

CARE Bolivia

Third Annual Report
CHILD SURVIVAL XIII

MARKET NETWORKS FOR COMMUNITY HEALTH II

El Alto, Bolivia

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ACRONYMS

ADD	Acute Diarrheic Disease
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
ATD	Administrative Technical Director
CARE	Cooperation And Relief Everywhere
CBD	Community Based Distribution
CIES	Research, Study and Service Center
CLARO	Trademark commercial water treatment product
CS	Child Survival
CS XIII	Child Survival XIII
DIP	Detailed Implementation Plan
DV	Home Visit
EMCC	Emerging Markets Charity for Children
FHI	Family Health International
FP	Family Planning
HIV	Human Immune Deficiency Virus
IEC	Information, Education, and Communication
KARI	Man (in the Aymara language)
KAP	Knowledge, Attitudes and Practices
KPC	Knowledge, Practices and Coverage
LAM	Lactational Amenorrhea Method
MH	Maternal Health
ORS	Oral Re-hydration Salts
ORT	Oral Re-hydration Therapy
PROCOSI	Integral Health Coordination Program
STAR VP	Star Volunteer Promoters
VPs	Volunteer Promoters
WARMI	Woman (in the Aymara language)
WFA	Women of Fertile Age

**CARE- CHILD SURVIVAL XIII - PN 26
COMMUNITY HEALTH II COMMERCIAL NETWORKS PROJECT
THIRD ANNUAL REPORT
(OCTOBER 1999 THROUGH SEPTEMBER 2000)**

I.- OVERVIEW OF THE PROJECT IN ITS THIRD YEAR

A DESCRIPTION OF THE IMPLEMENTATION OF ACTIVITIES

The most important activities planned for the third year include:

- Initial activities that included the production of the report of the midterm evaluation by the chief of party, the internal workshop to socialize the midterm evaluation results, joint preparation of the action plan with the evaluating team to address the evaluation recommendations in the Action Plan.
- Evaluation of the ADD component of the project financed by EMCC (Emerging Markets Charity for Children).
- Condom preference study according to CBD users and suppliers (study scheduled and implemented as per evaluation recommendation.)
- Training for community outreach personnel as scheduled in the DIP and suggested by the midterm evaluation evaluating team.
- Field activities: education for organized community groups, WARMI and KARI groups, work with VPs, pharmacies / volunteer community doctors.
- Development of concept papers and new proposals, in coordination with CIES.
- Conclusion of the operations research study on the provision of Depo-Provera in the community.

Initial Activities

The midterm evaluation report: The report was developed by the chief of party of the midterm evaluation team. The preliminary results were presented to special guests, potential donors, CARE project personnel and CIES clinic personnel. After a review by the project technical team and the CARE Bolivia upper management, it was presented to AID and directors of CIES and CARE. The most important findings were:

- ✓ Excellent teamwork among project personnel.
- ✓ The existence of a strong supervisory system.
- ✓ The project has progressed well on its work plan. Most of the activities for the second year and some for the third year have been completed.
- ✓ The VPs show good technical capacities. They are knowledgeable, have skills and a good understanding of the key messages for each project intervention area.
- ✓ There is evidence that the project is using the experienced VPs to support supervision.
- ✓ There is evidence of the high quality of training provided for the promoters and project personnel through knowledge, skills and feedback. There is also evidence that project personnel are continually improving their training. The use of a contracted a training consultant has proved successful.
- ✓ High PV retention level (70%).
- ✓ Enthusiastic support by those associated with the project area, for the CIES Doctor and Pharmacist Referral Network,
- ✓ High quality of the educational materials.

- ✓ There is great potential in the work the project is doing with the men's groups.

Development of the Action Plan: This was one of the main documents prepared jointly by the evaluating team, project personnel, and CIES clinic personnel. For the preparation of this document the recommendations of the midterm evaluation and the projections for the second half of the project duration, described in the DIP, were taken into account. This activity allowed individual and team responsibilities to be assumed.

Internal workshop on the socialization of the evaluation results and the Action Plan: With these documents the project carried out an internal workshop to read and analyze the key points with the entire team in order to internalize the evaluation results and to understand the project challenges included in the action plan. This activity strengthened group cohesion between the project personnel and CIES clinic personnel concerning the challenges proposed in the Action Plan. During this task the team assumed specific tasks to ensure the success of the remaining project interventions.

Evaluation of the intervention of the ADD component of the “Diarrhea Management in the Home” project financed by EMCC (Emerging Markets Charity for Children).

During the second quarter of the third year data surveys will be taken on in order to proceed with the evaluation of the ADD component in 29 zones. The project included salaried and volunteer personnel in a training process on KAP / KPC type research and the use of the necessary instruments before beginning this study. All personnel are being included in order to strengthen the technical skills of all involved. All personnel including the manager are involved in this training process. The results of this study show indication of reductions in diarrhea cases. It also shows increases in knowledge, changed attitudes and improved practices concerning prevention, treatment and adequate measures in diarrhea cases among children. These changes are based on the “Census and Diarrhea” study carried out in 1998. Significant improvement in the indicators of the present study show positive change. The following are among the most important results:

- ✓ 570 surveys were carried out with mothers of children under five.
- ✓ Of these 570 surveys carried out, 12% (68) were answered by men who, at the time, were taking care of their children under five.
- ✓ In most homes 64% (364), there was only one child under five.
- ✓ There was a reduction in ADD cases in the year 2000 to 32.3% (184) as compared to 1998 when there were 441 cases (79.4%) of diarrhea among 556 surveys (during the same time of year.)
- ✓ Of the 184 (100%) cases of diarrhea, 98% (182) of the mothers of these children with diarrhea know what measure to take related to the diarrhea and dehydration. As compared to the similar study carried out in 1998 where 79.4% (441 of 556 surveys) of ADD cases were recorded, and of these 441 cases, only 46% (303) knew what measures to take.
- ✓ During the diarrhea 64% (115) of the parents treated the ADD at home, 25% (46) went to a doctor, 9% (16) others, and 3% went to a promoter.
- ✓ Within the responses given by the persons of charge of the children that had diarrhea 61% (113) gave them more liquids and 37% (69) gave them ORS.
- ✓ Of the total of breast fed children under two years of age 47% (87) had diarrhea, and of these 47% received more mother's milk during the diarrhea, 43% received the same amount, 5% received less and 5% were suspended from mother's milk.

- ✓ 58% (106) of the 184 children that had diarrhea were given a greater quantity of liquids, 26% (48) were given the same amount, and 10% were given fewer liquids.
- ✓ 73% of those interviewed recognize more than three signs of dehydration.
- ✓ 60% of mothers and caretakers offer more food during diarrhea.
- ✓ 59.6% of mothers use ORS and of these 89.2% know how to prepare them, 59% know what they are used for, and 86% know how to administer them correctly.

The results of the present study were presented by a team composed of the salaried personnel and volunteers. Presentations were made for our beneficiaries, special guests and potential donors.

Using the information gathered from this study, the team has changed their messages toward three activities. They will try to reach more women of fertile age, they will continue working with the same IEC strategy through the VPs and WARMI and KARI groups, and they will continue to stress giving greater amounts of liquids and foods to children during and after episodes of diarrhea.

Condom brand preference study according to CBD users and suppliers

This study was scheduled and carried out as per the evaluation. The study was designed to provide information to sustain preliminary reports from the project personnel regarding dissatisfaction with respect to the “Pantera” condom. The Pantera condom is the USAID social marketing brand which is distributed to all USAID supported private FP programs. CARE and CIES have no influence over the packaging or price of this condom. This study collected more reliable information that served as a base to request changes from PSI who distribute the condom and had recently raised their prices and who changed the individual packaging without taking into account the population in El Alto. The following are among the most important results:

User surveys:

- ✓ 250 surveys were carried out.
- ✓ Most of the condom users surveyed were men, 81.6% with an average age of 21 to 40 years, mostly bricklayers, carpenters, and laborers.
- ✓ Most of them, 90% (225) mentioned that their main motive for using them was to “avoid unwanted pregnancies” and as the second motive for use, 77.85% of those surveyed stated they use them to prevent STI and AIDS.
- ✓ 81.55% of the 88.8% that know about the Pantera condom, use it.
- ✓ 85.7% of those surveyed prefer the Pantera condom.
- ✓ Of the total of users, 26% had been using them during the past 2-6 months, 20.7% during the past 6 months to one year, and 46.8% more than two years.
- ✓ They state that they purchase condoms between 0.75 and 1 Boliviano each (before, they purchased them at two for 1.50 Bolivianos).
- ✓ Of the 250 surveyed, 58.7% purchase them in pharmacies and 24.3% from CIES promoters.

