



# PRITECH

*Technologies for Primary Health Care*

## Occasional Operations Papers

The PRITECH-PROCOSI Collaboration  
Working with a PVO Consortium in Bolivia

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**THE PRITECH-PROCOSI COLLABORATION:  
WORKING WITH A PVO CONSORTIUM IN BOLIVIA**

**by Ana Maria Aguilar and Peter L. Spain**

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## INTRODUCTION

This Occasional Operations Paper is another in a series that the PRITECH Project, funded by the U.S. Agency for International Development, will be publishing periodically. The papers focus on programmatic experiences in the field and on lessons we have learned. The PRITECH Project has full-time field staff operating in country and regional offices in Africa, Asia, and Latin America. Our field staff, in collaboration with their national colleagues, have operational experiences and ideas to share with their colleagues through these papers. Although the experiences derive from a particular country situation, we hope that lessons learned can be useful to CDD program managers elsewhere.

We believe that, by sharing our experiences working with national CDD programs throughout the world since 1983, we may give you new ideas for your programs. We encourage you to let us know about your experiences. We hope that you find this series interesting and useful — and that you enjoy a sense of sharing in the many struggles and successes of CDD programs throughout the world.

## BACKGROUND

In August 1985, PRITECH initiated activities in Bolivia. The PRITECH mandate was to provide technical assistance to a nationwide child-survival education project implemented by a national private voluntary organization (PVO) — Caritas Boliviana. The joint AID/Washington and USAID/La Paz project aimed to reduce infant and child mortality by introducing oral rehydration therapy and child-growth monitoring to the members of 1,800 rural mothers' clubs.

The PRITECH team in Bolivia provided technical assistance to Caritas Boliviana and assumed additional implementation and funding responsibilities. In 1988, the final year of the PRITECH I Project, PRITECH expanded activities by providing technical support to a variety of USAID-funded international PVOs with child-survival projects.

Coincident with the conclusion of the original PRITECH commitments to Caritas Boliviana in 1988, USAID/La Paz established a coordinating group for AID-funded PVOs working in child-survival programs in Bolivia. The purpose of this consortium was to avoid duplication of services and to make the greatest use of all resources available to child-survival PVOs.

As a way to build on the gains that PRITECH had made up to 1988 and as a way to channel resources to the new consortium, PRITECH offered to provide the services of our experienced Bolivian staff to the group. The PRITECH library and librarian had already been incorporated into the consortium, with all costs covered by the consortium. PRITECH then proposed that Dra. Ana Maria Aguilar, its Bolivian technical medical consultant, and Lic. Susana Barrera, its Bolivian educational consultant, join the consortium as technical resource persons, but employed with PRITECH funds. This arrangement allowed the previous PRITECH investment in Bolivia to be carried forward with even broader impact than was possible working with one PVO alone (Caritas Boliviana) and fit in effectively with the new consortium to support child-survival activities more widely in Bolivia. The consortium was also to be coordinating its efforts with those of the Ministry of Health.

Thus from 1988 to 1991, PRITECH provided technical assistance to the consortium of AID-funded PVOs working in health in Bolivia. This consortium was called the Programa de Coordinacion en Supervivencia Infantil (PROCOSI), and members included CARE, Project Concern, Save the Children, Andean Rural Health, Meals for Millions, Caritas Boliviana, Freedom from Hunger, Catholic Relief Services, Foster Parents Plan (now Plan International), and Project Esperanza. Because of the constraints within the Ministry of Health in Bolivia, PVOs play an important role in the delivery of health services, in many areas not just supplementing Ministry of Health efforts but taking on the principal burden of health-care delivery.



## **THE NEED FOR ASSISTANCE IN DIARRHEAL DISEASE CONTROL**

**PRITECH's goals were:**

- to assist PROCOSI in developing activities and materials that would better coordinate the child-survival programs of its various PVO members and enhance the technical appropriateness and effectiveness of the members;
- to assist individual PVO members of PROCOSI to develop effective and comprehensive child-survival programs and activities, particularly in the area of diarrheal disease control; and to assist PROCOSI and its members to make of their child-survival activities and materials consistent with those of the Ministry of Health;
- to support limited but focused research of village women by PVOs to increase the understanding of the reasons that deter women from adopting recommended practices for the control of diarrheal disease. We were especially interested in learning how to close the knowledge and practices gap — the failure of mothers who know about recommended diarrheal disease control practices to adopt those practices.

