

# PROCOSI

PROFILE OF A HEALTH NETWORK





"People with dignity exercising their rights and responsibilities, participating in development programs with the goals of ensuring equal access to integrated health services, healthy behavior, and a better quality of life."

***PROCOSI's vision statement***

"PROCOSI is a Network of nonprofit Bolivian Organizations who contribute to the improved health of the population through activities to strengthen the health and development programs of its members and to influence public policies."

***PROCOSI's mission statement***

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NGO Networks for Health (Networks) is an innovative five year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by the United States Agency for International Development (USAID), the project began operations in June 1998. For more information, contact:

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Networks Technical Support Group encourages and supports health policy makers, program managers, and service providers to:

- become aware of the need to consider related social issues in all aspects of their work;
- understand that individual's perceptions can affect policy making, program planning, and clinical practice; and
- become comfortable in discussing a wide range of issues with colleagues, clients, and other persons at community levels as appropriate in their work.

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## Preface

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In 1998, five established private voluntary organizations—Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children US—began working in partnership on the NGO Networks for Health (*Networks*) project. This project, funded by the United States Agency for International Development (USAID), is designed to improve the capacity of the Partners and their collaborating non-governmental organization (NGO) partners in developing countries to provide quality family planning, reproductive health, child survival, and HIV/AIDS information and services to the needy populations they serve.

*Networks* is particularly interested in the use of networks as an effective means for expanding reach and access to health care and has embarked on an effort to document activities of this kind. This effort will benefit the project's network development and strengthening activities, as well as inform the broader development community about the potential of organizations working together to accomplish more. Health networks in Latin America, Africa, and Asia have been identified, and research is underway to document their growth and development.

This profile on the Bolivian health network, PROCOSI (Programa de Coordinación en Salud Integral), is the first in a series of profiles that traces the history, growth, challenges, accomplishments, and impact of a health network on its members and on the health of the communities they serve.

This profile and other publications are available upon request from *Networks* and can be found on-line at our website. To visit the website, go to <http://www.ngonetworks.org>, click on “publications,” and scroll down to the title: *PROCOSI—Profile of a Network*.



# Executive Summary

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Challenged by government instability, weak infrastructure, and an inadequate industrial base, Bolivia has been slow to join the ranks of viable Latin American economies. One of the poorest countries in Latin America, with a per capita gross national product of \$1,010 (compared to the regional average of \$3,880), Bolivia also has the fastest growing population: An annual growth rate of slightly more than 2 percent and a total fertility rate of 4.2 nationwide.

Because of Bolivia's weak public health system, maternal and infant mortality rates are among the highest in the region: The infant mortality rate is 67 per 1,000 live births, and the maternal mortality ratio is 390 maternal deaths per 100,000 live births. Moreover, in rural areas the percentage of chronic malnutrition in children aged 3 to 36 months is 36 percent.<sup>1</sup> Not surprisingly, improving the health of its citizens, especially its women and children, is an important national priority. While the government has addressed Bolivia's pressing health needs, its resources and infrastructure are limited. International aid, meanwhile, has had some impact, but it is not a long-term solution.

In 1987, three US-based NGOs working in the health field in Bolivia<sup>2</sup> put together a proposal to manage USAID child survival grants. This proposal resulted in the birth of a network comprising ten NGOs (all but one from the United States) that has had a profound impact on the health of the people of Bolivia. Over time, this network, which came to be known as PROCOSI, grew into an organization of 24 national and international NGOs, with the express mission "to improve the health of the neediest population, especially children and women, by means of inter-institutional coordination; the strengthening of member institutions; and advocating policies that influence health and the quality of life of the Bolivian population."

## PROCOSI's Achievements

Between 1988–1998, PROCOSI distributed more than \$24 million to more than 100 member projects in the areas of child survival, reproductive and sexual health, and integrated health. These projects have affected the lives of more than 1.5 million people in 156 municipalities, including 55 percent of the poorest provinces in the country. These projects have left their mark, contributing to the following improvements in health indicators over a period of nine years:

- ❑ Infant mortality rate—12 percent decrease
- ❑ Global malnutrition in children 3 to 36 months old—28 percent decrease
- ❑ Women receiving no prenatal care—15 percent decrease
- ❑ Women's use of modern contraceptive methods—309 percent increase.

PROCOSI's impact has also been felt in the technical assistance and skill-building initiatives

it has undertaken to build capacity among its members, and the various mechanisms it has developed to document and disseminate successes and other best practices. PROCOSI members have also entered into collaborative agreements with a number of national, regional, and local entities to increase the impact and sustainability of their activities. PROCOSI's record of achievement, including the financial stability it has enjoyed because of its endowment fund, has given it a place at the table in Bolivia, a voice, in other words, in influencing the scope and quality of non-governmental (and to some extent even governmental) health programs to help the citizens, especially the women and children, of Bolivia.

### Key Challenges for the Future

PROCOSI has enjoyed notable successes and has instituted many of the systems and procedures indicative of a mature organization. However, attention to continuous improvement has always been one of PROCOSI's strengths, one that has led it to identify the following challenges for the years ahead:

1. Assess and respond to diverse membership needs
2. Improve technical capacity
3. Enhance institutional autonomy
4. Improve monitoring and evaluation (M&E) and management information systems
5. Clarify the governing structure
6. Resolve inequalities in membership status
7. Develop partnerships with the public and private sectors.

### Lessons from PROCOSI

PROCOSI was born during a time of great political change and governmental reorganization in Bolivia, which is reflected in the way the network has evolved. Some aspects of the story of PROCOSI, therefore, are unique to the time and place in which it developed. Nevertheless, much of the information documented in this profile will be instructive to others who are considering or already operating their own networks in other developing countries. The key lessons from PROCOSI are summarized below.

**1. Building a network takes commitment and time.** Members don't *join* a network; they *create* one—and then recreate it as necessary over time. Even when the value of partnerships and collaboration is apparent, multiple challenges exist. It takes time for organizations to move from operating independently, pursuing their own agendas, to working collaboratively for a common goal. Members should expect that there will be numerous disagreements over policy, procedures, and goals, and that it is largely in working out these disagreements that a network matures and becomes something more than the sum of its parts.

**2. Network members need to identify shared needs and priorities.** From the outset, network members must identify a core set of common goals and a common vision that unites the network even as other forces operate to pull it apart. By their very nature, networks are diverse entities, with different needs and agendas. While this diversity adds strength to the network, it may result in competing interests as well.



**3. Members must learn to balance their competing roles as beneficiaries and guardians of the network.** Members need to be as conscious of their obligations *to* the network as they are of the network's obligations to them. Network members are both the clients and the curators of the organization. While they are beneficiaries of the services and opportunities provided by the network, they are also responsible for the well-being, improvement, and, ultimately, the survival of the network.

**4. A network must strike a balance between providing material and financial assistance to its members and strengthening member self-sufficiency.** It is challenging to simultaneously build member capacity, manage subgrant programs, and provide services. Before taking on too many activities, a network must prioritize its work and decide how it will evolve from providing for member needs to developing self-sufficiency and sustainability.

**5. The governing structure of a network must carefully distinguish between policy/oversight roles and operational roles.** Networks must clearly distinguish the roles and responsibilities of its board from those of its operations staff, making sure that all key functions (strategy, policy, financing and fundraising, program implementation, and oversight) are specifically assigned to one or the other.

**6. An endowment can be both an asset and a liability for a network.** Networks must be careful to guard against the pitfalls of an endowment even as they make best use of the advantages. While endowments can provide networks with considerable administrative stability, they may undermine financial stability by creating a lack of urgency when it comes to funding.

**7. Networks should look beyond their immediate members for opportunities to collaborate and to share the fruits of collaboration.** The impact of health activities is always greater when organizations collaborate than when they operate in relative isolation. Networks should look for opportunities to collaborate with as wide a variety of partners as possible. Through expanded collaboration, a network broadens its knowledge of strategies and approaches, which in turn leads to improved services.

The story of PROCOSI shows that a network can make a difference, that it can offer real advantages to its members and to their clients. But the story of PROCOSI also shows that none of these results are automatic or guaranteed. True collaboration requires conscious, sustained effort and the willingness of members on occasion to forego short-term, individual gain for the long-term benefit of the organization. It's one thing, in other words, to be in favor of collaboration, and even to decide to collaborate; but it's quite another to make it happen. This profile shows how one network has done it.

## Procosi: Profile of a Health Network

This profile tells the story of the Bolivian health network PROCOSI, of how an idea conceived by three US-based NGOs working in Bolivia grew into a national network of 24 Bolivian and US organizations that have profoundly affected the lives of women and children all across the country. It tells of how in a period of only ten years, PROCOSI has significantly enhanced the scope and quality of non-governmental programs in child survival, reproductive and sexual health, and integrated health in Bolivia. Since 1988, PROCOSI has distributed more than \$24 million to fund more than 100 health projects in 156 municipalities covering 55 percent of the poorest provinces in the country—in the process impacting the lives of more than 1.4 million people. Covering the first ten years of PROCOSI (1988–1998), this profile describes the network’s founding and evolution, highlights its numerous achievements, lays out its main challenges, and identifies key lessons for setting up and operating a successful health network.