Supplier surveys (VPs and network doctors - pharmacies)

VPs:

- ✓ 50 surveys were made and of these 88% were answered by women.

- ✓ 90% of the VPs received three or more training sessions on the condom.
- ✓ 96% of the VPs explain condom use correctly.
- ✓ 86% handle the key messages correctly.
- ✓ 80% sold 20 to 240 units per month two years ago. Now they sell 20 to 48 units per month.
- ✓ 90% indicate the cause of low sales coverage as: the elevated price and poor individual packaging.

Network Doctors and Pharmacies:

- ✓ 14 surveys were made
- ✓ 87% of their condom sales are Pantera and 12.5% are other brands.
- ✓ 35% of the doctors received training on condoms 3 or more times and 50% of the pharmacists received training on condoms one time.
- ✓ They used to sell up to 200 units per month, now they sell between 48 and 200 units per month.
- ✓ Among the main causes for low sales they indicate the poor current packaging.

With these results the project:

- a) Reinforced its intervention strategies on IEC, in places where there are concentrations of men (factories, service companies, construction companies, military barracks, and the KARI groups), and at the referral network level concerning reviews on condoms.
- b) Provided a well documented study to the CIES director who requested a decrease in the price of condoms in the community during the last quarter of this year.

Training to Community Outreach Personnel

During the third year the CS XIII project placed emphasis on personnel training for community outreach personnel (CBD personnel, VPs, and Network Doctors and Pharmacies) of the project, as well as CIES clinic personnel, as a strategy to achieve teamwork consolidation. The training program has been rescheduled as per the midterm evaluation recommendations.

Chart No. 1, below, describes the courses given during the third year:

CHART Nº 1 TRAINING SCHEDULED FOR THE THIRD YEAR

THEME	EXECUTION DATES	PROJECTED PARTICIPANTS	ASSISTANTS	OBSERVATIONS
* Depo-Provera Workshop 2,3,4	2. October 1999 3. November 1999 (Review) 4. * January 2000	30 full-time personnel 20 promoters	2. 24 personnel 3. 17 Depo- Provera Volunteers 4. * 20 Doctors and Pharmacies	2. achieved 3. Achieved 4. Achieved * (Workshop suggested in the mid-term evaluation)
* LAM and Maternal Breastfeeding Workshop *3	3.a * December 1999 3b	* 80 Volunteers	3 ^a . 25 VPs (1 st group) 3b.	*3. Achieved, in its first phase (3 a) (Workshop suggested in the mid-term evaluation), 3b Postponed until the 4 th year
* Symptomatic Diagnosis and Treatment of STI Workshop 2, 3, 4	2. December 1999 3. September 2000 4.	2. 10 Pharmacies 3. 15 Doctors 4. 25 Pharmacies	2. 17 pharmacies/ doctors 3. 11 doctors / pharmacies 4.b	2. Achieved 3. Achieved. Due to time constraints the participants were grouped together 4. Postponed until the 4 th year. Will contemplate the same scheme to complete the number of participants.
* Menopause Workshop 1,2	1. November 1999 2. November 1999	1. 13 Personnel 2. 50 VPs	1. 13 full-time personnel 2. 29 VPs (1 st group)	1. Achieved 2. * First group achieved Second group postponed until the 4 th year
* Gender and Rights Workshop 1,2,3	1. December 1999 2. August 2000 3. September 2000	* 10 full-time personnel * 80 VPs	1. 25 VPs (1 st group) 2. 7 full-time personnel and 18 Star VPs 3. 50 VPs.	1. Achieved. 2. Achieved 3. Achieved.
* Climacteric Workshop	1. December 1999	* Project and CIES personnel	1. 35 people (full-time and CIES personnel)	1. Achieved (Workshop suggested by the mid-term evaluation)
* Newborn Care Workshop	1. January 2000 : a. 1 st group from 26- 28. b. 2 nd group from 31/Jan. – 02 Feb. c. 3 rd group from 11-12 February	1. 12 full-time personnel * among a,b,c 80 VPs.	1. 35 people (full-time and CIES personnel) a. 30 VPs. b. 30 VPs. c. 20 VPs	1. Achieved. a. Achieved. b. Achieved c. Achieved
* Maternal Health Workshop	1. January 2000 2. February. a. 20-22-02/02 b. 9-10-02/02 3. June 2000	1. 12 personal 2. 80 VPs 3. ... Star VPs	1. 30 people (full-time and CIES personnel) 2. a. 30 VPs, 1 st group b. 30 VPs 2 nd group 3. VPs	1. Achieved. 2. Achieved. 3. Achieved
* Rhythm Method and Physiology Workshop 1,2,3	1. December 1999 2. January 2000 3. a. January 2000 b. February 2000	1. 10 pharmacies /15 doctors 2. 7 full-time personnel 3. 50 VPs.	1. 15 pharmacies and doctors. 2. 9 full-time personnel 3.a. 28 VPs (1 st group) b. 30 VPs (2 nd group)	1. Achieved. 2. Achieved. 3. Achieved (Reinforcement workshop suggested by the mid-term evaluation.)
* Introduction to KAP / KPC studies and validation of ADD Forms Workshop	1. March 2000	1. 9 full-time personnel and 10 STAR VPs	1. 6 full-time personnel 10 STAR VPs	1. Achieved.
* Information Systems Workshop: 1	1 May 2000	1. 80 Volunteers	1. 50 VPs	1. Achieved
* FP /STI Workshop 1	1. July 2000	1. 80 VPs	1. 50 VPs	1. Achieved.
* Materials Use Workshop: 3	3. September 2000	3. 80 VPs	3. 50 VPs	3. Achieved
* Social Marketing Workshop: 3	3. September 2000	3. 15 Pharmacies and Doctors	3. 11 doctors and pharmacies	3. Achieved.

THEME	EXECUTION DATES	PROJECTED PARTICIPANTS	ASSISTANTS	OBSERVATIONS
* Participative Education Workshop: 2	2. September 2000	2. 80 VPs	2. 50 VPs	2. Achieved

Upon completing the midterm evaluation process, the project received thematic suggestions concerning the training with the objective of reinforcing the technical abilities to provide quality services and satisfy the demand of the VPs to count on more training to stimulate their volunteer work. Within this framework the evaluating team and project personnel developed an Action Plan taking into account the inclusion of other training themes that are not described in the DIP (see chart no. 4).

The development of the training cycle for the third year has the active participation of the El Alto Program Coordinator who led the development of this activity and supervised the technical fulfillment of the same by monitoring the development of the educational training guides. The project manager and assistant manager were alternates in supporting the coordinator's work.

Participation of CIES clinic personnel in the training activities has increased since the first years of the project. This work modality has allowed for the joint development of activities concerning the IEC work in the community.

During this year the project had a fixed number of 80 active VPs. Training all 80 was difficult; therefore the project decided to provide training on each of the themes to groups of 20 to 30 VPs (see table no. 1). This modality had better results, as measured with entrance and exit exams.

At the beginning of the second semester the project, within the intervention strategy with Star VPs, included the best Star VPs in the CBD personnel training. The objective of this type of training was improving their technical skills and motivating them to be more active. It is expected that they will be more active in supervision, accompaniment, and leadership within the group of VPs and the WARMI groups. This activity led to a reduced number of VPs in the last set of workshops, although these numbers have gradually increased with the recruitment of new VPs.

The DIP training plan for the third year includes the beginning of "updates on medical themes" in the training activities and these will be developed by doctors and nurses of the CIES clinic for all personnel on subjects such as: pregnancy, birthing, puerperium, prenatal care, hemorrhaging during pregnancy, toxemia, IRAs, and tuberculosis.

During the third year of the CS XIII project the personnel attended other workshops not scheduled in the DIP, including the following:

- ✓ Update on Sexual and Reproductive Health. 3 project personnel attended. 22-26 November 1999.
- ✓ Values Workshop. One person (the Manager) attended. 21 December 1999.
- ✓ "Managerial Development Cycle" Workshop. One person (the Manager) attended. 15 January 2000; 11-25 March 2000; and 5-6 June 2000.
- ✓ Child Survival Encounter Workshop. 2 people (Manager and Assistant Manager) attended. 22-25 May 2000.

Field Activities

Field activities for the third year were geared toward fulfilling what was planned in the Action Plan and DIP. The community-based activities planned were:

- IEC activities in the community for organized groups, for both women and men, home visits, and educational activities in market fairs on themes such as: ADD management in the home, maternal health, obstetric emergencies, cancer, STI HIV AIDS, and family planning, developed by the CBD personnel and Star VPs.