**PRITECH also proposed to make available to PROCOSI up to three months of external technical assistance annually. The consortium was encouraged to make requests for assistance through USAID/La Paz.**

**Thus, Dra. Aguilar and Lic. Barrera became part of the PROCOSI executive secretariat. As a pediatrician, Dra. Aguilar provided guidance to PVO members on all aspects of child survival, while putting emphasis on diarrheal disease control. Lic. Barrera, a communicator and educator, worked with PVO members on the development of educational materials, ensuring their technical quality through collaboration with the PRITECH pediatrician and ensuring that all materials were developed on the basis of community research and pretesting. A key role of the communicator was to standardize messages, so that mothers would not be confused by variations in message content among member PVOs. Both PRITECH professionals provided technical review of requests for subgrants that came from members to the consortium.**

**At the outset of the PRITECH-PROCOSI collaboration, Dra. Aguilar completed a review of all of the PVOs' diarrheal disease activities. She found that all had diarrheal disease control among their priorities, and all were committed to the norms published by the government (conforming with the guidelines of the World Health Organization). But, in fact, applied programs were few, few people were trained in proper case management, and little had been done to train health workers or to communicate with mothers. Medical recordkeeping was also weak. A few PVOs had rehydration units, the best of which were**

run by Foster Parents Plan in the city of Sucre, where about 30 units were in operation.

In sum, the PVOs were committed to the control of diarrheal disease, but in practice had few robust activities and limited vision for this priority. They were doing some things in diarrheal disease control, but for the most part their efforts were weak and constrained by lack of trained staff. They worked in an integrated fashion, uniting efforts on several child-survival interventions, but with little technical guidance. The review recommended a workshop to identify and shore up weak areas of diarrheal control programs.

## PROVIDING A VISION

PRITECH has given PROCOSI a comprehensive capacity in relation to diarrheal control activities. Using PRITECH technical assistance, PROCOSI has been able to offer its members support in training, supervision, information services, and the development of educational materials.

Training activities were the most needed and the most numerous, and comprised the concrete implementation of national and World Health Organization policies for diarrheal control. These activities are described in box 1.

Training without subsequent supervision can quickly lose its impact. PRITECH's medical consultant worked from within PROCOSI to strengthen field supervision and to ensure that training marked the beginning of a relationship with a supervisor. This included regular technical supervision of PROCOSI projects, workshop follow-up, and field visits specifically directed to members' diarrheal programs.

### Box 1. PROCOSI Training Activities Assisted by PRITECH

- A diarrhea training module for field promoters, in collaboration with CARE.
- A seminar to review the technical aspects of child survival with all the PVOs.
- On-site training for PVO staff about case management of diarrhea.
- A course to retrain Caritas Boliviana field staff and mothers' clubs about diarrhea, with emphasis on areas of difficulty in comprehension and practice.
- A follow-up plan for five dioceses, to support and reinforce the field staff in their use of educational material, in collaboration with Caritas Boliviana.
- Training and retraining courses in child survival, for nurse's aides and rural health promoters, in collaboration with the Oruro Health District and Project Concern.
- Courses in integrated child health at the La Paz Children's Hospital.
- A venture into formal education with Save the Children, in the schools of Inquisivi Province, to validate a health curriculum on diarrhea management and prevention.
- A retraining course for nurse's aids on feeding during and after diarrhea, in Villamontes-Yacuita, with Project Esperanza.

16 **¿COMO PREPARAR LAS SALES DE REHIDRATACION ORAL?**

- Hacer hervir más de un litro de agua y dejarla enfriar.
- Medir un litro con una medida conocida que tenga en la casa.
- Echar el contenido de un sobre de rehidratación oral. Mezclar con cuchara.
- Darle al niño con taza y cucharilla poco a poco todo lo que quiera tomar, con mucho cariño y paciencia.
- Guardarlo bien tapado.
- Si el niño, en un día completo no llega a tomar todo, echarlo y preparar otro suero de sobre.

The educational materials component of diarrhea training was the full-time concern of PRITECH's educational consultant, beginning with a workshop on the production of educational materials about diarrhea. Held in Santa Cruz, with participation by staff from three health districts, six diocesan Caritas Boliviana offices, Proyecto Esperanza, and the Rural Andean Health Plan, the workshop produced two games and a 13-page flipchart. Subsequent products included a redesigned user's guide for the Caritas Boliviana diarrheal control flipchart; implementation of the educational material "Windows of Health" (messages about ORT and diarrhea prevention), in concert with the growth monitoring program of the Ministry of Health; and development and testing of a new "Road to Health" card with CARE. As part of the educational radio project of Project Esperanza, PRITECH developed diarrheal control messages for radio dramas and produced other broadcasts in support of child survival.