### BACKGROUND

#### Bolivia

The Republic of Bolivia, the fifth-largest country in South America, is a landlocked country surrounded by Peru, Brazil, Paraguay, Argentina, and Chile. The population totals more than eight million, with an ethnic mix of Quechua Indian (30 percent), mestizo (28 percent), Aymara Indian (25 percent), and European, principally Spanish (10 percent). The Bolivian population is one of the fastest growing in the region, with an annual population growth rate of slightly more than 2 percent and a total fertility rate of 4.2 nationwide.<sup>3</sup>

Challenged by government instability, weak infrastructure, and an inadequate industrial base, Bolivia has been slow to join the ranks of viable Latin American economies. It is one of the poorest countries in Latin America, with a per capita gross national product of \$1,010, significantly lower than the average of \$3,880 for all of Latin America.<sup>4</sup>

Because of Bolivia’s weak public health system, maternal and infant mortality rates are among the highest in the region: The infant mortality rate is 67 per 1,000 live births, and the maternal mortality ratio is 390 maternal deaths per 100,000 live births.<sup>5</sup> Moreover, the percentage of chronic malnutrition in children aged 3 to 36 months is 36 percent in rural areas.

While 65–70 percent of women of childbearing age know about contraceptive methods, only 48 percent of married women use contraception (all methods) and 25 percent a modern method. In rural areas, just over ten percent of women use a modern contraceptive method, and among illiterate women (who are approximately 25 percent of the female population), less than 8 percent.

## USAID Health Programs

USAID has been a key player in the health sector in Bolivia. The USAID health portfolio was composed of more than a dozen centrally funded child survival grants to US-based NGOs operating health programs in Bolivia. To improve management efficiencies and achieve greater health impact, a Bolivian NGO consortium—which came to be known as PROCOSI—was established in 1988 to manage the child survival grants portfolio.

In 1990, the USAID health portfolio was broadened to encompass family planning and reproductive health (FP/RH) services. The FP/RH program strives to improve access, utilization, and quality of information and services to improve women's reproductive health, including to decrease maternal morbidity and mortality and to increase child survival. By 1997, USAID had provided \$40.3 million in grants to support child survival, family planning, reproductive health, and infectious disease efforts.<sup>6</sup>

## Status of NGOs and NGO Networks in Bolivia

**NGOs.** According to the Government's Directorate of NGO Coordination, there are 501 NGOs registered in the country.<sup>7</sup> Many of these NGOs work in more than one sector, and almost 40 percent do some work in the health sector.

**NGO Networks.** Most NGOs in Bolivia have organized themselves into networks or associations at both the national and departmental level—usually by sector, type of activity, or common interest—with the avowed aim of using the clout of coalitions to better advocate on behalf of their members.

At least 20 major networks were identified in the course of developing this profile, of which three have a strong focus in the health sector: 1) CONGI (Coordinadora de ONGs Internacionales/Coordination of International NGOs), a network of international NGOs; 2) FENASONGS (Federación Nacional de ONGs que Trabajan en Salud/National Federation of NGOs Working in the Health Sector), which also has affiliates working at the department level; and 3) PROCOSI, the subject of this profile.

**Table 1. Networks of Health NGOs in Bolivia, Their Organization, and Functions**

Characteristics	Networks:		
	PROCOSI	FENASONGS	CONGI
<b>Organization:</b>			
Number of member NGOs	10 associates 14 affiliates	100 members (est.)	48 affiliates*
Legally registered	Yes	Yes	Yes
Number of general assembly meetings/year	3	1	1
Executive Secretary or equivalent management mechanism	Yes	No	Yes
Funding Sources	Endowment Membership fees USAID/other int'l. sources	None	Membership fees
<b>Functions:</b>			
Administers funds and/or facilitates getting funds	Yes	No	No
Coordination and information for NGOs	Yes	Yes	Yes
Training	Yes	No	No
Representation to the government	Yes	Yes	Yes

\* 60 percent of member NGOs work in health sector.

### THE EVOLUTION OF PROCOSI

In 1987, three US-based NGOs working in the health field in Bolivia (CARE, Project Concern International, and Save the Children) developed and submitted a proposal to manage USAID child survival grants. This proposal was accepted by USAID, and in January 1988 a \$1.7 million operational program grant (OPG-I) was signed, creating the consortium which came to be known as PROCOSI (Programa de Coordinación en Salud Integral). Over time, the consortium grew from its original ten members into a network of 24 national and international NGOs, dedicated to the mission of “improv[ing] the health of the neediest population, especially children and women, by means of inter-institutional coordination; the strengthening of member institutions; and advocating policies that influence health and the quality of life of the Bolivian population.”

PROCOSI celebrated a significant milestone in early 1991 when it became a legally incorporated NGO with the Government of Bolivia and registered with USAID. Later that same year, PROCOSI signed a second operational grant (OPG-II, in the amount of \$8 million) directly with USAID, giving the network the resources and standing it needed to attract new members, and also creating an endowment fund that became the cornerstone of PROCOSI’s financial security and the primary source of its sustainability.

#### PROCOSI Extends Its Reach: Government Collaboration

The early years of PROCOSI coincided with a time of dramatic political and governmental upheaval in Bolivia, culminating in 1995 in the passage of a sweeping new decentralization initiative. The centerpieces of this initiative, the Law of Popular Participation and the Law of Administrative Decentralization, mandated that considerable resources and authority previously controlled by the national government were to be distributed to and administered by regional, provincial, and local governments, creating numerous opportunities for smaller-scale partnerships and grassroots collaboration in all sectors of development. At the municipal level, to take just one example, many municipalities began to administer their own health services.

PROCOSI members seized upon these opportunities to enter into a number of innovative partnerships with authorities at all levels—Ministry of Health, departmental governments, Health Districts, and municipal governments—considerably extending the reach of their programs, sharing the benefits of collaboration beyond the confines of the network, and taking an important new step toward sustainability. These collaborations ranged from official statements of good will and collaboration to formal agreements to elaborate descriptions of division of responsibilities and obligations. Three examples illustrate the range of opportunities that became available to PROCOSI members to reach a variety of new clients and to otherwise impact health conditions in Bolivia on a scale previously impossible.



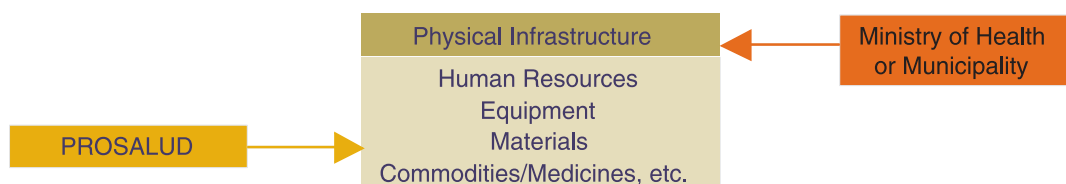


**Table 2. NGO Members of PROCOSI by Type of Membership and National/International Status**

The Original Ten Members		Additional Members	
Associate Members*	Natl./Intl. and Year Joined	Affiliate Members**	Natl./Intl. and Year Joined
CARE	International 1988	APSAR Asociacion de Programas de Salud en el Area Rural	National 1993
CARITAS Boliviana	National 1988	APROSAR Asociacion de Promotores de Salud del Area Rural	National 1993
CRS Catholic Relief Service	International 1988	CIES Centro de Investigacion, Educacion, y Servicio	National 1994
CSRA Consejo de Salud Rural Andino	National 1988	CEMSE Centro de Multiservicios Educativos	National 1995
FFH Freedom from Hunger/CRECER	International 1988	CEPAC Centro de Promocion Agropecuaria Campesina	National 1995
FHI Food for the Hungry International/Bolivia	International 1988	QUIPUS Fundacion Cultura Quipus	National 1993
Plan International Bolivia	International 1988	FSG Fundacion San Gabriel	National 1994
PCI Project Concern International	International 1988	PER Programa de Educacion por Radio	National 1995
PEB Project Esperanza Bolivia	National 1988	PROMUJER Programas para la Mujer	National 1995
SAVE Save the Children/Desarrollo Juvenil Comunitario	International 1988	PROSALUD Proteccion a la Salud	National 1995
<p>*Associate or voting members are eligible to serve on the Rotating Directive Committee (CDR). At the present time, nearly all the associate/voting members are representatives of U.S. NGOs.</p> <p>** Affiliate or nonvoting members are not eligible to serve on the CDR. Nearly all the affiliate/nonvoting members are Bolivian NGOs.</p>		SACOA Servicios de Asesoría a Comunidades Agrarias	National 1995
		SERVIR Servicios Educativos	National 1994
		Universidad NUR	National 1994
		CANSAVE Save the Children Canada	International 1994

In the first example, the government (either the Ministry of Health or the municipality) donates office space, while PROCOSI member PROSALUD provides all other resources required to implement health services, including all staff, equipment, materials, and commodities, including medicines.

### Example 1: PROSALUD



- ◆ Government donates the building.
- ◆ PROCOSI provides all the other resources.

In the second agreement, CARITAS Bolivia, through the Catholic Church, pays part of the staff salaries, while the government pays the balance of the salaries and provides all other resources, though it delegates the administration of the health facility to CARITAS.