The IEC activity has been strengthened by additional training for field personnel within the Action Plan framework (see the section on training). The “**Strategy for Work with Star VPs**” was also developed which includes an in-depth training for all key themes. The strategy identified specific tasks for Star VPs, including: IEC activities in the community and with WARMI groups, training / review activities for their peer VPs, and the implementation of follow-up and monthly monitoring activities of community activities, with the assistance of project supervisors.

The activities of the Star VPs, have resulted in strengthening them as leaders within their communities and the WARMI groups. With the contributions of the Star VPs the activities carried out to achieve the project goals are being completed easily and the quality of these interventions is being monitored by the supervisors, project coordinator and the ATD of the CIES clinic.

- Referrals of users in the communities to the closes health centers, using the “**referral forms**” for this activity.

As recommended by the midterm evaluation, the project developed a coded form for the referral activities. The use of this form is being monitored by the project’s program coordinator and clinic personnel. This activity records and provides follow-up on the user.

- Orientation (counseling) for users.

These actions continue under the leadership of the orientation supervisor, and this activity is carried out in the clinic facilities with coverage that reaches clients who arrive at the clinic solely for this service.

- Activities with Star VPs.

During the last quarter the group of Star VPs has participated in the training activities for CBD personnel. In this manner the project has ensured the transfer of knowledge in a more direct form. This work modality was greatly satisfactory to the VPs who felt more valued and expressed their satisfaction about sharing new activities with their supervisors.

- Recruitment of new volunteers.

The exclusion of the Star VPs from the larger group of VPs led to the need to identify new promoters to replace the spaces left by the Star VPs. The seasoned VPs developed this activity.

- Work with already established WARMI and KARI groups and the formation of new ones.

Currently there are 27 WARMI women's groups and three consolidated KARI groups of men (more information found in point **VII** of this report and the WARMI monitoring charts in the annexes).

- First group encounter of WARMI groups.

With the objective of socializing the experiences among the various groups, the project implemented the first group encounter for WARMI participants. (more information can be found in point **VII** of this report).

- The implementation of three studies led by the project and one in coordination with the FHI investigative team. These studies are: 1) Evaluation of the ADD component, 2) Condom brand preference study, 3) Research study on the impact of the WARMI methodology, and 4) the conclusion of the operations research on Depo-Provera in its follow-up phase and the presentation of these results. (More information can be found in point **I A** of this report).
- Strengthening of the project's Health Information System with the development and implementation of two new forms, one to record the activities that collect the total volume produced by the promoters, and the other to record activity supervision. (This activity was implemented as recommended in the midterm evaluation.)

By the end of the first quarter CIES had the "**Supervision Manual**" where all the medical service and CBD activities to be supervised are included. The project will print this manual which is the product of a year of coordinated work done between CIES and CARE.

- Work with VPs.

The work was done as scheduled in the DIP for this intervention. During this year the VPs have participated in a protagonist role in activities such as those that include carrying out various studies and research developed by the project.

- Sales of FP and ORS supplies

Supply distribution and the collection of information by the supervisors during this year surpassed the established projections for this activities within the AOP for the third year (more information can be found in section **I B** of this report).

Detailed information on the quarter can be seen in chart number 2 of this report:

CHART No 2: FIELD ACTIVITIES BY QUARTER (THIRD YEAR)

OCTOBER DECEMBER 1999	JANUARY-MARCH 2000	APRIL-JUNE 2000	JULY-SEPTEMBER 2000
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<ol style="list-style-type: none"> 1. Composition of the midterm evaluation final document. 2. Preparation of the Action Plan along with the evaluating team, project and CIES clinic personnel. 3. Presentation of the midterm evaluation document to AID/Atlanta, USAID/Bolivia, and the directors of CARE/CIES. 4. Internal workshop on the socialization of the final results of the midterm evaluation. 5. Reformulation of the budget according to the Action Plan 6. First monitoring of the Action Plan together with project and CIES clinic personnel. 7. Development of DV protocols for VPs. 8. Continue activities concerning the modified WARMI methodology and strengthen its supervision instrument. 9. Follow-up on the application of Depo-Provera in the community. 10. Terms of reference for the ADD intervention evaluation. 11. Educational preventive actions in the community concerning the four project components (ADD, maternal and newborn care, birth spacing and STD/HIV/AIDS prevention. 12. Implementation of the new training workshops suggested by the evaluating team (see the training development table). 	<ol style="list-style-type: none"> 1. Development and validation of four health promotion posters (maternal and child health, medical services, community activities, and rights). 2. Implementation of an introductory workshop on KAP / KPC development and the application of this instrument for this type of study. 3. Evaluation of the project's ADD intervention component financed by EMCC 4. Condom brand preference study according to CBD users and suppliers. 5. Support for the development of the final report on the application of Depo-Provera in the community. 6. Presentation of the results of the operative investigation done by the research group directed by FHI, CIES and CARE Bolivia. 7. The joint actions with the CIES clinic and the Referral Network are strengthened concerning education and the prevention of STI/HIV-AIDS and PAP smears. Registration and monitoring of the information. 8. Education and promotion in the community; ADD, MH, FP, CANCER and STI. With the active participation of the "Star" VPs. 9. WARMI methodology expansion activities continue. 10. Development of the VP supervision form. 11. The development of training for CBD personnel, VPs, and doctors and pharmacies of the network concerning the Action Plan continues. 	<ol style="list-style-type: none"> 1. Presentation of the ADD evaluation results to special guests, authorities, potential donors, and volunteer and salaried personnel. 2. Presentation of the condom brand preference study to salaried and volunteer personnel and special guests. 3. Transfer of the Star VPs to the training cycle designed for CBD personnel. 4. Design of the qualitative study on the areas of change in the WARMI group participants and the Star VPs (scheduling of activities and design of instruments). 5. Start-up of joint work concerning the search for new financing options. 6. First encounter for women and men that implement the WARMI methodology (27 groups, authorities and special guests). 7. Evaluation of the CARE Bolivia / CIES partnership. 8. WARMI activities under the leadership of the "Star" VPs and CBD supervision. 9. Training and community based activities continue as well as the implementation of the WARMI methodology. 	<ol style="list-style-type: none"> 1. Start-up of activities of the qualitative study on areas of change in WARMI participants and VPs. 2. Strengthening of the supervision system with the completion of the "Supervision Manual". 3. Printing and definitive use of the referral for community use. 4. Strengthening of the Information System with the printing of the VP work volume registration form. 5. Preliminary presentation of the qualitative WARMI study. 6. Joint development with CIES of new proposal concept papers. 7. Development of the profile – work proposal on maternal breastfeeding and supplementary feeding in coordination with LINKAGES, PROCOSI, CARE. 8. Start-up of activities with LINKAGES. 9. Supervisory visit from Judiann McNulty to the project. 10. Final document of the WARMI qualitative study. 11. Rescheduling of the activities and reformulation of the budget for the fourth year. 12. Promotion, training and community-based services continue.
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Development of concept papers and new proposals, in coordination with CIES

During the last quarter the project team, under the leadership of Jayne Lyons, CARE Bolivia's Health and Education Sector Coordinator, participated in the development of new proposals, among which the following can be mentioned:

- a) The development of a new proposal for the execution of a collaborative project with five other institutions in order to achieve an impact on the creation and consolidation of a **"Social Network for Improved Child Health"** in El Alto. This proposal geared its actions toward the promotion of the demand for services from the government Health Center and Hospitals that work with the Basic Health Insurance Scheme. This proposal was accepted and a budget has been assigned for the activities by PROCOSI. During year four CARE and CIES will work in a collaborative manner with the other three institutions that are part of this proposal. Once a plan is developed all the institutions will proceed with the implementation of the collaborative project. The other institutions involved are: PROMUJER; PROSALUD and SERVIR.
- b) The project participated in the development of a proposal to USAID Boliva for the **"Integral Health II"** program, coordinated by PROCOSI. If this proposal is funded, CARE will be able to develop a proposal to continue successful activities in El Alto to improve child health.
- c) The CARE Bolivia Health and Education Sector Coordinator led the development of a proposal to access funds provided by a ROTARY-USA group for micro-credit activities for WARMI groups. The proposal is currently awaiting a response.

Conclusion of the operations research study on the application of Depo-Provera in the community

During this year this project worked along with the Family Health International team to complete the Depo-Provera Operations Research study. The development and printing of the final report document and its presentation to the public was completed this year.. The following are the most important findings of the study:

- The 29 women who participated in this study were between 18 and 39 years of age, with an average of 28 years.
- The number of people per family varied between 6 and 9 people.
- Most of them (23) had 1 to 4 living children and 18 of them had given birth within the past year.
- 20 women indicated that they did not want to have more children.
- The reasons mentioned for using this method were: because it is safer (6 people), it is easy to use (6 people), it is less risky (6 people).
- All the participants had prior information on the method and the objectives of the study.
- All mentioned they wanted to be followed by the VPs in their neighborhood.
- 25 of them currently continue with the method and stated they were very satisfied.
- 23 of them would recommend the use of Depo-Provera to relatives and friends.

