

BOLIVIA FINAL REPORT

May 2004–October 2006

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



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**Bolivia Final Report
May 2004–October 2006**

for

**USAID’s Implementing AIDS Prevention
and Care (IMPACT) Project**





Bolivia Final Report

*Submitted to USAID
By Family Health International*

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GLOSSARY OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
CDVIR	Centros Departamentales de Vigilancia y Referencia de ITS
CIES	Centro de Investigación, Educación y Servicios
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IMPACT	Implementing AIDS Prevention and Care Project
MOH	Ministry of Health
NGO	Nongovernmental organization
STI	Sexually transmitted infection
TA	Technical assistance
VCT	Voluntary counseling and testing
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Beginning in 2004, the Implementing AIDS Preventions and Care (IMPACT) Project provided the Bolivian government with invaluable assistance in its efforts to prevent the spread of HIV/AIDS. Managed by Family Health International (FHI), IMPACT strengthened the capacity of the Bolivian government and nongovernmental organizations (NGOs) to develop policies, systems and practices aimed at preventing the spread of the epidemic.

Early achievements of the IMPACT/Bolivia project include the successful development and production of a wide range of HIV/AIDS-related policies, manuals and materials. The most far-reaching of these was the national HIV/AIDS strategic plan. Technical assistance from the IMPACT project enabled the Ministry of Health (MOH) to develop and finalize the plan. Technical assistance (TA) was also provided to the MOH to develop information, education and communication (IEC) materials.

Later achievements of the IMPACT/Bolivia project improved upon the country's voluntary counseling and testing (VCT) services. Technical assistance provided by IMPACT/Bolivia was instrumental in the production of a VCT counselors' manual that was widely disseminated in Bolivia and has been used in conjunction with VCT services since 2005. IMPACT/Bolivia staff also developed and translated tools for conducting a rapid situation assessment of VCT in the country, the results of which were used to determine opportunities for improvement in VCT service provision. In response to the assessment, IMPACT/Bolivia staff facilitated HIV/AIDS counseling technique courses that improved counselor-patient communication and strengthened attendees' technical skills. Responding to a request by USAID, IMPACT conducted additional workshops that identified and standardized the requirements for VCT centers and focused on providing a support network for HIV/AIDS counselors.

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION AND RESULTS

Introduction

From May 2004 to October 2006, USAID committed \$150,000 in field support to IMPACT/Bolivia activities. IMPACT implementation followed USAID strategy recommendations and built local capacity in VCT through the development and validation of manuals, protocols, materials and trainings. IMPACT/Bolivia activities included participants from the country's nine departments and the corresponding Ministry of Health regional centers, or CDVIR (Centros Departamentales de Vigilancia y Referencia de ITS), as well as representatives from Sexsalud, Prosalud and CIES (Centro de Investigación, Educación y Servicios), selected NGO alternative centers.

Country Context



Bolivia is one of the least-developed countries in South America, with almost two-thirds of its people living in poverty. Bolivia's health system reaches only 70 percent of the population, as the remaining 30 percent live in extremely rural and impoverished areas. Because most health funds are spent addressing relatively high rates of tuberculosis, malaria, Chagas, yellow fever and other diseases, the Government of Bolivia has few resources left to offer HIV/AIDS prevention and care services. Bolivia has, nevertheless, made strides in confronting the HIV/AIDS epidemic and is committed to both protecting the rights of its citizens affected by and infected with HIV and providing universal access to healthcare and treatment services.

As of 2005, the overall HIV prevalence rate in Bolivia was below 0.01 percent, a level that has not yet penetrated the general population. According to USAID¹, the first cases of AIDS were identified in Bolivia in 1984. Heterosexual transmission of HIV accounts for 61 percent of reported AIDS cases in the country, while other forms of transmission include sex between men (23 percent), bisexual sex (10 percent), mother-to-child transmission (3 percent), blood and blood products (2 percent), and injecting drug use (1 percent). The Joint United Nations

¹ http://www.usaid.gov/our_work/global_health/aids/Countries/lac/boliviabrief.pdf (October 2004).

Programme on HIV/AIDS (UNAIDS) estimated that there were approximately 4,900 people living with HIV/AIDS (PLHA) in Bolivia at the end of 2003.

A USAID² website notes that registered commercial sex workers (CSW) in Bolivia are required to have examinations for sexually transmitted infections (STIs) every three months and tests for HIV every six months in order to retain their health certification. It is likely that this has kept HIV/AIDS prevalence among this high-risk group relatively low.

While the overall prevalence of HIV in Bolivia is low, the nation is surrounded by countries with higher rates of infection, including Argentina, Brazil and Peru. Through the National AIDS Program of the Ministry of Health, HIV surveillance sites have been established in Bolivia's major cities as well as along the border with Brazil and close to the border with Argentina. According to the USAID website, HIV prevalence at each of these sites was less than 1 percent in 2003.