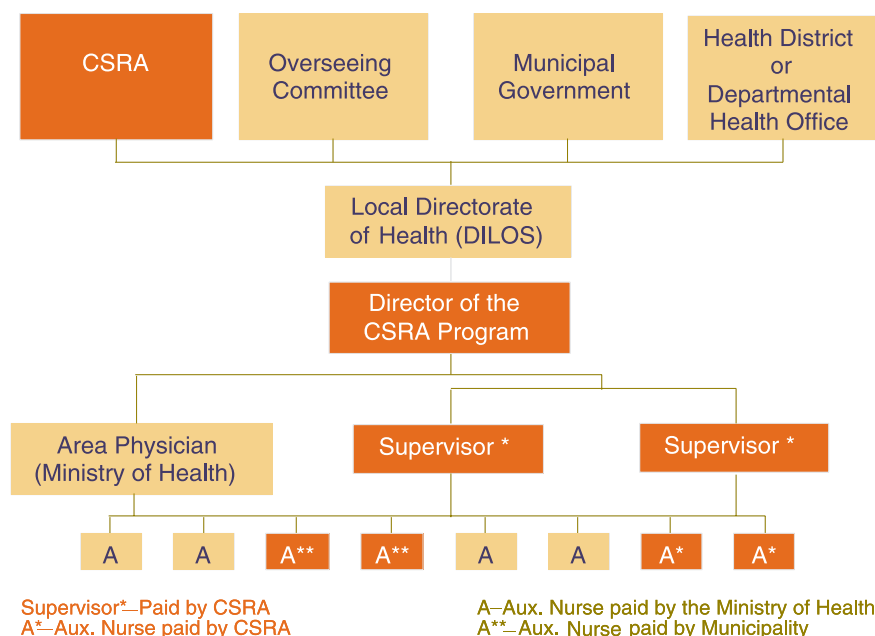
### Example 2: CARITAS



- ◆ Government provides almost all the resources.
- ◆ CARITAS pays part of the staff salaries.
- ◆ Government delegates to CARITAS the administration of the establishment.

In the third example, the Consejo de Salud Rural Andino (CSRA) works with a municipal authority under a very complex structural arrangement. The local CSRA program is in fact directed by the head of the Local Directorate of Health (DILOS)<sup>8</sup>, the entity that serves as a liaison between local mayors and the Ministry of Health. The local program staff is composed of an area physician provided by the Ministry of Health, two supervisors paid by CSRA, and eight nurse auxiliaries, four paid by the Ministry of Health, two by CSRA, and two by the municipality.

### Example 3: Consejo de Salud Rural Andino (CSRA)



### PROCOSI's Reputation Grows: The Warmi Story

Even as PROCOSI was extending its influence and impact through government partnerships, the network had become involved in another ground-breaking collaboration that would eventually achieve national recognition and become a key element in the Government of Bolivia's new National Health Plan (Plan Vida). In 1994, PROCOSI, along with several other NGOs, had been chosen to implement and scale up a new community-based methodology for reducing obstetric and neonatal deaths. Known as Warmi ("woman" in Aymara), this methodology was developed by Save the Children under a contract to the MotherCare project.

In 1995, PROCOSI's success with Warmi led to its selection by USAID to receive a \$4.2 million grant to develop 17 grassroots reproductive health projects using the Warmi model, with the ultimate goal of replicating Warmi at the national level. The Warmi methodology was eventually implemented in eight of the nine national departments and adopted by the Government of Bolivia as an essential part of its National Health Plan (Plan Vida). The pivotal role played by PROCOSI in the development and spread of Warmi exemplified the network's growing influence in the health arena at the national level.

## The Warmi Project

Motivated by the extraordinary high rates of maternal and newborn mortality in the remote rural setting of Inquisivi, Bolivia, the Warmi Project was developed to test a community-based approach to improving maternal and neonatal health. The demonstration project took place from 1990-1993 working in 50 rural communities in the Province of Inquisivi, estimated population 15,000. The initial demonstration project achieved many notable results including a reduction in perinatal mortality of nearly 50% and improved practices related to prenatal care, breast-feeding, immunization and contraceptive use. Moreover, there were noticeable changes in women's assertiveness in public; they began attending meetings, speaking to each other about these issues, and participating in community organization and decision-making activities.

The Warmi project methodology of community mobilization has now grown to reach over 500 communities and benefits over an estimated 200,000 women and their families nationally. The project methodology was incorporated into the national health plan and expanded nationally through NGO and government partners. Perhaps the greatest success of Warmi is that its methodology is used at the national level through PROCOSI. The methodology is being adapted in Peru nationally and was introduced in Ecuador in 1998-1999. Likewise, organizations in other countries are considering adapting the approach.

Warmi organizes and strengthens women's groups to raise women's awareness that their individual problems are often common to others and that together they are more likely to find solutions. A gender sensitive participatory methodology, now known as the "Community Action Cycle," was developed to work with women's groups and other community members to improve maternal and perinatal health in their communities. Groups follow the four phase "Community Action Cycle" to identify needs and practical solutions. The cycle begins with an "autodiagnosis" in which over the four sessions, each of approximately four hours duration, women identify the three most important maternal and neonatal health problems that are to be addressed by the community. A "planning together" stage follows, in which community plans are developed by men and woman, first separately and then jointly, to address the problems identified in the prior stage. The last two stages are the "implementation" and "participatory evaluation" stages.

The demonstration phase of the Warmi Project had its roots in Save the Children's methodology of Community-Based Integrated Rural Development (C-BIRD). This methodology was based on the premise that long-term, sustainable development depends on the capacity of community groups to determine local priorities, plan projects, acquire necessary resources, and assume responsibility for the administration and coordination of development activities. Maximum community involvement permitted an eventual "phase over" with the expectation that certain benefits will be self-sustaining and replicable. As such, the project was designed so that women's groups participating in the project would be able to replicate the process to address other community needs.



## New Directions

While PROCOSI remained constant in its focus on child survival, the network continued to add new dimensions to its portfolio. In 1995, PROCOSI expanded into sexual and reproductive health programs (through a \$4.2 million cooperative agreement with USAID), and three years later, the network took up the challenge to develop integrated health projects (with \$15.2 million from a second USAID agreement) and to expand into the area of infectious diseases. Subgrant funds to network members have supported maternal and child health projects, as well as tuberculosis, malaria, Chagas, and HIV/AIDS prevention efforts. As a sign of PROCOSI's growing maturity, funds from the second grant were, for the first time, allocated to ten public health research projects to help NGOs improve specific interventions. The expansion into new program areas triggered by the 1995 and 1998 grants and the accompanying new emphasis on research have helped secure PROCOSI's place in the front ranks of Bolivia's health providers.

### Evolution of PROCOSI: Key Events

- |                |   |
|----------------|---|
| <b>1987–88</b> | Idea of network formulated by three US-based NGOs (CARE, Project Concern International, and Save the Children US)   |
| <b>1988</b>    | First USAID grant award: OPG-I for \$1.7 million, 50 percent of which is for child survival grants. The network has ten members.  |
| <b>1991</b>    | PROCOSI becomes a registered Bolivian organization and receives a second grant: OPG-II for \$8 million, directly from USAID from which a \$7.5 million endowment fund was established. Remaining OPG funds and interest from the endowment (approximately \$4 million) used for sub-grants to members for child survival activities. Approximately 54 projects were funded and implemented. |
| <b>1993</b>    | Three new members added (See Table 2 for names).  |
| <b>1994</b>    | Process of forming the endowment fund completed, providing funds for ongoing PROCOSI operations. Five new members added (See Table 2 for names).  |
| <b>1995</b>    | Six new members added (see Table 2 for names) to make 24 members in all.  |
| <b>1995</b>    | Adoption of the Warmi methodology by the Government of Bolivia in the National Health Plan (Plan Vida).   |
| <b>1995</b>    | PROCOSI receives \$4.2 million grant (CA-1) for reproductive health activities.   |
| <b>1998</b>    | PROCOSI receives \$15.2 million integrated health grant (CA-2).   |
| <b>1998</b>    | PROCOSI's celebrates its tenth anniversary.   |

During this period, in keeping with its expanding reach, the network changed its name from “Program to Coordinate Child Survival” to “Program for Integrated Health Coordination.” The new name not only captured the commitment of members to developing integrated approaches to health but also reflected the revised mission statement “to improve the health of the Bolivian population.”

### PROCOSI's Finances

As PROCOSI evolved into an increasingly respected and effective national health network, the organization worked aggressively to keep its financial house in order. USAID has been a reliable partner, recognizing PROCOSI's potential and its accomplishments with repeated financial support—a total of \$27.4 million since the network became a registered local nonprofit in 1991. These funds are itemized in Table 3.

**Table 3. USAID Funding**

Title	Period	Amount	Comments
Child Survival II (OPG-II)	1991-96	\$8.0 M	Formed endowment and provided grant funds
Sexual & Reproductive Health (CA-1)	1995-98	\$4.2 M	Added money, CS focus, and extended end date in Sept. 1996
Integrated Health (CA-2)	1997-02	\$15.2 M	Includes \$5.6 M for CS; \$7.5 M for RH; \$2.1 M for Infectious Diseases
<b>TOTAL</b>		<b>\$27.4 M</b>	

Of this \$27.4 million, PROCOSI has passed on the lion's share, some \$21 million, in the form of subgrants to members. And those subgrant recipients, meanwhile, have provided approximately 25 percent in counterpart funding and in-kind support.

On average, subgrant money awarded to PROCOSI members covered 60 percent of the total costs of their projects, with PROCOSI funds accounting for between 5 and 80 percent of individual members' total annual funding. (Some network members receive other USAID funds in addition to their PROCOSI subgrants.) Other sources of revenue for PROCOSI members include fees for service (including reimbursement under the Ministry of Health's insurance plan), contractual agreements with municipal authorities, and funds from other donors.