The following are among the most important conclusions and recommendations of this study:

- Success in using the VPs as information providers and to administer Depo-Provera in the community.
- Satisfaction of the users with the services provided by the VPs.
- The VPs have good relations with their supervisors.
- The theoretical and practical training of the VPs in the clinic was a determining factor for the success of this activity.
- The team had the necessary support material for the IEC activities.
- The users must receive their first dosage in the clinic and with the presence of the VPs who will be responsible for the subsequent doses.
- A full time person is necessary to provide the respective orientation.
- If problems are detected in the community the VPs must be trained to evaluate the case and refer it to the closest health center.

These results have allowed CIES to advocate for changes in the Bolivian health norms concerning the use of trained volunteers to provide Depo in the community.

B COMPARISON OF RESULTS WITH THE PROJECTIONS ESTABLISHED FOR THE THIRD YEAR OF THE PROJECT.

CHART Nº 4 CONTINUOUS USERS OF MODERN CONTRACEPTIVES PER MONTH

MONTHS	CONDOM	PILLS	VAGINAL TABLETS	IUD	DEPO-PROVERA	TOTAL METHODS
OCTOBER 99	94	8	3	232	51	388
NOVEMBER	80	8	6	207	54	355
DECEMBER	157	16	3	240	56	472
JANUARY 2000	35	3	0	203	57	298
FEBRUARY	115	6	0	164	59	334
MARCH	82	8	17	118	67	292
APRIL	88	7	7	156	76	334
MAY	168	10	0	232	86	496
JUNE	168	9	3	177	68	365
JULY	132	9	4	170	102	417
AUGUST	156	13	8	189	86	452
SEPTEMBER	160	16	8	190	94	468
TOTAL YEAR	1,435	113	59	2,278	856	4,671

CHART No. 5: PROJECTIONS AND RESULTS OF THE COMMUNITY BASED ACTIVITIES

THIRD YEAR (October 1999 – September 2000 ACTIVITIES)	Projections for the Third Year	Results of the Third Year	% of Results of the Third Year
Promotions in fairs			
Number of activities	475	458	96.42%
Total number of participants	14,925	20,985	140.60 %
Informative discussion (STD,FP,ADD,CANCER):			
Number of informative discussions (sessions)	1,253	1,138	90.82%
Number of female participants	10,100	12,505	123.81%
Number of male participants	4,450	2,469	55.48%
Total number of participants	14,550	14,974	102.91%
Informative sessions in the CIES clinic			
Number of informative sessions	48	70	145.83 %
Number of female participants	400	557	139.25%
Number of male participants	76	95	125%
Total number of participants	476	652	136.97%
Counseling / Orientation			
Total number of sessions	5,625	8,064	143.36%
Number of sessions with women	2,825	2,934	103.85%
Number of sessions with men	675	292	43.25%
Number of sessions with couples	904	864	95.57%
ADD case management			
Number of ORS distributed	1,325	1,476	111.39%
Number of cases attended by volunteers	1,44	574	54.98%
New users of Family Planning methods			
CONDOMS	1,950	1,549	79.44%
VAGINAL TABLETS	120	160	133.63%
Family Planning and STI referrals			
IUD	316	485	153.62%
PILLS	165	166	100.49%
DEPO-PROVERA	193	403	209.13%
STD CASES	935	711	76.04%
Community contraceptive sales			
CONDOMS	31,750	20,847	65.66%
PILLS	1,350	500	37.01%
VAGINAL TABLETS	830	1,646	198.33%
DEPO-PROVERA	573	1,212	211.51%
Volunteer Promoters			
Total active promoters	80	75	93.75%
Total neighborhoods with active volunteers	29	27	93.10%

C CIES INSTITUTIONAL STRENGTHENING

INSTITUTIONAL IMPROVEMENTS THROUGH THE CS XIII PROJECT

Since the start of the CS XIII project, there is documented evidence of the following improvements within CIES and CARE. The improvements have taken place at three levels: the institutional, staff , and the community level.

Institutional Level

- Systematization of the information at the inter-institutional level
- Strengthening in the coordination between logistics and administration
- Sustainable institutional strengthening in education and services
- Institutional strengthening through training
- Strengthening of teamwork and coordination with other programs
- Systematization of the reports, allowing for strategy monitoring and planning
- Cascade training within and outside the institution (personnel, agents who multiply the information)
- Improvements to the implementation of activities by applying the lessons learned from outside evaluations.
- Coordination, supervision, follow-up to training
- Training in the SIMPLIFIED WARMI METHODOLOGY, as institutional strengthening
- Supervision and follow-up of IEC activities with an evaluation system
- Strengthening in the preparation of IEC materials
 - ADD manuals
 - DEPO-PROVERA manuals
 - Sexual and reproductive rights manuals and posters
- Institutional strengthening with the equipping of a mobile unit, motorcycles, computer and radio-taxi.

Staff Level

- Integrated training for staff
- Teamwork to achieve the proposed objectives and results
- Leadership, as individuals and within the community
- Training and implementation of the SIMPLIFIED WARMI METHODOLOGY
- Strengthening of WARMI and KARI groups
- Strengthening of staff training
- Personal empowerment with the knowledge of sexual and reproductive rights incorporating gender
- Systematization of the lessons learned to improve work
- Supervision and monitoring of the IEC activities in cascade format
- Improved staff communication at the inter-institutional level
- Strengthening in decision-making through supervision and monitoring of personnel and IEC activities.

Community Level

- Strengthening of external training of community leaders on FP, ADD, STI-AIDS, Cancer.
- The community recognizes the VPs as helpful in decision-making about their sexual and reproductive health.
- Management of illness, knowledge and use of ORT by trained community leaders
- Community empowerment through the WARMI methodology.

- Changes in attitudes with the development of the WARMI methodology, IEC in the project's target population
- At the beginning of the 2nd cycle of community action, activities are assumed and applied by the star VPs.
- Community empowerment allowing women to exercise their sexual and reproductive rights, assume control of their health, and strengthen their social organization
- Strengthening of the leadership of star promoters in various zones
- Volunteer promoters monitor the health situation in their communities
- Changes in attitudes in relation to the prioritized problems of the community on neonatal and maternal health care and basic sanitation
- Incorporation of gender in the Kari groups, as a step towards the development of themes related to masculinity.

II. PROJECT PROGRESS TOWARD ACHIEVING THE OBJECTIVES

Each of the activities developed this year has been monitored using the Action Plan monitoring chart. This chart is a basis to measure sustainability and is part of the Sustainability Plan. The Action Plan is defined by the Project Goals and Objectives described in the DIP.

First WARMI Encounter



The following is a monitoring chart that explains the project's progress toward achieving its objectives and goals:

(see the chart on the following page)

Project Objectives	Results	Yes	No	Observations
	<ul style="list-style-type: none"> <li data-bbox="653 269 1140 431">• Increase in the distribution of ORS packets and modern birth spacing methods through CBD volunteers, associated doctors and the CIES center. <li data-bbox="653 537 1140 634">• The provision of medication and correct referrals by pharmacists for STI. 	X		<ul style="list-style-type: none"> <li data-bbox="1302 269 1984 431">• Gradually it can be seen that the associated doctors are using re-hydration salts and making referrals. The level of re-hydration salt use increased with the level of training volunteer promoters. <li data-bbox="1302 537 1984 667">• With the workshops and printed materials that are distributed to them, the information pharmacies give out concerning STI improved and currently some refer to the CIES center
Diarrhea <ul style="list-style-type: none"> <li data-bbox="115 708 630 837">• Increase the use of ORT and the appropriate management of diarrhea cases among 23,000 children under 5 				
Mothers with children under 5				
1. Increase the number of women who recognize the signs of dehydration from 25% to 35%	80 VPs and supervisors actively teaching the community. Medical personnel providing quality services. <ul style="list-style-type: none"> <li data-bbox="653 1122 1140 1284">• Percentage of mothers of children under 5 who can recognize the signs of dehydration as an indication that they should seek help. 	X		<ul style="list-style-type: none"> <li data-bbox="1302 886 1984 1081">• The volunteer promoters are distributed across the 29 zones and there are promoters who are working with diarrhea management, others with contraceptive methods only and some who providing services and supplies with all the components. <li data-bbox="1302 1122 1984 1252">• In each of the workshops the key messages on diarrhea are strengthened so that women will recognize the signs of dehydration and take their children to the closest health center
2. Increase the number of women that recognize 3 or more signs and symptoms of acute diarrhea from	Dissemination of IEC messages	X		<ul style="list-style-type: none"> <li data-bbox="1302 1297 1984 1386">• The key messages of the diarrhea component have been strengthened in all of the IEC materials, such as binders, brochures, manual,

