one death in Carabuco attributed to pneumonia.

In Ambana the focus remained on training staff and volunteers. Twenty-nine volunteers were trained and 11 communities received group education on pneumonia. The number of cases identified increased from 12 in 1997 to 47 cases in 1998.

In Ancoraimes there were 49 cases of pneumonia detected and of these, 42 mothers sought help. Twenty of these cases received treatment and follow up. There were six childhood deaths

attributed to pneumonia. Again, in Ancoraimes the level of effort is lower when compared to other ARHC/CSRA service areas.

In Puerto Acosta, staff reported treating 320 cases of pneumonia, a record number. The goal they set for the year was to treat 60 cases. During the evaluation there was some discussion about whether some of these cases were reported as pneumonia rather than less serious respiratory infections. Eighty mothers sought treatment because they recognized danger signs and 53 cases received follow-up in the home.

Nutrition and Micronutrients

Indicator (DIP)	Carabuco		Ambana		Ancoraimes		Puerto Acosta	
	Goal	Achiev	Goal	Achiev	Goal	Achiev	Goal	Achiev
Proportion of infants and children receiving appropriate schedule of controls (<2 and 2-5 yrs)	75%	77%	10%	4%	35%	73%	10%	66%
	(488/629)		12-23 mos (7/167)		(1,107/1,505)		< 2 yrs. (603/912)	
Proportion of infants receiving first control before completing first month of life	90%	72%	5%	N/A	30%	64%	---	---
	(89/111)				(197/309)			
Provide intensive nutrition education and follow up to mothers/caretakers with children under two with moderate and severe malnutrition.	40%	N/A	---	---	35%	N/A	5%	N/A
Increase proportion of malnourished children under two enrolled in "Hearth" nutrition rehabilitation sessions	25%	N/A	---	---	25%	N/A	---	---
For malnourished children receiving "Hearth" nutrition rehabilitation sessions, measure % of children with an increase in weight for age Z score of 0.3 or larger	50%	N/A	---	---	50%	N/A	---	---
Provide Vitamin A supplements to children following MOH norms	55%	77%	10%	N/A	35%	83%	10%	62%
	(437/570)				(1,113/1,334)		(1,211/1,923)	
Increase proportion of women receiving Vitamin A after delivery	45%	72%	10%	44%	45%	48%	15%	N/A
	(81/111)		(63/142)		(150/309)			
Increase proportion of women receiving 3-month supply of iron sulfate tablets during pregnancy	20%	N/A	5%	N/A	20%	N/A	15%	N/A

Sources: Child Health Cards, Maternal Health Cards and MOH Reports.

The Hearth Methodology was not implemented fully in either Carabuco or Ancoraimes, and as a result, data are not available (N/A) to report. However, the CSRA nutritionist and Carabuco staff did attempt to hold one Hearth workshop. The CHWs identified three mothers (*animadores*) from women they knew. The nutritionist and CHWs met with the women to review information on identifying malnourished children using the child health card and discuss key nutrition messages, menus, and the type of food they had available in the home. The *animadores* participated fully to this point, but then they backed out because they wanted to be paid, and were not content with receiving just the food for their families. The people of the Bolivia altiplano at times can be highly individualistic and in many locales may not work together for the good of the community. In light of this, staff carried out a qualitative study through two focus groups (fathers and mothers in separate groups) and 6 in-depth interviews in Carabuco. Some community members agreed to participate in nutrition demonstration workshops (NDWs) and others only agreed to occasional education sessions on nutrition. One NDW had previously been implemented successfully in Carabuco. These workshops will be implemented in the coming year in communities that have a high percentage of children under two and where communities are fairly close together to facilitate participation. In addition ARHC/CSRA are currently reviewing the nutrition program in detail in order to determine next steps.

Growth monitoring and Vitamin A supplementation are positive aspects of the nutrition program. Staff are providing iron supplements although coverage information is not currently available. The MOH has announced that they will be providing iron supplement drops for children under five but this is not yet available.