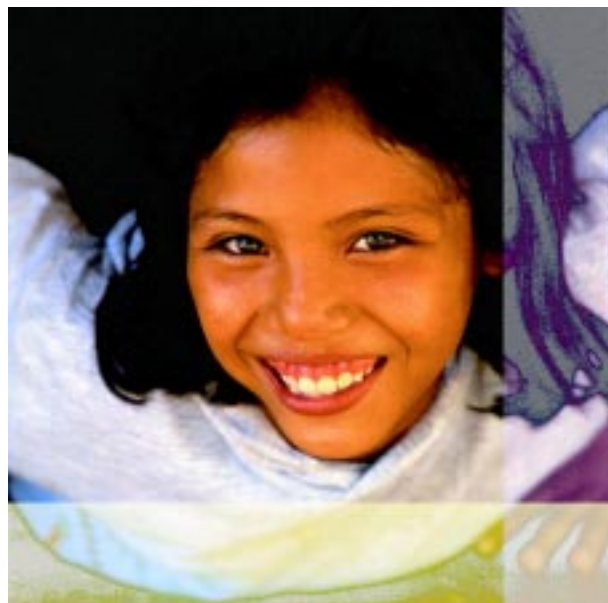
A unique feature of PROCOSI's financial makeup is the endowment fund authorized in 1991. This endowment, which became operational in 1994 with a start-up base of \$7.5 million, currently generates more than \$750,000 in annual interest income at the present rate of 9.3 percent. Income from the endowment covers most of PROCOSI's operating expenses and has enabled the network to enjoy a considerable degree of financial stability; staff are secure in the knowledge that there is money to pay their salaries and to support programs, and members are encouraged in the knowledge that fundraising can focus on finding new donor sources to support subgrant activities.

The PROCOSI program-operating budget was nearly \$500,000 in 1998, and a similar level was approved for 1999. This budget provides partial coverage of staff salaries and benefits; the balance is provided by the current cooperative agreements with USAID. In 1998, PROCOSI enjoyed a surplus from the operating budget and revenues, which was set aside for subgrant financing.

In recent years, PROCOSI has succeeded in diversifying its base of financial support, identifying and attracting a number of new donors. In the mid-1990s, PROCOSI attracted the attention of three other actors in the foreign aid arena: The Netherlands, Japan, and Great Britain. The Japanese government provided more than \$900,000 to 11 PROCOSI members to purchase equipment and support construction projects, while the British government provided more than \$700,000 to sponsor three reproductive health projects. All together, the three new donors contributed a total of \$1.8 million in subgrants to PROCOSI members between 1996 and 1998. At the same time, another \$234,000 was made available to PROCOSI members for three USAID-funded programs: ISTI/VITAL for Vitamin A activities; REACH for technical assistance for acute respiratory infections and immunization activities; and Wellstart for support to the National Technical Committee on breastfeeding.

PROCOSI's ability to attract a variety of donors is not only a tribute to its successes but a sign of the organization's coming of age. While donor diversity does not by itself ensure that sustainability is a mark of a mature network, it is surely one of the key ingredients.

Building on ten years of experience, PROCOSI faces a bright future. On the occasion of its tenth anniversary in November 1998, the network hosted a forum attended by more than 200 professionals from the Ministry of Health, the United Nations, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), NGOs, and other agencies. PROCOSI traced its remarkable progress from a nascent group of NGOs distributing and managing funds for child survival to a national network of 24 organizations, a leading partner with the Government of Bolivia, and a key collaborator with numerous bilateral and multilateral organizations—all united by a common mission: "to improve the health of the Bolivian population."



## ACHIEVEMENTS

In just ten years, PROCOSI has built a record of achievement that would be the envy of many older organizations. As noted earlier, the network has awarded close to 100 subgrants for a total of \$24 million dollars (\$14 million from USAID/Bolivia and \$10.2 million from other donors), funds that have benefited 156 municipalities covering 55 percent of the poorest provinces in the country and affected the lives of more than 1.4 million people. In a number of key health indicators—from infant mortality to childhood malnutrition to knowledge and use of contraception—the influence of PROCOSI member services, especially in rural areas, has made a significant contribution to improving the health knowledge and practices of ordinary Bolivians.

### Increases in Coverage

While child survival remains a key focus of PROCOSI, the network has expanded its efforts into the areas of family planning and sexual and reproductive health through the support of USAID and other donors. In four key indicators, PROCOSI and its members have achieved impressive increases in the number of beneficiaries served during the period 1989–1998<sup>9</sup> (Table 4).

**Table 4. Increase in Beneficiaries by PROCOSI Grants: Maternal-Child and Reproductive Health Services.**

Indicator	1989	1998	% Increase
Pregnant women with 1 <sup>st</sup> prenatal visit by physician, nurse or auxiliary	11,211	34,524	208%
Number of deliveries in health establishments	5,748	12,019	109%
Number of women with knowledge of any contraceptive method	79,193	283,118	258%
Number of women using modern contraceptives	6,496	33,445	415%

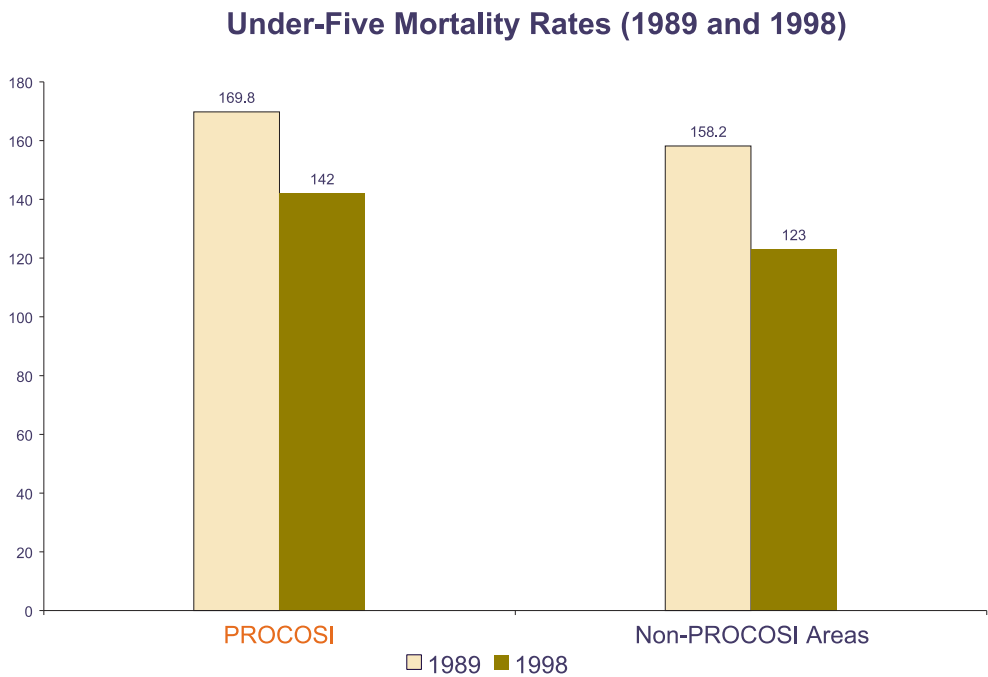
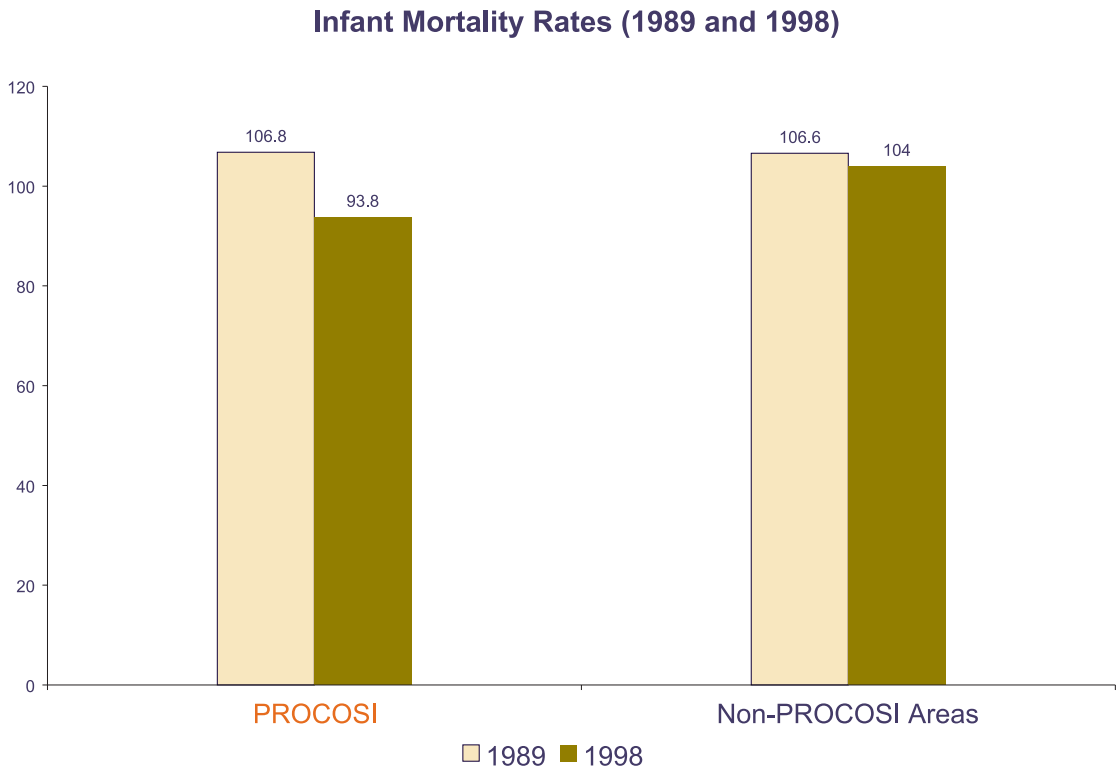
### Health Impact

The impact of PROCOSI's activities can be measured, at least in part, by comparing health data over time from municipalities that received PROCOSI grants against areas that had no PROCOSI-sponsored activities. To that end, this report presents Demographic and Health Survey (DHS) data from PROCOSI and non-PROCOSI areas for 1989 (the first DHS was conducted in Bolivia in 1989) and 1998, providing a nine-year period to assess change and impact.<sup>10</sup> The findings for six key indicators are presented below.