Project Objectives	Results	Yes	No	Observations
31% to 40%				workshops.
3. Increase the number of women that know that ORS impedes dehydration from 54% to 65%	Packets of ORS sold CLARO containers and CLARO solvents sold <ul style="list-style-type: none"> Percentage of mothers of children under 5 who know how to prepare ORS packed appropriately (1 liter of cold boiled water to 1 packet) 	X		<ul style="list-style-type: none"> There are four zones where a diarrhea intervention was conducted in which emphasis was placed on ORS preparation and demonstrations on preparation were also given. Entrance and exit surveys were carried out on the entire diarrhea component with good results
4. Increase the number that use CLARO to purify water from 0% to 10%				
Among mothers whose child under 5 had diarrhea during the previous 2 weeks				
1. Increase the number of mothers that gave the same amount or more of liquids during the episode to children that were not exclusively breastfeeding from 70% to 80%	<ul style="list-style-type: none"> Percentage of children under 5 with diarrhea during the last two weeks that were treated with ORT Percentage of children under 5 with diarrhea during the last two weeks who were given the same amount or more of fluids aside from breastmilk 	X	X	<ul style="list-style-type: none"> Mothers of children under 5 that have diarrhea know that during the episode they have to use ORT This is a key message repeated throughout the IEC and home management of diarrhea process
2. Maintain at 87% or increase the number of women that gave the same amount or more of mother's milk to the sick child that exclusively breastfed	<ul style="list-style-type: none"> Percentage of children under 5 with diarrhea in the past two weeks that were given the same amount or more of breastmilk 	X		<ul style="list-style-type: none"> This is one of the messages given the greatest priority among women
3. Increase the number of mother that offered the same amount or more of food during the diarrhea episode to the child that had diarrhea during	<ul style="list-style-type: none"> Percentage of children under 5 with diarrhea during the last two weeks that were given the same or greater amounts of food. 	X		<ul style="list-style-type: none"> When the mothers were told to give their children under 5 who have diarrhea the same amount or more of food, but in smaller portions but more frequently than usual, they understood.

Project Objectives	Results	Yes	No	Observations
the two weeks prior to the survey from 76% to 80%				Therefore, after obtaining these results, this key message was improved and follow-up was made with the mothers
Increase the average number of diarrhea cases treated monthly by community volunteers from 126 to 250	Number of cases attended in the community	X		<ul style="list-style-type: none"> The diarrhea cases in the community are treated by the volunteer promoters before referring them, they give them ORS so that they will arrive at the center hydrated, or if not referred they continue follow-up on these cases until the child recovers
Increase the average number of diarrhea cases treated monthly by community volunteers from 9.5 to 20	5 full-time personnel and 80 VPs teaching the key messages of diarrhea in the community	X		<ul style="list-style-type: none"> All personnel have been trained and followed up on the diarrhea theme
MATERNAL HEALTH Increase the recognition of danger signs and the timely search for medical attention during obstetric emergencies among WFA and their partners				
Among women between 15 – 49 years old				
1. Increase the percentage of women that recognizes 4 or more danger signs during pregnancy from 4% to 15%.	<ul style="list-style-type: none"> Percentage of WFA and their partners who know the signs of danger during pregnancy, birth and post-partum 	X		<ul style="list-style-type: none"> This result was achieved with the WARMI groups because most of the groups identified these themes as priority needs in their zone and group. Therefore, work was done specifically with the danger signs.
2. Increase the percentage of women that recognizes 3 or more of the signs that indicate the need to look for immediate medical attention during birth from 19% to 25%	<ul style="list-style-type: none"> Percentage of WFA and their partners who know the logistic and referral procedures for obstetric emergencies 	X		<ul style="list-style-type: none"> The Birth Plan was carried out in each of the WARMI groups which consists of first knowing what an obstetric emergency is, and then knowing exactly what steps to take to get to a health center or hospital
3. Increase the percentage of women that recognizes 2 or more signs or symptoms of complications during post-partum that require urgent				

Project Objectives	Results	Yes	No	Observations
medical attention from 19% to 30%				
Among women between 15 – 49 years of age:				
1. Increase the percentage of women that recognizes 4 or more danger signs during pregnancy from 4% to 15%				
2. Increase the percentage of women that recognizes 3 or more signs that indicate the need to look for immediate medical attention during birth from 12% to 25%				
3. Increase the percentage of women that recognizes 2 or more signs or symptoms of complications during post-partum that require urgent medical attention from 19% to 30%. 12 groups with EOC plans	18 community groups in the WARMI process	X		<ul style="list-style-type: none"> Currently there are 27 WARMI groups and 3 KARI groups
STI/HIV/AIDS Prevent sexually transmitted infections among 50,000 WFA and 45,000 men.	<ul style="list-style-type: none"> Percentage of WFA and their partners who know that STI exist, how they are transmitted and who can name at least one symptom Percentage of WFA and their partners who know that STI can be prevented with the use of a condom, having sexual relations with only one partner who is also faithful, or who abstain 	X	X	<ul style="list-style-type: none"> In order to achieve this result the key messages and STI symptomatic management are used. Specific information on separate diseases is not given, rather general information is provided on STI. Found within the key messages
Increase the percentage of WFA that knows 2 STI symptoms in a woman from 22% to 30%				
1. Increase the percentage of men	5 full-time personnel and 80 VPs	X		<ul style="list-style-type: none"> Personnel is trained and has technical abilities

Project Objectives	Results	Yes	No	Observations
between 15-49 years of age that know 2 STI symptoms in men from 38% to 46%.	teaching the community about STI/HIV/AIDS prevention			
2. Increase the percentage of WFA that knows 3 methods for avoiding STI from 6% to 15%				
3. Increase the percentage of men 15+ years of age that knows 3 methods for avoiding STI from 9% to 18%				
BIRTH SPACING Increase the knowledge about and use of modern birth spacing methods among 50,000 WFA and 45,000 men.				
1. Among women who are not gestating and that do not want more children within the next two years, increase the percentage that uses modern contraceptive methods from 22% to 35%	<ul style="list-style-type: none"> • 80 VPs distributing methods • Selected volunteers trained in Depo-Provera supply • Percentage of WFA who are not pregnant, that do not wish to have more children during the next two years, and that are using a modern birth spacing method • Percentage of WFA and their partners that know at least 3 birth 	<p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p>		<ul style="list-style-type: none"> • Found throughout the 29 zones, but due to the increase in price and change in packaging of the condom, distribution has dropped. Still IEC take place on condom use and STI. • Within the study on the application of Depo-Provera in the community the volunteer promoters were trained, strengthened and under constant supervision to preserve the quality of the application and follow-up with users • When the WFA are given information they are told about birth spacing first, but it depends on the needs of each woman – which modern method they use • A result that will be measured in the final baseline, but that is found within the messages

Project Objectives	Results	Yes	No	Observations
	spacing methods			and the variety of contraceptive methods
Increase to 100% the percentage of clinic and project personnel that can explain LAM to clients	13 full-time personnel and 80 volunteers trained in LAM promotion	X		<ul style="list-style-type: none"> The personnel and the volunteers are trained, but need more strengthening on their knowledge and skills on this theme
SUSTAINABILITY PLAN				
1. The target population will achieve the expected changes in knowledge, practices and child survival intervention coverage	<ul style="list-style-type: none"> CIES personnel, volunteers, community doctors, cooperative health services, and pharmacies trained in the project components 	X		<ul style="list-style-type: none"> The community recognizes the multiplying agents as well as the volunteers, doctors and pharmacies, and health service referrals
2. The WARMI groups will be active and continue in participative planning for health problems	<ul style="list-style-type: none"> Men and women of fertile age and mothers of children under 59 months of age receive IEC activities and participate in WARMI, as planned. 	X		<ul style="list-style-type: none"> Achieved through activities directed by CBD personnel that is progressively being turned over to the star volunteer promoters
	<ul style="list-style-type: none"> Meeting with community groups to facilitate WARMI take place 	X		<ul style="list-style-type: none"> This process was gradual at the beginning and currently the community is requesting WARMI facilitation in their zones
3. CIES will select, monitor and sustain 1-80 volunteers with a desertion rate no greater than 30%	<ul style="list-style-type: none"> The volunteer, community doctor, cooperative health service, and pharmacy selection criteria work. The responsibilities and supervisory methods are defined. 	X		<ul style="list-style-type: none"> Currently CIES has a promoter selection document that includes the volunteer promoter profile and CIES also has follow-up and control cards for FP users. These documents are included in the "CIES Integral Supervision Manual"
	<ul style="list-style-type: none"> The tasks, procedures and obligations are negotiated with the volunteers, community doctors, cooperative health services and pharmacies 	X		<ul style="list-style-type: none"> The socialization of plans, programs, evaluations and action plans with a committed community that includes VPs, men's groups, women's groups, pharmacies and doctors allows for negotiation on the interventions in order to achieve the results
4. CIES will select, monitor and sustain 10 community doctors, 10	<ul style="list-style-type: none"> The training methodologies for 	X		<ul style="list-style-type: none"> The adaptation and updating of the previous