In addition to the information in the table, there were several other indicators measured in Carabuco. For example, 83% (184/222) of children under two gained weight consistently. CHWs conducted 12 intense nutrition education sessions in homes with malnourished children and five children were identified as being severely malnourished. Staff attempted to refer these children to the children's hospital in La Paz, but for a variety of reasons none of the children were hospitalized.

In Ambana during the past year, very little was done in nutrition. During the evaluation staff identified gaps in the program and will work to address these issues in the coming year. For instance, CHWs and volunteers will receive up-to-date training and materials and a focus will be placed on growth monitoring and Vitamin A.

Maternal and Newborn Care

According to the DIP goals, progress is being made in all project areas in maternal health and newborn care. Ambana made particularly impressive progress during the past year. Staff speculated that women in the area may have been more willing to come to the clinic because two women were added to the clinic staff (an MOH physician and a CHW). The Ambana staff also completed 61 PAP examinations.

Indicator	Carabuco		Ambana		Ancoraimes		Puerto Acosta	
	Goal	Achiev	Goal	Achiev	Goal	Achiev	Goal	Achiev
Increase proportion of pregnant women receiving at least one prenatal care visit	45%	61% ¹	10%	66% ²	35%	67% ³	15%	28%
		(100/164)		(94/142)		(181/269)		(216/750)
Increase proportion of pregnant women delivering in the presence of a trained person	20%	40%	5%	8%	15%	18%	10%	7%
		(44/111)		(12/142)		(56/309)		(55/750)
Increase proportion of follow-ups for high-risk obstetrical cases	50%	41%	20%	156%	67%	N/A	80%	43%
		(17/41)		(25/16)				(27/62)

¹ Denominator represents 60% of expected births rather than total number of actual births.

² Denominator represents an estimated number of births.

³ Denominator represents 50% of expected births.

Child Spacing Promotion

Both of the DIP indicators for child spacing promotion will be measured during the final evaluation using a KPC survey and reviewing program data. Nevertheless, ARHC/CSRA has measurable annual goals for each project site. Please see the table below.

Indicator	Carabuco		Ambana		Ancoraimes		Puerto Acosta	
	Goal	Achiev	Goal	Achiev	Goal	Achiev	Goal	Achiev
Increase number of women using modern family planning method	36	26(72%)	31	33(106%)	50	45(90%)		N/A
Provide family planning counseling sessions	340	184(54%)	250	302(121%)	309	270(87%)		N/A
Provide sex education in schools	2	2(100%)		-----		-----		-----
Provide family planning group education sessions in communities	27	12(44%)		-----		-----		-----

Again, in Ambana goals were exceeded, probably due to women working in the health post. Staff report that usage of natural family planning methods has increased in all project sites and staff discussed ways to verify the effectiveness of these methods, or through counseling move these couples to a modern method.

A Fulbright scholar (anthropologist), Ms. Anne Sebert, currently is working with ARHC/CSRA in Bolivia to conduct an ethno-cultural survey regarding local beliefs and attitudes about family planning services in the altiplano service areas. She also is working closely with USAID Bolivia offices and PROCOSI.

2. Substantial Changes in Project Design

Please describe any substantial changes from the approved agreement and DIP that will require a modification to the cooperative agreement. (These include: changes in the project's beneficiary population, intervention, objectives, or site.) Discuss the reasons for these changes.

The population data for Puerto Acosta has changed. Please see the table below. The INE (National Statistic Institute) issued new population data in 1998, which ARHC/CSRA is conforming to. However, as census are taken in the Puerto Acosta area, ARHC/CSRA staff find the INE data to be consistent underestimates of the actual population.