**Indicator 1. Infant and Under-Five Mortality Rates.** In keeping with their historic focus on child survival, PROCOSI and its members are especially encouraged by recent declines in infant and under-five mortality rates. While there was little or no difference in infant mortality rates between PROCOSI and other areas in 1989, nine years later, those areas served by the PROCOSI network had experienced a 12 percent reduction in this rate compared to a much smaller 2 percent reduction in areas not served by PROCOSI. While not statistically significant, the trend is in the right direction.



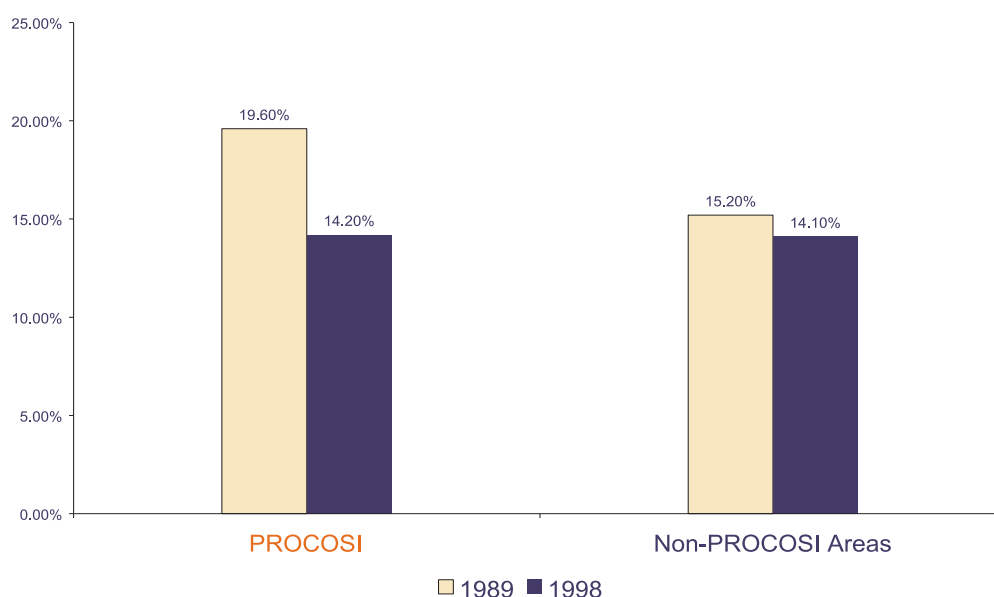
The under-five mortality rate was high in both areas in 1989, although the rate in the PROCOSI area was slightly lower. By 1998, the rates in both areas had declined substantially. In PROCOSI areas, the decline was significantly reduced over non-PROCOSI areas.



**Indicator 2. Nutritional Status of Children.** PROCOSI members have carried out a wide range of activities to reduce malnutrition<sup>11</sup> in children aged 3 to 36 months—with encouraging results. Malnutrition in children is typically measured in three different ways: **Global** malnutrition (weight/age), **chronic** malnutrition (height/age), and **acute** malnutrition (weight/height).

For **global** malnutrition, PROCOSI areas (which tend to be more rural) had a higher level of malnutrition in 1989 than non-PROCOSI areas did. By the time of this study, however, malnutrition in PROCOSI areas had dropped to the same rate as the rest of the country (14 percent).

**Percent Global Malnutrition in Children Aged 3 to 36 Months in Rural Bolivia (Weight/Age).**



**Chronic** malnutrition, as evidenced by stunting, declined in all areas between 1989 and 1998. In addition, the relative level of chronic malnutrition between areas has remained approximately the same over this time period.

**Acute** malnutrition is measured by weight divided by height. Because acute malnutrition affects a small segment of the population, it is often difficult to assess changes unless there are large comparison groups. This study's data set (of between 209 and 1,055 observations) shows a slight reduction in acute malnutrition in PROCOSI areas, while other areas have recorded a slight increase.

**Indicator 3. Percent of Women with First Prenatal Care Visits with Professional Medical Personnel.** Areas served by PROCOSI members nearly doubled their showing in this indicator: From 19 percent of women seeing a doctor or nurse (including auxiliary) in 1989 to 31 percent seeing a doctor and 14 percent seeing a nurse in 1998. Non-PROCOSI areas, meanwhile, recorded a somewhat lower increase, from 31 percent seeing any kind of professional in 1989 to 39 percent seeing a doctor and 9 percent seeing a nurse in 1998.

**Percent of Women Who Received Prenatal Care, by Type of Professional, in Rural Bolivia**

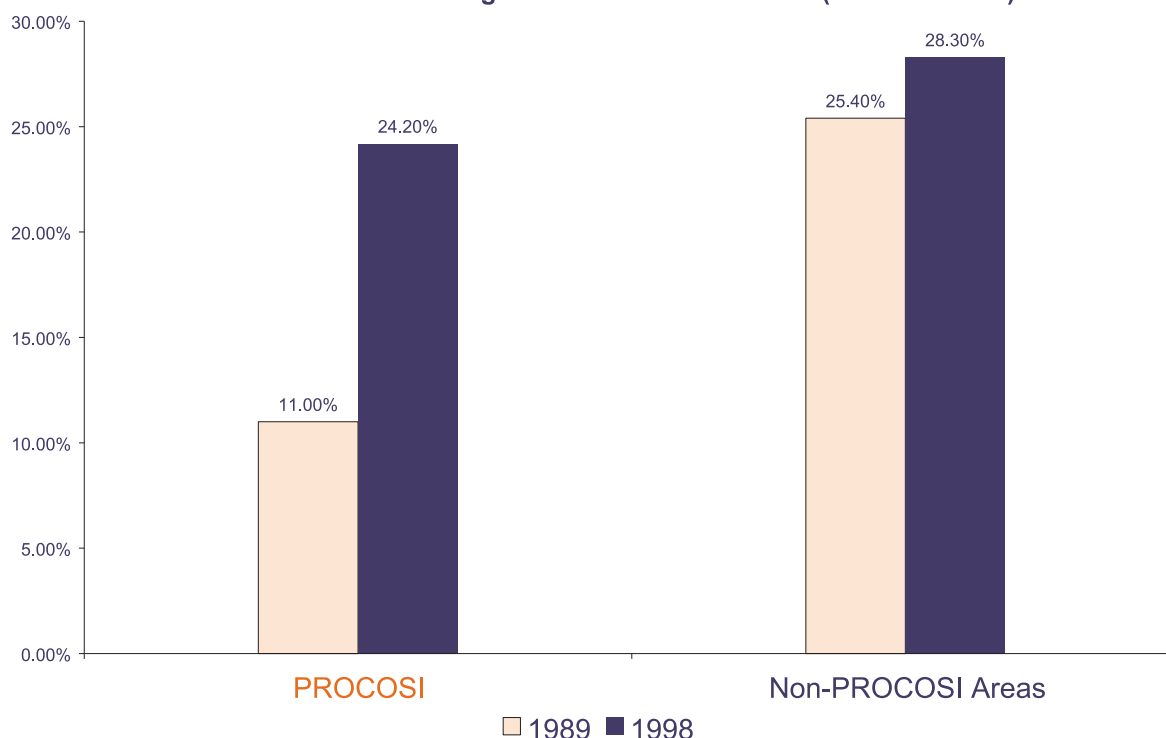
	1989 (%)	1998 (%)	Change (%)	1989 (%)	1998 (%)	Change (%)
Doctor	14.0	31.4	+124	27.2	39.0	+44
Nurse	4.8	14.3	+198	3.4	9.4	+176
Totals	18.8	45.7	+322	30.6	48.4	+220