Project Objectives	Results	Yes	No	Observations
pharmacists and 4 health cooperation services	<p>project components are developed or adapted from previous modules</p> <ul style="list-style-type: none"> • Technical Assistance for the Maternal Health, SIT Symptom Diagnosis, and work with pharmacists components • CIES personnel trained in supervision and participative training methods 	<p>X</p> <p>X</p>		<p>modules has created high technical qualifications in each of the project interventions for both salaried and community personnel</p> <ul style="list-style-type: none"> • These components have been handled through external consultants to achieve high quality technical assistance • Training on participative methodology was given and increased the staff's abilities
5. CIES will maintain a basic information system for monitoring and network information activities		<p>X</p>		<ul style="list-style-type: none"> • Advances are being made toward continuous improvements with the inclusion by CIES, of new forms in their supervision manual which are: VP forms and work collection forms in general from this personnel

III. FACTORS THAT IMPEDED PROGRESS TOWARD ACHIEVING THE OBJECTIVES

During the third year of the project the following were limiting factors on the field activities:

- New increase in the price of Pantera condoms

CIES, upon completing the condom preference study among users in the project area, once again requested PSI to lower the cost of these supplies. But these requests were not accepted and CIES made the decision to cover the cost of these supplies for their users.

IV. AREAS IN WHICH THE PROJECT NEEDS TECHNICAL SUPPORT

Concerning the development of WARMI activities it can be seen that the staff needs support on matters such as: maternal nutrition, breastfeeding and complementary feeding of the child. The same themes also need support within the community groups. This need was identified by the midterm evaluation. Within this context the project initiated contacts with LINKAGES through the CARE USA backstop, Judiann McNulty, to respond to the need of these groups and the midterm evaluation recommendation.

At the end of the last quarter financing and technical support were provided to carry out a training cycle, to conduct an operations research concerning these themes, and provide educational materials. PN29 (Sexual Health) and PN41 (Title II) projects are also participating in this activity. The training and operations research activities were developed in coordination among CARE / CIES / LINKAGES and PROCOSI. It is expected that improvements will be seen in nutrition of infants older than 6 months and their mothers who are breastfeeding, in the intervention areas of the three projects.

Another area in which the project needed technical support during this year was that of consolidating the technical knowledge of the team on IMCI, a strategy carried out between BASICs and the Bolivian Government. This activity will conclude next year with the implementation of community IMCI training when the BASICs community component is ready.

Concerning standardizing the knowledge and language used within the IMCI strategy, the project will participate in a workshop in mid October carried out in Santa Cruz where all the health sector personnel will receive this training.

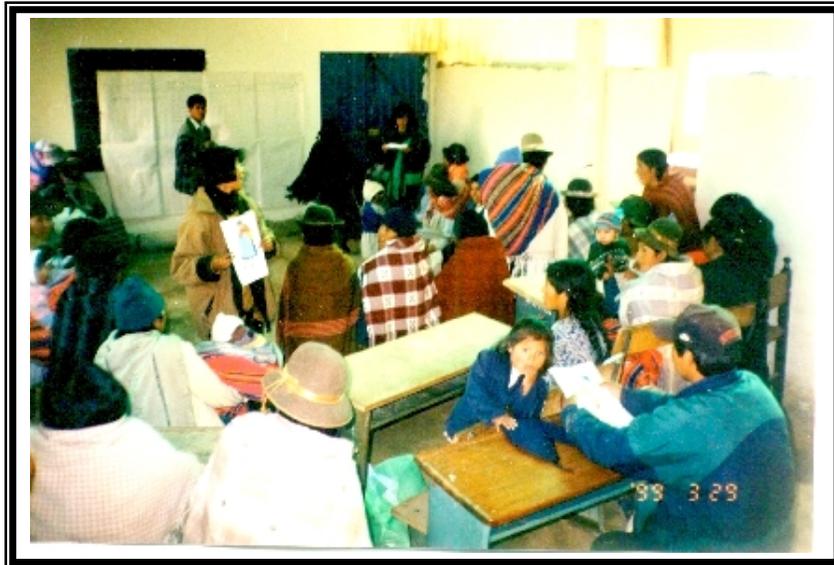
V. SIGNIFICANT CHANGES IN THE PROJECT DESIGN

There have been no significant changes to the CS XIII Project.

VI. ACTIVITIES IMPLEMENTED FOR EACH OF THE MIDTERM EVALUATION RECOMMENDATIONS

After the midterm evaluation activities the CIES clinic personnel and the project personnel along with the evaluating team, responded to each of the evaluation recommendations. In a workshop implemented to this effect, CIES and CARE personnel developed an Action Plan with technical assistance from Judiann McNulty and Jayne Lyons. This document also includes the on-going activities of the CS XIII project DIP.

The "Remedios" group developing participative methodology



More details can be seen in the ACTION PLAN monitoring chart:

(see the chart on the next page)

No.	ACTIVITIES	Oct	No	De	Ja	Fe	Ma	Ap	Ma	Ju	Ju	Au	Se	Oc	No	De	Ja	Fe	Ma	Ap	Ma	Ju	Ju	Au	Se	Resp.
41	Subject review:				x/c																					MS
	maternal health for WARMI and others																									
	newborn care and birth plan																									
	(ADD, STD, FP)											x	x				x	x					x			MS/NM/FS
42	WARMI group encounter (lessons learned)									C																CM/ IC/MS
43	Printing of educational guides																x							x		CM/ IC/MS
45	Printing of orientation guides																x							x		CM/ IC/MS
46	Preparation and printing of training guides																x							x		CM/ IC/MS
47	Printing of Key Message guides																x							x		CM/ IC/MS
48	Preparation and printing of educational guides																x							x		CM/ IC/MS
49	Preparation and printing of promotional guides																x							x		CM/ IC/MS

* FTP = Full Time Personnel / FP = Family Planning

POINTS TO TAKE INTO ACCOUNT (when preparing the AOPs)

1	Increase user coverage through promotions (loudspeakers, health graffiti with awards & paint, stickers with health messages, stores and pharmacies with posters, bus stops and playing fields, fairs with raffles, El Alto anniv. with raffles, sociodramas and dance, radio messages.																									
2	Look for more extroverts in the VP profile																									
3	LAM does not exist in the sample kits																									* materials purchased from Liga de la Leche.
4	Reinforce LAM and RHYTHM in training (menstrual cycle, fertile cycle, necklace strategy)																									* These are being taken into account
5	Birth plan (date of birth, who attended the birth - husband or other, emergency plan - where, care for other children, animals, how to pay for transportation, birth assistance, PNC card, baby clothes, mother's clothes, involve both the woman and husband in the process, indiv. savings)																									* Being worked on
6	Savings plan group petty cash and family piggy banks																									* Being carried out
7	The volunteer promoters can be replaced within the study but cannot be expanded.																									
8	Menopause training is important. Think about the Cancer Foundation.																									* Done
9	Forms filled out by doctors and pharmacists																									* Done
10	Reinforcement of previous subjects (themes)																									
11	The WARMI process should lead to empowerment don't control too much, need a lot of practice and a lot of training.																									
12	Strengthen only the existing groups, wait until 2001 for other new ones.																									
13	Judian/McNulty will return in March or April																									

MONITORING SYMBOLS:

X : Programmed (scheduled) activity

C: Completed Activity

x/c : Activity completed on scheduled date

x_ _ X: Re-scheduled activity not completed

FHI : Family Health International

IC: Irma Carrazana

CP: Celia Paredes

CM: Carmen Monasterios

FF: Franz Figueredo

MS: Matilde Sanchez

JM: Judian McNulty

AP: Adela F Paredes

SG: Susana Gutierrez

NM: Norma Mariaca

FS: Freddy Sillo

VII. NEW METHODOLOGY (WARMI) AND DEVELOPMENT OF WORK WITH FACTORIES

WARMI Methodology

One of the new strategies for community mobilization adapted for peri - urban El Alto is the WARMI methodology. It is based in the community and deals with themes to improve maternal and neonatal health in areas that have limited access to health services. This methodology allows the participants to recognize and analyze their health problems, prioritize them, and then through a structured process, to implement their own solutions. This is the first time that this methodology has been implemented in a peri - urban environment. As the first step to initiating this process, the project carried out:

- Personnel training concerning the application of the simplified WARMI methodology, which was adapted by CARE Potosí of a Save the Children and Mothercare methodology. Numerous neighborhood councils were contacted and the zones in which work could be started were identified. This began with the development of a few groups.
- After a period of four months of informative meetings start-up was achieved (January 1999) with the implementation of the same, and since that date the process has been gradual, with 11 WARMI groups functioning by September 1999. Currently the project has 27 WARMI groups and three KARI groups. During this year various women's groups from other zones approached the project staff requesting this methodology in their neighborhoods.
- The groups that entered into the planning stages of this methodology included community leaders. Several of the WARMI groups produced governing groups that include a president, a secretary and a treasurer who is responsible for the economic income of the group – the income is used on medical services for each of the WARMI group participants.
- Several groups started social development and basic sanitation activities for their zones. Most of the WARMI groups have a star VPs who supports the CIES supervisors in the implementation of this methodology.
- Three of the groups began developing a new cycle of methodology implementation, and the remainder are in different phases of implementation (see the WARMI monitoring chart).
- As a strategy for socializing the achievements and positive experiences of each of the groups, the project implemented a WARMI and KARI group encounter. This took place in June 2000 with the participation of over 500 people. This activity was planned and scheduled by the group members. It included the presentation of a visual report, on advances made, the presentation of educational murals, poems and songs directed at promoting health, recreational games and sports competitions. At the end of the encounter the participants expressed satisfaction for what they and their friends had achieved through implementing the WARMI methodology.
- The CIES clinic began and is maintaining a record of patients referred by WARMI groups.
- Men and women from the WARMI and KARI groups are gaining the full support of their communities.
- Women help women to solve family and health problems. Neighborhood councils attend PAP smear campaigns, they help each other and accompany each other to health centers

where they demand the Basic Health Insurance Scheme services and improved quality. Councils are putting pressure on local authorities to provide better living conditions. This is one of CARE Bolivia's and CIES' first experience with advocacy. WARMI members have expressed satisfaction with their interventions and growth in their self-esteem due to the success they have achieved. (more information can be found in the study of WARMI impact on the communities in the annex to this report).

Work with men, factories and other institutions

During this year the project began systematic IEC work concerning **FP, STI and Cancer** with men from each of the factories and other centers where men gather. This activity covered 25 factories and a population of more than 2,115 men. Based on this activity the project will reach a larger population than with just its community based interventions. Workers from each of these factories have expressed a desire to form KARI groups that will allow them to have access to greater training opportunities.

"Kari Sartawi" Group (men at work) husbands of the women who participate in the WARMI groups, developing health training activities.



(see chart on the next page)

LIST OF IEC SITES FOR MEN

Nº	INSTITUTION	ACTIVITY	ZONE	PARTICIPANTS	THEMES
1	REGIMENT Nº5	Police	Huayna Potosí	300	FP, STI, Cancer
2	REGIMENT Nº3	Police	Ciudad Satélite	300	FP, STI, Cancer
3	DULO PLAT	Sink and tub factory	Villa Adela	20	FP, Cancer
4	AGROINDUSTRIA EL MUNDO	Brazil nut peeler	Romero Pampa	120	FP, Cancer
5	DELIZIA	Ice cream	San Luis Pampa	70	FP
6	CEIBO LTDA.	Chocolates	16 de July	50	FP, STI, Cancer
7	PROEXBOL	Gold chains	Romero Pampa	50	FP, STI
8	TEXTURBOL	Material	Bolívar C.	50	FP, Cancer
9	SEGURIDAD	Police	Bolívar A.	150	FP, STI, Cancer
10	ARENEROS	Transportation	Pacajes Kaluyo	30	FP
11	MATRIPLAST	Dishes	Ingenio I	40	FP, Cancer, STI
12	HORMIPRET	Bricks	Oriental	30	FP, STI
13	COCA COLA	Soda	Mejillones	150	FP, STI, Cancer
14	ALFAFURNITURE	Furniture	Tahuantinsuyo	300	FP, Cancer
15	OMO	Detergent	Romero Pampa	90	FP, STI
16	LIQUID	Carbonic	Villa Ingenio	75	FP, Cancer, STI
17	ALFAMED	Oxygen and medication bottler	Tahuantinsuyo	120	FP, Cancer, STI
18	SAN GABRIEL	Bread	Villa Bolívar D	50	FP, Cancer
19	AMBROCA	Brazil nut peeler	San Luis Pampa	120	FP

VIII. RESEARCH STUDY ON THE IMPACT OF THE WARMI METHODOLOGY

In June, 2000 the project received an offer of voluntary services from a Harvard School of Public Health student, Tess Aldrich. With the support of this professional the project began working on qualitative research concerning identifying the changes in the attitudes of the women and men of the WARMI groups and the degree of leadership of the volunteer promoters within the project activities and its social environment.

The following are among the most important findings of this study:

On women:

- Their ability to make positive changes on the personal and community level was enhanced
- Women knew their reproductive and sexual rights
- The idea of being “more responsible” with their own health and that of their families was expressed by the women
- The responsibility to help and support other people in their zone was expressed
- The groups are creating a greater sense of community and solidarity
- The training the women receive in the WARMI groups is reaching many other people, both within and outside the community
- Most of them speak with their husbands and children on the themes touched on in their groups, there is greater communication and negotiation in partner relationships

On the star promoters:

- The star VPs are identified as leaders of their groups
- The star VPs formed strong ties of confidence within their neighborhoods
- The star VPs show attitudes of high self-esteem
- The VPs highly value their participation in the project

The women who participate in WARMI and who are promoters show positive changes in their lives related to their self-esteem and their ability to resolve problems. The WARMI work goes beyond improved knowledge and practice to actually improve the woman’s ability to identify problems and to solve them herself.

More details and information in the attached document in the Annex

ANNEX 1

WARMI Table

ANNEX 2

Report: Impact of WARMI Methodology

Summary of a Qualitative Study on Attitudinal Changes in WARMI Groups Participants and the Role of “Star” Volunteer Health Promoters

The following report summarizes the findings from a qualitative study carried out in El Alto between June and August of 2000, focussing on the changes in attitude among the WARMI group participants, and the degree of leadership achieved by the “star” health promoters within the project Market Networks for Community Health II (CARE-CIES).

Motivation for the study came from a need to explore more fully the impact that the WARMI groups are having on the lives of the women involved, as well as the larger impacts on the communities in which they live. In addition, the study responds to a need to understand the actual day-to-day activities of the health promoters, the personal changes occurring in their own lives as a result of their work, and their perceived role within the communities.

Following are the study’s primary and sub-objectives (developed by CARE-Bolivia and CIES):

WARMI Groups

- **Identify areas of transformation in women participating in WARMI groups, focussing on changes in attitude and in personal and public relationships**
- Document daily lives and activities of women involved in the WARMI groups
- Outline socio-demographic profiles of the women, with attention to relationships, marriage, parity, level of education, and work

“Star” Health Promoters

- **Describe the role that “star” health promoters play in the communities and determine degree of leadership achieved through areas of work and within in social relationships**
- Describe socio-demographic profiles of “star” health promoters
- Determine impact of work on health promoters’ lives and attitudes
- Identify strong and weak areas of health promoter activities within the project

It should be noted that due to various logistical constraints, the study did not address the KARI (men’s) groups as originally intended, which also play an important part in the Project.

Methodology

The research for the study was carried out in the city of El Alto over a period of approximately 9 weeks and utilized a variety of qualitative research techniques, outlined below:

1. Participant observation with WARMI groups

The investigator observed approximately 15 of the 24 WARMI groups, focusing on the interaction among the group participants and with the supervisors, techniques used by the supervisors in facilitating the groups, and any challenges that groups confronted consistently.

2. In-depth interviews with WARMI group supervisors

The interviews served primarily to understand the groups’ progress from the supervisors’ perspectives and to identify obstacles and successes in the implementation of the WARMI methodology. One interview was completed with each of the 3 present supervisors as well as with the Project Coordinator in CIES; each lasted between 60 and 90 minutes and was tape-recorded.

3. Structured, in-depth interviews with WARMI group participants

A total of 10 interviews were conducted with participants from various WARMI groups, the majority tape-recorded and lasting between 1 and 2 hours. Although the investigator used a structured question guide, the interviews were designed to be informal and to follow the respondents' lead; hence they often touched on several topics in addition to those outlined.