Implementation and Management

The IMPACT/Bolivia project spanned a rather tumultuous time in the history of the country, which resulted in changes to the scope and content of the project, as well as delays and changes in project implementation. Initial planning focused on activities surrounding a national stakeholders meeting, whereas the work plan was later scaled back to a small series of workshops with NGOs. Difficulties in implementation were also due to a lack of Spanish-speaking staff with expertise in VCT.

² http://www.usaid.gov/our_work/global_health/aids/Countries/lac/boliviabrief.pdf (October 2004).

Country Activity Timeline

Activities	FY 2004				FY 2005				FY 2006				FY 2007			
	Quarter				Quarter				Quarter				Quarter			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Initial assessment conducted and work plan developed			■													
Working meetings conducted to help finalize national HIV/AIDS strategic plan			■													
Technical review of VCT counselors' manual provided				■												
Counseling training courses conducted						■										
TA provided to MOH in IEC material development							■	■								
Preparatory activities conducted to plan stakeholders meeting									■	■						
Tools for rapid situation assessment of VCT translated									■	■						
Workshop conducted to standardize VCT requirements and processes													■			
Skills workshop conducted with VCT counselors													■			
Draft final report produced																■
Findings disseminated																■

Program Objectives, Strategies and Activities

Initial IMPACT/Bolivia activities focused on providing technical assistance (TA) to NGOs and government agencies working to finalize the Bolivian national HIV/AIDS strategic plan. In May 2004, IMPACT/Bolivia staff coordinated working meetings in both La Paz and Santa Cruz as part of this TA. Along with representatives from USAID, the Ministry of Health, and several NGOs working in HIV/AIDS treatment and care, IMPACT staff helped review, edit and finalize the national AIDS strategic plan.

The provision of TA in the form of document and publication review was another important strategy of the IMPACT/Bolivia program. In late 2004, an IMPACT/Bolivia consultant provided technical review of a VCT counselors' manual (*Manual de Orientacion para la Realizacion de la Prueba Voluntaria del VIH*) that had been developed by the Ministry of Health with UNICEF funds. The review and suggestions strengthened the manual, which was published and disseminated for use in VCT sessions. TA was also provided to the Ministry of Health in IEC material development. IMPACT/Bolivia technical experts reviewed and commented on a number of IEC materials developed in-country that related to VCT.

Subsequent activities of IMPACT/Bolivia focused on improving the country's VCT services. In response to a USAID request, IMPACT staff facilitated HIV counseling technique courses and began conducting activities in preparation for a stakeholders meeting to develop and begin implementation of a national VCT strategy. Preparation included the development and translation of tools for conducting a rapid situation assessment of VCT in the country, the results of which would determine how best to build a sustainable VCT program. As a consequence of a change in political leadership, however, the stakeholders meeting was not conducted. Technical assistance was instead provided in the form of two workshops conducted with NGOs in October 2006. The first was a strategy workshop centered on identifying and standardizing the requirements for a VCT center within the USAID-funded VCT project. The second, conducted with VCT counselors, focused on skills training in the areas of supervision, result presentation and counseling.

Program Results

Program Outputs

Significant program outputs resulting from the IMPACT/Bolivia project centered on capacity development.

- In early 2005, IMPACT staff facilitated HIV counseling technique courses in La Paz and Santa Cruz. The courses focused on enhancing counselors' skills in such areas as behavior change communication and the presentation of HIV/AIDS test results. More than 20 individuals attended each workshop, including participants from regional CDVIR health centers (Centros Departamentales de Vigilancia y Referencia de ITS) and NGO alternative centers. The courses were favorably received by participants.
- A workshop was conducted in late 2006 for VCT counselors, focusing on skills training in the areas of supervision, result presentation and counseling. The workshop also served as a forum for identifying stressors related to the job of counseling. Attendees benefited

from the mutual support of colleagues and formulated action plans to help alleviate job-related stress.

Program Impact

The IMPACT/Bolivia project had a major impact on the provision of VCT services within the country. In response to a USAID request, a VCT strategy workshop was held in late 2006 that centered on identifying and standardizing the requirements for a VCT center within the USAID-funded VCT project. The project is managed by Socios para el Desarrollo, while the services are provided by three NGOs: Sexsalud, Prosalud and the Centro de Investigación, Educación y Servicios (CIES). Workshop attendees also discussed issues of quality assurance and quality control, methods for increasing uptake of VCT services in Bolivia, and strategies for working with the MOH to institutionalize and define VCT services in the country.

LESSONS LEARNED AND RECOMMENDATIONS

While many aspects of the IMPACT/Bolivia project were successful, much of what was programmed in the original work plan had to be revised. In the future it is recommended that expectations for program activities be better communicated between the mission and technical assistance agencies so as to ensure a realistic understanding of program possibilities.

ATTACHMENT

Program Funding

USAID committed \$150,000 in field support to IMPACT/Bolivia to assist the Bolivian government with its efforts to prevent the spread of HIV/AIDS. IMPACT did not provide any subagreements over the life of the project but worked with a variety of organizations, including the government and numerous NGOs, to develop policies, systems and practices aimed at preventing the spread of the epidemic.