PROCOSI

Non-PROCOSI Areas

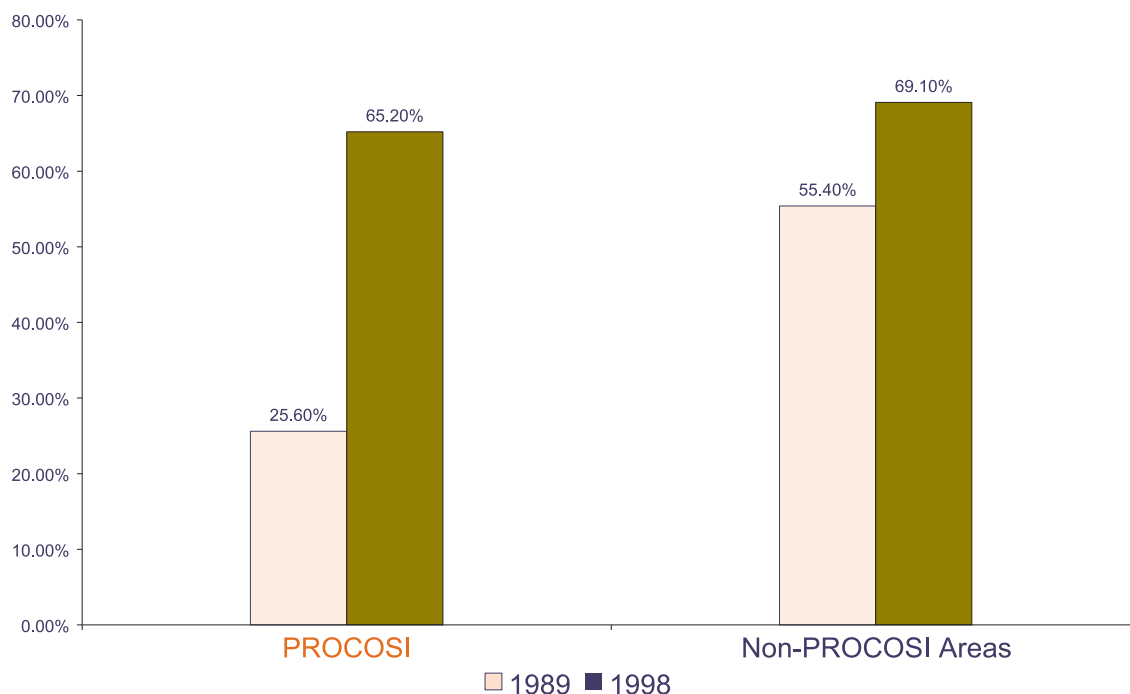
**Indicator 4. Percent of Women Delivering in Health Establishments.** In 1989, non-PROCOSI areas recorded almost twice as many deliveries in health establishments (25 percent) as the PROCOSI areas (11 percent). In a remarkable turnaround, deliveries in health establishments had increased by 120 percent in PROCOSI areas by 1998, versus a 10 percent increase in other areas.

**Percent of Women Delivering in Health Establishments (1989 and 1998)**



**Indicator 5. Percent of Women with Knowledge About Modern Contraceptive Methods.** In 1989, only one-quarter of the women in the PROCOSI area knew about contraceptive methods, as compared to more than half of the women in non-PROCOSI areas. In 1998, 65–70 percent of the women in both groups had knowledge about contraceptives.

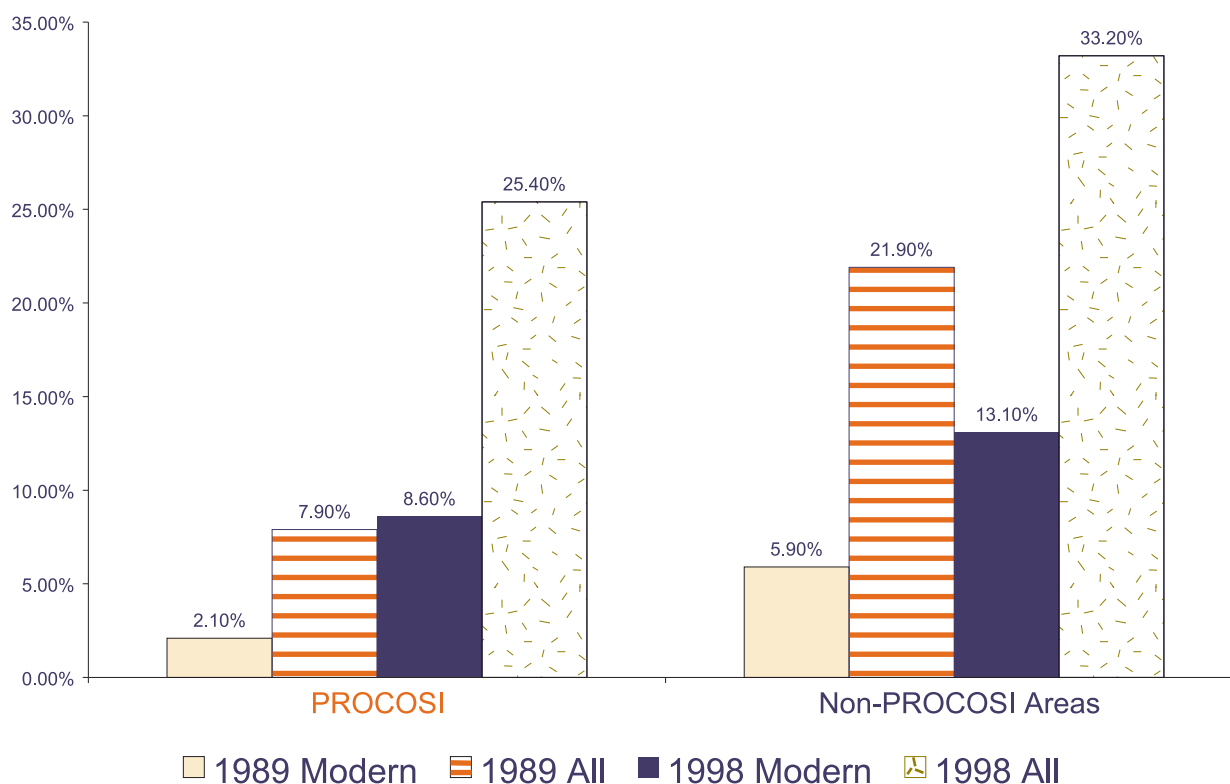
**Percent of Women with Knowledge about Any Contraceptive Method (1989 and 1998)**



**Indicator 6. Percent of Women of Child-Bearing Age Using Contraceptive Methods.** In 1989, only 2 percent of women in PROCOSI areas and 6 percent of women in non-PROCOSI areas surveyed used modern contraceptive methods. According to the data collected, the increase in both areas during the last nine years has been large—in 1998, 9 percent of women in PROCOSI areas and 13 percent of women in non-PROCOSI areas used modern contraceptive methods.



**Percent of Women of Childbearing Age Using Contraceptive Methods (1989 and 1998)**



### Cost-Benefit of Health Activities

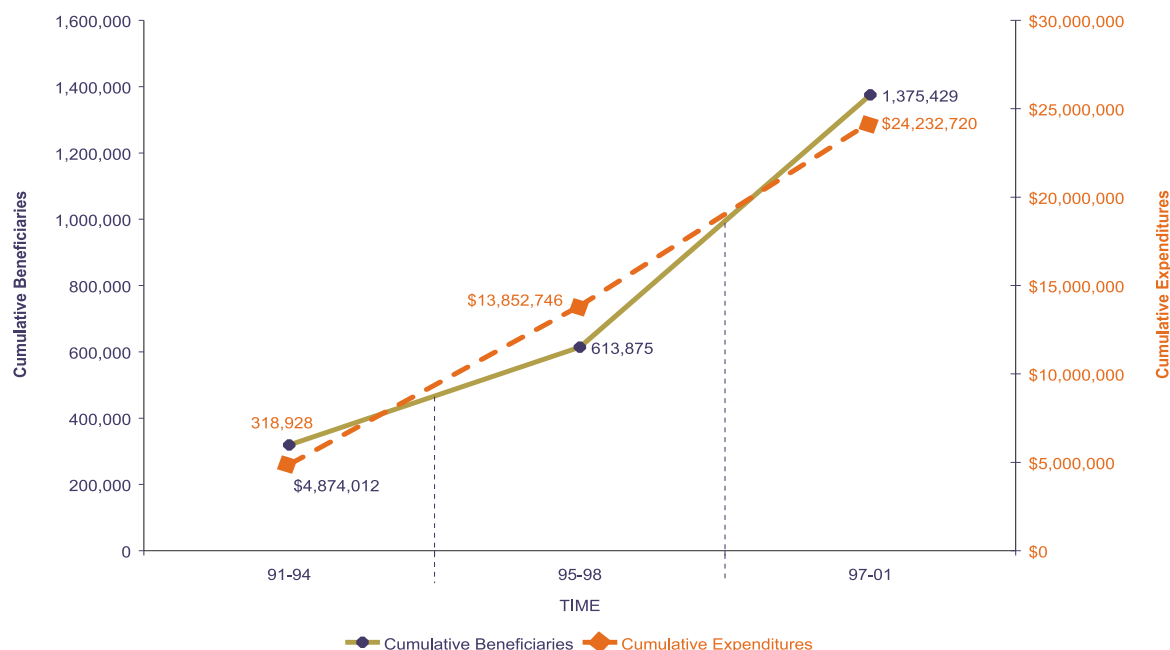
Estimates of the cost-benefits of PROCOSI grant activities are based on the following three types of USAID-funded subgrants:

- ❑ Maternal and child survival, starting in 1991;
- ❑ Reproductive and sexual health (RSH), starting in 1995; and
- ❑ Integrated health (IH), starting in 1998.

Data on the number of beneficiaries served was provided in the grant proposals submitted by each NGO; these also included information on the total cost for each subgrant and the amount of the PROCOSI award. NGO contributions included in-kind and cash donations from the NGO itself, as well as contributions from other sources available to them. Figure 1 (next page) shows a continued *cumulative* increase in beneficiaries and in expenditures, while Figure 2 (next page) shows that over time the number of beneficiaries increased dramatically while the *per capita* expenditures declined.