PUERTO ACOSTA	DIP Population Data	INE Population Data
Infants 0-11 months	599	501
Children 12-23 months	1,081	411
Children 24-59 months	1,236	1,613
Women of childbearing Age (15-49 yrs)	5,316	4,446
Children to 6 yrs	688	688
TOTAL	8,920	7,659

There are no other changes in the program.

3a. For First Annual Reports: Response to the DIP Review

For each issue raised in BHR/PVC letter to your PVO concerning the DIP review, please provide a thorough discussion of how the project is addressing the issue. Also describe any other important actions taken by the project in response to the written suggestions of the DIP reviewers.

Each DIP reviewer provided written suggestions and met with David Shanklin and Sara Lewis Espada in person in Washington, D.C. during June 1998. Ms. Espada translated and summarized these comments into Spanish for CSRA field staff and followed up this written report with discussions with program staff during December 1998. Please see comments below.

Nutrition – Mary Anne Stone Jimenez

Ms. Jimenez suggested coordination with PROCOSI in Bolivia. ARHC/CSRA has a good relationship with PROCOSI and continues to work with them on many public health issues. She also provided many materials, which ARHC/CSRA now has in hand.

The new child health card that Ms. Jimenez presented is still not in use in Bolivia. ARHC/CSRA staff have seen the card, but it is not yet being distributed by the MOH. Finally, Ms Jimenez suggested that staff review "presentation" of the 3-month supply of iron tablets. ARHC/CSRA staff will use factor analysis to determine the variety of reasons why women don't take iron

tablets. The form of delivery or presentation of the tablets (many times in small pieces of newspaper) may be a deterrent for taking the tablets.

Maternal/Reproductive Health – Joan Haffey

Ms. Haffey thought that the modern and traditional family planning method goals for Carabuco and Ancoraimes were elevated. However, during the first year of implementation, it appears that progress is being made in family planning and the indicator goals are not elevated.

ARHC/CSRA is communicating with PATH regarding safe birthing kits and plans to work with a graduate student on integrating the use of these kits in the coming year.

ARHC plans to communicate with CARE about their CS project in Bolivia since the emphasis of that project is on reproductive health and STDs. Other coordination is taking place with Pro-Salud.

Immunizations – Rose Schneider

Ms. Schneider shared a report from the MOH and PAHO noting that immunization coverage in Bolivia is reportedly very high and that our goals for coverage appeared low. Unfortunately, there were measles outbreaks in several areas of the country last year, none of them in ARHC/CSRA service areas. ARHC/CSRA believes that we have some of the highest immunization coverage rates in the country and that our indicator goals for immunization are appropriate. Furthermore, MOH rates are highly inflated. The measles outbreak proves rates are falsely inflated and/or immunizations are ineffective due to a breakdown of the MOH cold chain.

Although the indicator in the DIP for maternal TT indicates coverage for pregnant women, ARHC/CSRA staff provide maternal TT to all women of childbearing age. During evaluations both indicators are used (to measure coverage rates for pregnant women and coverage rates for women of childbearing age).

Diarrhea Case Management – Rose Schneider

Most of the comments on diarrhea case management refer to educational and counseling messages. The quality improvement checklists and factor analysis being implemented this year will address the issue of quality education.

Pneumonia Case Management – Eric Starbuck

Mr. Starbuck recommended that one way to supervise quality of pneumonia treatment is to accompany the CHW during five days of administering antibiotic to monitor treatment. This is not feasible in most cases. However, the quality improvement checklists will provide closer monitoring of treatment. He also suggested that ARHC/CSRA may be missing many pneumonia cases, especially in neonates. ARHC/CSRA is aware of this potential problem, and continues to train CHWs in early detection as well as enrolling neonates into the HIS immediately after birth, through the CBIO approach.

Mr. Starbuck suggested that ARHC/CSRA review vital events to look at trends of neonate and under-five deaths associated with pneumonia. An Emory University MPH student is currently working on a neonate mortality study and these results will be shared with USAID BHR/PVC when the study is complete.

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