The PROCOSI Information Center, while not staffed by PRITECH consultants, represents the institutionalization of an earlier PRITECH initiative; the center's activities have become a major part of PROCOSI's services to its members and to other organizations working in child survival. Some of the center's activities are presented in box 2.

Dra. Aguilar continued her active participation in COTALMA, the core breastfeeding group, whose members were sent for training by A.I.D. to Well'start (San Diego) in 1988. COTALMA's members include influential staff members within major Bolivian hospitals as well as the Ministry of Health. Using this background and calling upon her COTALMA colleagues, Dra. Aguilar was able to carry out various activities with the PVOs about breastfeeding, emphasizing its role in preventing diarrhea.

In addition, as an example of the links that PRITECH has been able to maintain throughout the Bolivian health community, Dra. Aguilar — in collaboration with the bilateral community, child health projects, and with the support and guidance of the PRITECH technical unit — has undertaken a study of persistent diarrhea among children presenting with diarrhea at the La Paz Children's Hospital. Further, Lic. Barrera

collaborated with the A.I.D. Nutrition Communication Project on the production of a video, called *iComunicuemonos ya!*,<sup>1</sup> for training community health workers on how to counsel mothers during growth-monitoring sessions. This video followed a simple theme, based on the *Talking to Mothers about Diarrhea* concept,<sup>2</sup> but very much needed to animate these frequent but often frustrating encounters by mothers with the health system.

Discussions were held with the Ministry of Education for an intervention with children through the formal education system. That effort was found to be a duplication of work being done through the radio education project, which incorporates correct diarrhea information into the school curriculum.

In addition to the activities listed above, many other calls on PRITECH were made for services, including collaboration on a video on acute respiratory infections; training workshops in communication methods for the PVOs; the development of a flyer, video, and manual on Chagas disease; and the supervision of other materials production for the PVOs.

During PRITECH's work with PROCOSI, several developments warrant mention:

1. The executive secretary of PROCOSI resigned following an outside evaluation of the consortium that was extremely critical of its management and accounting. A new executive secretary, hired shortly thereafter, stayed on for two years, but was also dismissed. Finally,

#### Box 2. PROCOSI Information Center Activities

- Published annotated bibliographies of the consortium's library holdings, dealing with diarrhea, breastfeeding, and immunizations. A second volume on diarrhea was also published.
- Distributed a bibliography and documents sent from PRITECH's Information Center to the PVOs and other interested parties. The PROCOSI Information Center likens its role within Bolivia to the role of the PRITECH Information Center globally.
- Published, with Caritas Boliviana, the educational material needed for the Proyecto Mejoramiento Infantil. (PRITECH also assisted this project during PRITECH's first phase in Bolivia.)

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<sup>1</sup> A booklet about the development of this training video is available from the Academy for Educational Development, Nutrition Communication Project.

<sup>2</sup> *Talking to Mothers about Diarrhea* is a booklet written by PRITECH for health workers. Its purpose is to guide health workers to become effective communicators when dealing with mothers and their children in a clinical setting, in recognition of the unique opportunity for teaching that this encounter affords and the widespread miscommunication that actually does occur in many, if not most, clinical settings. *Talking to Mothers about Diarrhea* is available from the PRITECH Information Center in Spanish and English.

a third executive secretary was installed. All this was indicative of the growing pains of an organization like PROCOSI, an amalgam involving many independent agencies that are learning to work together.

2. The Ministry of Health and the La Paz Children's Hospital have occasionally sought assistance from the PRITECH physician. The job description, approved at the start by all parties, was flexible enough to respond to limited requests and, indeed, recognized the value of links between the PVOs and the public sector. PRITECH's role as a link among institutions has earned lasting respect.

3. The individual PVOs have not developed strong diarrhea-focused programs; rather, like the Ministry of Health, their emphasis has been on integrated programs, touching on several aspects of child survival. Within this context, however, PRITECH still has been able to contribute.