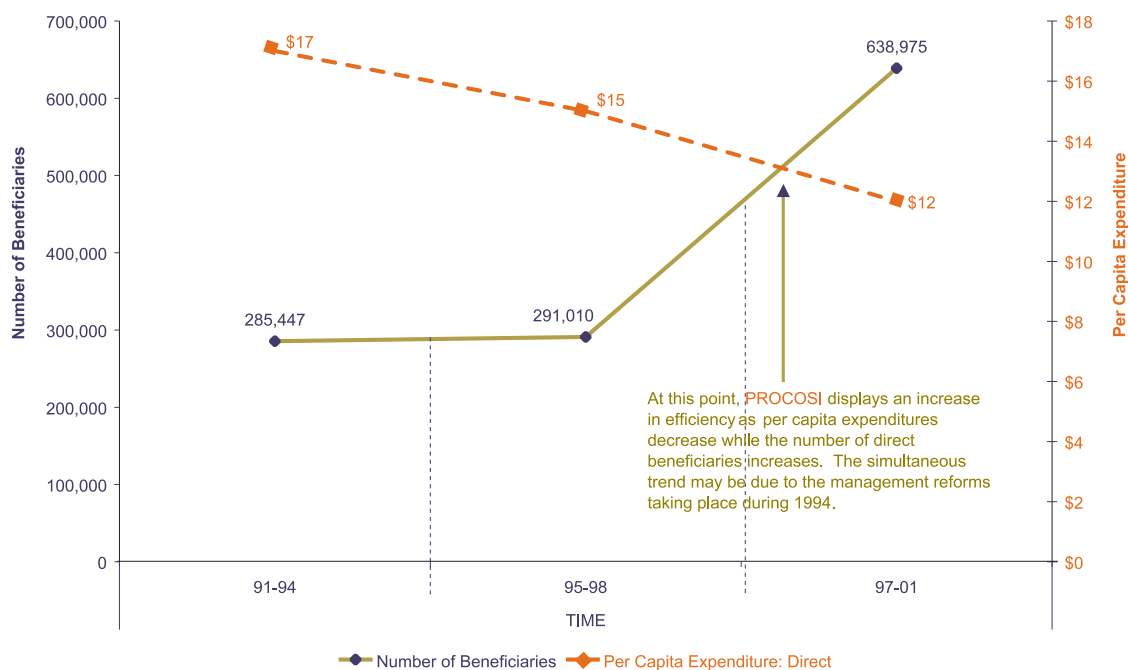
**Figure 1.**

**PROCOSI Cumulative Beneficiaries by Cumulative Expenditures**



**Figure 2.**

**Number of Beneficiaries by Per Capita Expenditure by Three Time Periods:  
A Measure of Efficiency**



PROCOSI awarded nearly 100 subgrants to its members between 1991 and mid-1998, for a total of more than \$14 million in USAID/Bolivia money. PROCOSI obtained an additional \$10.2 million from other sources to support its program implementation. Nearly 1.4 million people were estimated to have benefited from these services, about half from child survival activities.<sup>12</sup>

Using the above figures and total program costs for all subgrants, the cost per beneficiary is \$17.62. These costs range from an average of \$12 per beneficiary for integrated health activities to almost \$30 per beneficiary for reproductive and sexual health activities. If only the PROCOSI subgrant contributions are used, the cost per beneficiary is \$10.22 (Table 5.)

**Table 5. Cost-Benefit for PROCOSI-Funded Activities (1991 to mid-1998)**

	Number of Grants	Cumulative Beneficiaries	Funding from PROCOSI Subgrants	Total Cumulative Expenses	Cost per Beneficiary
CS	49	\$505,352	\$3,701,501	\$7,959,801	\$15.75
RSH	29	332,870	6,225,772	9,737,575	29.25
IH	19	537,207	4,133,065	6,535,344	12.16
Total	97	1,375,429	14,060,338	24,232,720	17.62

### Diversity of Services

PROCOSI's impact has also been felt through the great variety of information, skills, technical expertise, and other resources the organization has been able to make available to its members and, through them, to their clients. One network member, Centro de Investigación, Educación, y Servicios (CIES), promotes reproductive and sexual health through its advocacy and community work. CIES staff members also train community-based providers to give talks on a variety of health topics and distribute contraceptives. Another network member, CARE has provided equipment to health centers and conducted training for public sector physicians on topics such as the management of diarrhea in children, the early detection of cervical cancer, and the detection and treatment of sexually transmitted diseases.

Several PROCOSI members have developed a number of innovative, community-based techniques for reproductive and sexual health interventions and then trained local health providers in these new approaches. One such project, sponsored by Plan International, trains one man and one woman volunteer per community to provide reproductive and sexual health counseling to peers.

### A Seat at the Table: Advocacy for Improved Health Policy

PROCOSI's most far-reaching achievement may be the status it enjoys as a key player in formulating and influencing Bolivia's national health policy. As noted earlier, the network participated in the design of the 1994 National Health Plan (Plan Vida) that resulted

in the adoption of the Warmi methodology. More recently, the Executive Secretariat staff has played an important role in formulating the current Strategic Health Plan, assisting in the design of the community epidemiology component. Other PROCOSI personnel, meanwhile, have worked closely with Ministry of Health representatives to design quality assurance policies for the new Government of Bolivia mother and child social security package.

PROCOSI has been a strong advocate of equal rights for women and men; it has contributed significantly to the cause by gathering and sharing information about both feminine and masculine issues and by encouraging members to include gender indicators in project designs at the local level. PROCOSI has been in the forefront of efforts to recognize women as key actors in health policy reform. During 1997 and 1998, PROCOSI began working closely with the Vice President's office and the Office of the First Lady to advocate for safe motherhood and sexual and reproductive rights.

Advocacy also occurs at other levels of the network. PROCOSI members who work together on Regional Technical Committees (RTCs, see below) can advocate as a group of NGOs and influence health policy at the departmental level in a way that individual NGOs cannot. In the past, this kind of regional advocacy has produced, among other results, a convention signed by the Chuquisaca RTC with the Prefecture, a partnership agreement between the Oruro RTC and SEDES (the Health Department Services) upon the outbreak of measles, and collaboration between RTCs and local authorities to sponsor regional health fairs and youth festivals.

Numerous network members interviewed for this profile recognized and appreciated the important role that PROCOSI plays in representing network concerns, as well as village priorities and perspectives, to the Ministry of Health and to municipalities at the local level. As the director of one NGO stated: "We can advocate as a group and be much stronger. People look to PROCOSI to negotiate with the Government of Bolivia and to have input at the national level." Another interviewee noted: "PROCOSI's great reputation is well deserved. PROCOSI participates in national and regional health committees and reviews national policies at the invitation of the government."



### Building Management and Technical Capacity

**Technical Assistance and Institutional Development.** One of PROCOSI's objectives is to enhance the ability of its members to design, implement, manage, and evaluate their programs. In 1996, PROCOSI introduced a landmark initiative by creating a special fund to strengthen the managerial and technical capacity of member NGOs. A total of \$240,000 for institutional development was distributed and each member received \$10,000 for its operational needs.

That same year, PROCOSI established a National Technical Committee and seven Regional Technical Committees. These regional groups, which meet on an average of ten times a year, build capacity and enhance services through

sharing technical experiences, discussing current health issues, sponsoring health fairs (alone or in collaboration with other groups), and signing agreements with other organizations and government agencies to collaborate on health issues.

PROCOSI further enhanced its ability to deliver technical assistance in December 1997 when it signed a four-year<sup>13</sup> agreement with the Academy for Educational Development. This partnership provides technical assistance in the areas of optimal breastfeeding, the timely introduction of family planning (including LAM, lactational amenorrhea method), complementary child feeding, and better maternal nutrition. To date, slightly more than \$500,000 has been allocated for this assistance.

**Training** is another important way that PROCOSI helps members to develop their organizational and service delivery capacity. At the national level, PROCOSI has sponsored approximately ten workshops in technical and managerial topics for an average of 260 technical and administrative staff each year. Management training topics included strategic and operational planning, use of the logical framework, cost-effectiveness, team building, and leadership. Technical training topics included health information systems, quality control, re-engineering, logistics systems, use of Healthnet, Epi-Info, gender issues, research methods, use of the Warmi methodology, reproductive and sexual health counseling, contraceptive technology, and nutrition.

The Water and Sanitation for Health Project final evaluation in 1991 of OPG-I noted that PROCOSI's professional staff were "highly regarded and considered capable of upgrading the skills of the staff of member NGOs, who welcome their visits and technical advice."

For a number of years, PROCOSI concentrated on developing various reporting and auditing systems required by the governing body (known as the Assembly), USAID, and other donors. However, the data necessary to determine the impact of grant program activities was often not collected or not collected in a consistent manner. Therefore, PROCOSI has moved to address this problem, in part through a partnership with Management Sciences for Health, Inc., that provides technical assistance in tracking and reporting indicators based on a results framework. This new system is producing valuable information. One important challenge for all NGO members is how to develop and implement standard indicators for all NGOs when different NGOs are involved in different areas and some NGOs are responsible for part—but not all—of the services offered at a particular location. The issue is further complicated by the fact that project designs must also incorporate various indicators required by USAID and other donors. One final challenge is how to coordinate PROCOSI's monitoring systems with the Ministry of Health's National Health Information System.

**Technical Collaboration.** PROCOSI and its members are making considerable effort to improve capacity through technical collaboration and partnering throughout the network. Collaborative relationships have been established with a variety of organizations to facilitate information dissemination and the transfer of knowledge and skills. Technical assistance has been provided by Pathfinder, the Population Council, Management Sciences for Health, Inc., IPAS, International Planned Parenthood Federation, Johns Hopkins University, Academy for Educational Development and through the PRITECH, BASICS, Linkages, and MotherCare projects.