4. Focus groups with WARMI Group participants

The focus groups, which served to complement and expand on the individual interviews, focused on the following themes: women's motivation to join the groups, changes in the communication within the groups, changes in personal and family relationships among the group members, and changes in attitudes and practices with respect to maternal and child health. A total of 4 focus groups were conducted with 6 to 10 participants each, in the zones of Villa Mercurio, Cosmos 79, Charapaqui, and San Augustin. Each lasted approximately 90 minutes and was tape-recorded.

5. In-depth interviews with "star" Health Promoters

Tape-recorded interviews lasting approximately 90 minutes were conducted with 11 "star" health promoters, addressing the areas of interest previously outlined. In addition, the investigator accompanied a "star" promoter in several of her community activities including promotion and sale of condoms in the marketplace.

6. Participant observation of workshops for "star" health promoters

The investigator attended 3 separate workshops in CIES which addressed the topics of diarrheal disease, maternal health care, and gender and rights.

Summary of Findings: WARMI Groups

There is strong indication that the women involved in the groups have experienced significant change in many areas of their lives including: daily activities, communication within the groups, social and family relationships, sense of confidence and self-esteem, technical knowledge of maternal and child health issues, and many of their practices such as use of health services and family planning methods.

Following are some key findings:

- Relationships and communication within the groups have changed dramatically over time. The initial apprehension that many women feel upon entering the groups has gradually been replaced by a sense of confidence, as they gain the ability to express themselves and interact in a group setting. This change is facilitated by both the supervisors and by more outgoing participants and health promoters.
- The amount and quality of communication between the participants and their partners/husbands seems to be changing, particularly around the issue of family planning, as the women bring home and share information with their husbands and older children. For many women, the increased dialogue in the home has led to a greater amount of support on the part of their husbands, both for the women's participation in the WARMI groups and for their reproductive and other health decisions.
- One of the major impacts of the WARMI groups is the increase in self-esteem among the participants. This is due to several factors, including: the companionship and solidarity within the groups, the acquisition of knowledge regarding reproductive rights and women's identity, and the acquisition of technical knowledge regarding MCH issues, which empowers women to act with more confidence in advising others, making personal decisions, and interacting with health care professionals.

- The diffusion of knowledge outside of the groups is great. A large majority of women interviewed are taking an active role in communicating what they learn to other people, including: friends, immediate and extended family members (mothers, daughters, husbands, sisters, mother-in-laws, nieces, aunts, godmothers), neighbors, and in many cases local authorities. In some cases, women are even communicating what they learn in the groups with family members in rural areas.

In this way, many women are taking on new roles in both public and private spheres. Several women said they are often approached by friends or neighbors with health questions, that they often accompany other women to health center visits, and they have more authority at home and in decision-making processes around health issues.

- Though not the major focus of this study, there is evidence that specific health attitudes and behavior among the participants has changed considerably, particularly with respect to: use of health services (for prenatal care, vaccinations, preventive care, emergency cases, and births), decisions around family planning, and use of ORS. In addition to technical knowledge, the women are gaining an understanding of rights concepts – both women’s rights and reproductive/sexual rights, as well as health rights of their communities.
- The relationships and support systems that develop in the meetings are having important impacts on the women’s lives beyond the groups. Not only is there a great sense of emotional support among the women, but also evidence of practical support networks, illustrated in the use of the “caja chica,” the collaboration among the women in both emergency situations (e.g. getting a woman to a health center) and daily activities (helping to care for another woman’s children), and the fact that many women are now working together in income-generating activities such as selling in the marketplace.
- These networks illustrate a growing sense of “community” that the WARMI groups are helping to foster in the neighborhoods of El Alto.
- The WARMI groups are having important impacts that reach beyond the project’s specific areas of intervention. For example, through communicating with local authorities and other residents, several groups have gained electricity and/or water systems for their zones. These achievements are helping to reduce the sense of fatalism in many women who take initiative and begin to see their ability to affect positive change on a personal and community level.

Some issues that arose in the interviews and focus groups were:

- It seems that the first phase of the methodology (community analysis of health problems) could still benefit from more participation on the part of group members. This phase is critical to the WARMI methodology and perhaps should have more time dedicated to it.
- The women interviewed individually often indicated several health problems other than those most frequently mentioned in the groups (such as high parity and “sobrepeso”). The topic of nutrition (both maternal and infant/child) in particular was raised repeatedly. It might be useful to incorporate more teachings on this topic as it is central to child survival and clearly a concern for many women in the groups who feel lacking in information.
- It seems that, at times, the emphasis on family planning in the groups may be a bit strong. Many women said that the groups serve them mainly “to learn about the methods” and do not identify other areas of intervention such as newborn care, control of diarrheal disease, etc. Perhaps it is important to strengthen the focus on the other topics so as to keep family planning within the context of these other areas.

- Many women expressed the need to have more frequent reviews of information in the groups, both to reinforce what they have already learned and to help members who join later.

Key Findings: “Star” Health Promoters:

- The large majority of “star” health promoters report significant change in their public relationships, primarily through increased contact with the community and with local authorities. Many work not only within their own neighborhoods but travel to other zones as well, to carry out community-based work where they see greater need.
- Several respondents said that they had more confidence in themselves and in their communities as a result of their work; they feel more comfortable speaking with people they do not know and that they similarly felt people were more confident approaching them for advice.
- The promoters’ relationship with their husbands/partners was a key topic in all of the interviews. All but one respondent described their spouses as very supportive, and many even collaborate with the women in activities such as the sale of condoms, especially among male friends and bus drivers. The support of the husband and family is clearly an essential element for a successful “star” health promoter, since their work requires considerable time and energy outside of the home.
- There is strong indication that many health promoters have taken on leadership roles in their communities and serve as extremely important resources. They are recognized as “authorities” on MCH topics, approached for advice on a regular basis, help to lead and organize WARMI groups, attend to neighbors’ concerns including domestic violence issues, and accompany women in their visits to health centers.

However, it is interesting that many health promoters themselves expressed discomfort with the term “leader” and preferred to think of themselves as “friends” or “companions” who collaborate with their community to help solve problems. This idea also echoes one expressed by many WARMI group participants, that they are all “equal” in their work.

Some strong areas of health promoter work include:

- **High level of knowledge regarding maternal and child health and community education**
Many of the promoters interviewed either currently work or have worked in the health field, either professionally or as volunteers with other organizations. Consequently, the level of knowledge is high, and there is great enthusiasm towards continued learning.
- **Personal dedication to work activities**
Despite time constraints, the majority of promoters make an effort to carry out their activities on a consistent basis and feel a strong sense of duty in their work.
- **Relationship with clients**
*Perhaps one of the strongest areas of the promoters’ work is their interaction with community members. They express a profound sense of responsibility and compassion for the people they work with and develop very supportive relationship with their clients. In many instances, the promoters are not only forming personal ties with community members, but helping to form ties **between** residents as well, while also serving as a link between residents and authorities.*

- **Integration in the project and communication with CIES supervisors**
*Both the “star” promoters and the supervisors feel that there is great mutual support and constant communication between the two groups, who act as important resources for one another. Many promoters, for example, are now actively helping to identify and recruit **new** promoters in the community. This is especially important in encouraging the participation of Aymara women as health promoters.*
- **Ability to work independently**
Largely due to their high level of knowledge and support in their work, the “star” promoters demonstrate great independence and initiative in their activities.

Some challenges that the “star” health promoters face are:

- **Initiation of community work**
Several promoters interviewed say the first few weeks of their work are very difficult because they felt uncomfortable approaching strangers in the community and are often turned away at people’s doors. Many expressed the need to have some sort of identifying item, such as a jacket from CIES, which would give them more credibility with residents. The majority also said that this situation improved with time and with the help of CIES supervisors, who often accompany the new promoters during the first week.
- **Sale and promotion of family planning methods**
Many promoters interviewed continue to feel uncomfortable selling condoms and have difficulty establishing regular clients, and remark that interest has gone down in the community. There is also indication that the promoters feel somewhat pressured at times to meet certain projections for the sale of condoms.
- **Referral system**
Though not a central focus of this study, the “star” promoters’ participation in the referral network seems a bit inconsistent. While many are referring clients to the “closest clinic” as they are trained to do, several said that they only make referrals to the CIES clinic for lack of trust in public health centers. While this reflects the sense of personal responsibility that the promoters feel towards ensuring quality care for their clients (and the fact that their mistrust in public centers is usually grounded in direct experience), perhaps the promoters’ role in the referral system should be further evaluated within the context of project objectives.

Possible addition studies:

In the course of the present study, several topics for additional research came up, such as the impact of the WARMI groups on the children attending them with their mothers, and the implications that the project is having in promoting human rights.