In 1990, an A.I.D. evaluation was carried out to review PROCOSI because its initial funding was coming to an end; the first operational program grant was to expire at the end of July 1991, and A.I.D. needed guidance on whether PROCOSI should be continued. The evaluators gave high marks to the technical inputs by PROCOSI, including the PRITECH staff, calling them "skillful, qualified employees." But the evaluation cited many major elements of PROCOSI for modification, and recommended that the technical assistance provided by PRITECH be funded directly by PROCOSI under its anticipated new grant from USAID. The evaluators concluded that the non-standard terms of employment within PROCOSI resulting from the incorporation of consultants employed by an agency other than PROCOSI (in this case, PRITECH) was disruptive and needed to be eliminated.

The implication of this recommendation was that PRITECH would no longer provide technical assistance to PROCOSI. PROCOSI made direct offers of employment to both advisers, asking them to become PROCOSI staff by October 1991, or to conclude their service to PROCOSI. The communication adviser chose to stay on, while the pediatrician chose to conclude her PROCOSI work. However, Dra. Aguilar remained with PRITECH, providing technical assistance to the Ministry of Health (especially for its cholera program) and other institutions.

Exemplary of PRITECH's respected role within PROCOSI and among the PVOs was the request that Lic. Barrera be one of the evaluators on the team from Catholic Relief Services that evaluated the Caritas Mejoramiento Infantil project in the *altiplano* and valley regions of the country. This project was carried on with PRITECH technical assistance, and there had at times been strains between Caritas Boliviana and PRITECH. But the two technical PRITECH staff have earned the respect of the PVOs with their seriousness, professionalism, and perseverance.

## **IMPACT OF PRITECH ASSISTANCE**

Although they were physically within the PROCOSI offices and formal members of the PROCOSI staff, the PRITECH technical staff also represented a link with the Ministry of Health programs, based on previous and ongoing relationships with those programs. As the technical resource within PROCOSI, PRITECH was able to ensure technical quality control and to diffuse the experience of individual PVOs among their colleagues; PVOs have been traditionally quite independent, without regular interchange on technical matters.

The public-private links for which PRITECH is largely responsible in the Bolivian health sector are very unusual and very desirable to maintain. In a resource-poor country like Bolivia, such collaboration means that the resources that are available will be used according to standard policies and that duplication and turf battles between the public and private sectors will be minimal.

Apart from its technical input, PRITECH represented a way for the PROCOSI members to relate to each other technically and to relate to the Ministry of Health both technically and operationally.

Recognizing the reality of the integrated programs in Bolivia and the reality of the diarrhea focus of the PRITECH contract, PRITECH/Washington urged Dra. Aguilar and Lic. Barrera to involve themselves in substantive diarrheal activities each month and report those activities in detail. At the same time, PRITECH urged them to contribute in other child-survival areas as they could, to promote the integral programs of which they are a part.

## LESSONS LEARNED

- The idea of a PVO consortium has been a good one, and PRITECH has found it to be a useful vehicle for its technical assistance. The growing pains of the organization, documented in the evaluation, are being dealt with, and the awarding of the second operational program grant represents USAID's endorsement of the progress to date. The desire to standardize staffing, thereby eliminating PRITECH's technical assistance role, may be the best for PROCOSI in the long run, if they can maintain in-house technical ability.
- Because of prior links established by PRITECH staff with the Ministry of Health and other health agencies, the PRITECH connection within PROCOSI gave PROCOSI entree among these groups as well. The non-PROCOSI status of the PRITECH team allowed them greater flexibility in dealing with these other groups, to the advantage of all parties.
- PROCOSI's members did not make use of outside technical assistance; at least, none of them made any call on the \$120,000 that PRITECH had budgeted for provision of outside technical assistance. Perhaps because this assistance would have come from outside the country, the PVO directors felt uncomfortable with spending for international assistance (even though it was not their money); they tend to be more grassroots-oriented and relate less to international consultants. As a result, the money for technical assistance went unspent.
- As an organization, PROCOSI was slow to make decisions or to communicate with outside institutions such as PRITECH. PROCOSI let its first executive secretary go because he acted too independently, in the view of the executive committee. Therefore, the second secretary was reluctant to speak for the group — as indeed, he was not authorized to do — and the group found it difficult to develop consensus promptly, if at all. With 10 members, each with a tradition of independence, decisionmaking was a very deliberate process.
- While working among the 10 members of the consortium had its complexity, it has since been observed that status as PRITECH employees actually afforded greater flexibility than did PROCOSI staff status.