**Organizational Learning.** PROCOSI shares best practices through its documentation center, Centro de Documentación en Salud Integral (CEDOSI). Started in 1988, CEDOSI now contains more than 11,000 items, including books, magazines, articles, and videos. CEDOSI has itself published more than 104 booklets, documents, technical articles, and educational materials on a wide range of public health topics. CEDOSI is connected to four computer databases, which allow users to search for information and order books and articles directly. PROCOSI also disseminates information through its bi-annual public health magazine, *J & G*, which features articles on community epidemiology projects, research, and innovative health initiatives in Bolivia.

### KEY CHALLENGES FOR THE FUTURE

PROCOSI has enjoyed notable successes and clearly has instituted many of the systems and procedures indicative of a mature organization. However, attention to continuous improvement has always been one of PROCOSI's strengths, and one that has led it to identify the following challenges for the years ahead. While some of these challenges may be unique to PROCOSI, others may be considered as typical of networks at this period in their development.

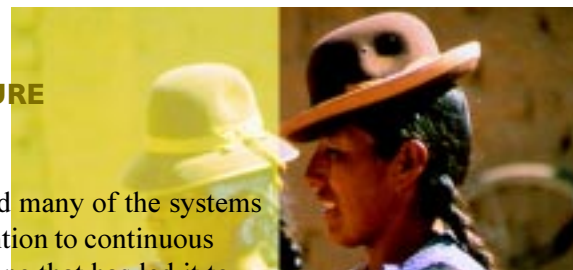
**1. Assess and respond to diverse membership needs.** Because of the diversity of its members, PROCOSI recognizes the importance of doing a needs assessment to make sure it is addressing the concerns of all of its members. For some members, health services are their only product; for others, health is just one of a number of services they offer. Some have strong health expertise on staff, while others are weak in health skills.

**2. Improve technical capacity.** Technical assistance and training interventions need to be part of a more coordinated effort to build capacity. Several members have observed that PROCOSI tends to offer one-time training events, and they feel that they could benefit from training events that build more on one another.

**3. Enhance institutional autonomy.** Now that PROCOSI is a well-established organization with a proven track record, it will focus on broadening its base of donor support and further improving its own internal operating procedures.

**4. Improve monitoring and evaluation and management information systems.** Recognizing the need to improve its management information systems, PROCOSI will focus more resources on tracking the monitoring and evaluation activities of member projects. This will include collecting impact statistics compatible with those collected by major stakeholders.

**5. Clarify the governing structure.** PROCOSI will work to develop a management structure that more clearly distinguishes the roles and responsibilities of the Rotating Directive Committee (the network's "board of directors") from those of program and administrative staff.



**6. Resolve inequalities in membership status.** PROCOSI will address the inequalities between voting and nonvoting members.

**7. Develop partnerships with the public and private sectors.** To expand PROCOSI's reach and impact, the network will pursue innovative partnerships with public- and private-sector organizations.

## LESSONS FROM PROCOSI

PROCOSI was born during a time of great political change and governmental reorganization in Bolivia, which is reflected in the way the network has evolved. Some aspects of the story of PROCOSI, therefore, are unique to the time and place in which it developed. Nevertheless, much of the information documented in this profile will be instructive to others who are considering or already operating their own networks in other developing countries. The key lessons from PROCOSI are summarized below.

**1. Building a network takes commitment and time.** Members don't *join* a network; they *create* one—and then recreate it as necessary over time. Even when the value of partnerships and collaboration is apparent, multiple challenges exist. It takes time for organizations to move from operating independently, pursuing their own agendas, to working collaboratively for a common goal. Members should expect that there will be numerous disagreements over policy, procedures, and goals, and that it is largely in working out these disagreements that a network matures and becomes something more than the sum of its parts.

**2. Network members need to identify shared needs and priorities.** From the outset, network members must identify a core set of common goals and a common vision that unites the network even as other forces operate to pull it apart. By their very nature, networks are diverse entities, with different needs and agendas. While this diversity adds strength to the network, it may result in competing interests as well.

**3. Members must learn to balance their competing roles as beneficiaries and guardians of the network.** Members need to be as conscious of their obligations *to* the network as they are of the network's obligations *to* them. Network members are both the clients and the curators of the organization. While they are beneficiaries of the services and opportunities provided by the network, they are also responsible for the well-being, improvement, and, ultimately, the survival of the network.

**4. A network must strike a balance between providing material and financial assistance to its members and strengthening member self-sufficiency.** It is challenging to simultaneously build member capacity, manage subgrant programs, and provide services. Before taking on too many activities, a network must prioritize its work and decide how it will evolve from providing for member needs to developing self-sufficiency and sustainability.

**5. The governing structure of a network must carefully distinguish between policy/oversight roles and operational roles.** Networks must clearly distinguish the roles and responsibilities of its board from those of its operations staff, making sure that all key functions (strategy, policy, financing and fundraising, program implementation, and oversight) are specifically assigned to one or the other.

**6. An endowment can be both an asset and a liability for a network.** Networks must be careful to guard against the pitfalls of an endowment even as they make best use of the advantages. While endowments can provide networks with considerable administrative stability, they may undermine financial stability by creating a lack of urgency when it comes to funding.

**7. Networks should look beyond their immediate members for opportunities to collaborate and to share the fruits of collaboration.** The impact of health activities is always greater when organizations collaborate than when they operate in relative isolation. Networks should look for opportunities to collaborate with as wide a variety of partners as possible. Through expanded collaboration, a network broadens its knowledge of strategies and approaches, which in turn leads to improved services and ability to meet the health needs of the people it is serving.



## Milestones in the Transition of PROCOSI Members From Child Survival to Family Planning and Reproductive Health

In **1984**, the Bolivian government endorses World Population Conference resolution that families have right to determine number and spacing of their children.

In **1990**, USAID expands programming to include reproductive health services in support of government programs that provide child spacing information and family planning services to high-risk women.

In **1995**, passage of Popular Participation Law enables NGOs to participate in health and family planning policy formation at municipality level and makes available municipality resources for investment in family planning and other health initiatives.

In **1995**, the Bolivian Government announces that its new National Health Plan (Plan Vida) will be based on Warmi, a community-based training methodology, to reduce obstetric and neonatal deaths. The Warmi methodology is to be used at the national level through **PROCOSI**.

In **1996**, three new players arrive on the scene—the Netherlands, Japan, and Great Britain—contributing a total of \$1.8 million over two years. The British government provides more than \$700,000 to sponsor three reproductive health projects.

**PROCOSI's** structure revised in 1996 to allow hiring of senior staff who could provide technical assistance to member NGOs working in family planning and other health programs.

Ongoing training and technical assistance within **PROCOSI** provides:

- Technical assistance to members in developing child and maternal health and family planning programs;
- Training specifically to strengthen the quality of family planning services;
- Technical support through seven Regional Technical Committees composed of member NGOs;
- Mentoring in family planning and modern contraceptive use, early detection of cervical cancer, early detection and treatment of sexually transmitted infections, etc., and
- Innovative methodologies (i.e., Warmi) as ways to implement family planning and reproductive health interventions and provide training to transfer skills.

Established partnerships between cooperating agencies, such as CARE, Plan International, and CIES, improve capacity of NGOs through joint programming and dissemination of information, including the latest information on family planning and reproductive health programming, which in turn improves their family planning service delivery capacity.

# Endnotes

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<sup>1</sup>There are three types of malnutrition: *Global* malnutrition which measures malnutrition by weight/age, *chronic* which measures malnutrition by height/age, and *acute* which measures malnutrition by weight/height.

<sup>2</sup>CARE, Project Concern International, and Save the Children US.

<sup>3</sup> Population Reference Bureau, 2000. *2000 World Population Data Sheet*.

<sup>4</sup> *Ibid.*

<sup>5</sup> Encuesta Nacional de Demografía y Salud (ENDSA)—INE/DHS 1994.

<sup>6</sup> As of FY 2000, USAID has provided a total of \$47.8 million to PROCOSI and other organizations. Of this \$47.8 million, PROCOSI has been allocated \$23.2 million, PROSALUD \$21.6 million, and CIES \$3.0 million.

<sup>7</sup> Ministry of Human Development, National Secretariat of Policy and Social Investment, Directorate of NGO Coordination, 1996.

<sup>8</sup> There is no longer a DILOS director, but rather a District Director (Director de Distritos). The former primarily worked with the various health personnel within the municipalities, communities, and sometimes NGOs; the latter works only within the health sector itself.

<sup>9</sup> The first Demographic and Health Survey (DHS) in Bolivia was conducted in 1989.

<sup>10</sup> While all rural municipalities for which DHS data existed were included in this analysis, urban and peri-urban areas were not included, even though PROCOSI members serve those areas. The reasons for this decision were that the bulk of PROCOSI members' work is in rural areas and that in most cases the DHS data sample does not include those urban areas where grants were implemented.

<sup>11</sup> Malnutrition is defined in this context as two or more standard deviations below the median measurement of the reference population.

<sup>12</sup> Listing of PROCOSI Subgrants Awarded from January 1991 through July 1998.

<sup>13</sup> Covering the period from December 1997 to September 30, 2001.





Food for the Hungry  
International Bolivia



ESPERANZA/BOLIVIA



FREEDOM FROM HUNGER



# PROCOSI

Programa de Coordinación en Salud Integral

