



FORTALESSA/UNICEF Final Report

October 2011 – June 2013



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COVERAGE

Country:	Bolivia
Project:	Strengthening of Health System with UNICEF “FORTALESSA – UNICEF”
Action Areas:	Children’s health and nutrition: newborns, children less than 5 years old
Geographical Location:	In selected networks in the departments of La Paz, Chuquisaca: 2 SEDES, 13 Health NETWORKS, 59 Municipalities, 531 health establishments.
Benefitted Population:	<u>Direct:</u> 144,897 children less than 5 years old (29,329 children less than 1 year old; 30,596 newborns) 1464 health care providers (270 general doctors; 223 specialist doctors; 279 licensed nurses; 692 auxiliary nurses) <u>Indirect:</u> 283,759 childbearing age women (138,074 in La Paz; 145,685 in Chuquisaca)
Purpose:	To contribute to the wellbeing of the Bolivian population in prioritized departments and reduce inequalities concerning child health care, increasing access to and quality of child health care services.
Stakeholders and Counterparts:	Ministry of Health and Sports, Departmental Health Services and Health Networks, Municipal Governments, Pan-American Health Organization (PAHO), Healthy Communities Project (PCS), Cooperation Agencies and NGOs working in the Project’s areas, social organizations.
Period:	September 2011 - June 2013
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INDEX

CONTENTS

ACRONYMS, **p4**

Section I. SUMMARY, **p5**

Section II. INTRODUCTION, **p7**

Section III. ACTIVITIES PERFORMED AND RESULTS ACHIEVED, **p9**

*IR I Operations systems and participatory management strengthened at all levels of the health system (Participatory Management and Leadership), **p9***

*IR II Access to and quality of intercultural healthcare increased and improved (Access and Quality), **p15***

*IR III Underserved rural population empowered to seek/obtain culturally appropriate health care (Equity and Rights), **p25***

Section IV. INDICATOR ANALYSIS, **p28**

Section V. LESSONS LEARNED, **p31**

Section VI. ANNEXES, **p34**

- *RESULT FRAMEWORK*
- *PERFORMANCE DATA*
- *LIFE STORIES*

ACRONYMS

ADD	Acute Diarrhea Disease
AIDS	Acquired Immuno Deficiency Syndrome
AWP	Annual Work Plan
ASIS	Health Situation Analysis
CAI	Information Analysis Committee
CDC	Competency Development Center
CIES	Health Information and Education Center
CMCC	Continuous Quality Improvement Cycles
CONE	Obstetric and Neonatal Basic Care
CSM	Municipal Social Council
DELIVER	Drugs Logistic and Health Supplies Project
DILOS	Local Health Directory
DOTS	Strictly Supervised TB Treatment
STD	Sexually Transmitted Disease
FIM	Institutional Municipal Pharmacy
FORTALESSA	Strengthening of Health System
FP	Family Planning
HACT	Harmonized Cash Transfers Method
HCI	Health Care Improvement
HCP	Healthy Communities Project
HPME	Bleeding during First Half of Pregnancy
IMCI	Integrated Management of Childhood Illness
JHPIEGO/MCHIP	Maternal - Infant Integrated Health Care Program
NETWORK	Health Network
MSD	Ministry of Health Sports
NNAC	Clinical Care Regulation
PAHO/WHO	Pan-American Health Organization / World Health Organization
RAFAS	Adverse Severe Pharmaceutical Reactions
SAFCI	Intercultural, Community and Family Health
SALMI	Subsystem of Logistics Management of Medicines and Supplies
SEDES	Departmental Health Service
SIAL	Subsystem of Logistics Information
SNIS	National Health Information System
SNUS	Unique National Supplies and Medicine System
SSR	Sexual and Reproductive Health
SUMI	Universal Maternal-Infant Insurance
SUS	Unique Health System
TA	Technical Assistance
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
HIV	Human Immunodeficiency Virus
VIPFE	Vice-ministry of Public Investment and Foreign Financing

SECTION I. SUMMARY

The final report of the FORTALESSA/UNICEF Project covers the period between October 2011 and June 2013. The FORTALESSA/UNICEF Project implemented its action strategies in close coordination with other partners and different counterparts (MSD, SEDES, NETWORKS), respecting institutional rectory and leadership. The FORTALESSA/UNICEF Project was developed in the departments of La Paz and Chuquisaca, within the scope of two Departmental Health Services (SEDES), 13 Health Networks (NETWORKS) and 57 Municipalities, in coordination with different Units of the Ministry of Health and Sports of Bolivia. Notwithstanding the operating limitations of counterparts, the implementation of activities was effective and successful in terms of the strengthening of SUS-SAFCI subsystems, service quality and health promotion. In order to influence the wellbeing of the Bolivian population and reduce access and health care inequities, FORTALESSA/UNICEF contributed to the achievement of the following results:

1. Operations systems and participatory management strengthened at all levels of the health system.
2. Access to and quality of intercultural healthcare increased and improved.
3. Underserved rural population empowered to seek/obtain culturally appropriate health care.

During the implementation period, the project reached a number of achievements. The following are the main results achieved by topic:

- The framework of the SAFCI policy was disseminated, in participatory manner, among more than 90% of health staff and a number of social organizations.
- Strengthening of management capacities of implementing institutions through processes/subsystems related to: a) Planning (2012 and 2013 AWP developed in participatory manner); b) Supervision and monitoring (75% of health services supervised); c) Evaluation and d) Administration and finances (Internal Operation Regulations were developed for each institution)
- Result Based Management were implemented (ASIS rooms, Information Analysis Committees) at each management level of the health system, enabling the evaluation of the results of maternal-infant health morbidity-mortality indicators and the development of action plans (100% of prioritized indicators were analyzed at each level).
- Improvement of the capacities and competencies of health system officers, health care providers and community representatives in matters concerning infant health, maternal health, neonatal health, sexual and reproductive health and tuberculosis, through the use of innovative methodologies (i.e. interactive CDs), respecting the national regulatory framework (continuous quality improvement cycle).
- MSD, SEDES, Network management and health establishments furnished with medical, technical and office supplies.
- Strengthening of the organization of Functional Health Networks in both departments through planning processes, training of health officers and the start of a reference-counter-reference system.
- Increment of integrated care coverages in infant health for isolated communities through home visits and multi-programmatic campaigns implemented at the communities level by health staff.
- In crosscutting fashion, the participative management approach was incorporated to analysis and decision making processes of the health system, strengthening the commitment of community and social institutions.

With PAHO, UNICEF collaborated within the framework of IR1 in the strengthening of the headship and leadership capacities of the MSD, through the standardizing and socialization of municipal and community structures within the SUS-SAFCI framework.

With HCP, UNICEF supported the strengthening of municipal and community structures through the participative management approach.

With JHPIEGO/MCHIP, UNICEF promoted the dissemination of national regulations and the training of health care providers in matters concerning maternal-neonatal health and the implementation of quality improvement cycles.

With HCI, UNICEF promoted the dissemination of national regulations and the training of its network of health care providers in tuberculosis and the implementation of quality improvement cycles.

FORTALESSA/UNICEF developed actions aimed at improving the establishment of interinstitutional coordination, to guarantee the efficient implementation of its own activities, as well as those of other partners of the FORTALESSA Program.

Initially based on a 5 years implementation plan, the project invested heavily during the first year on strengthening the health system in so far as its management capacities and service quality are concerned. In 2013, FORTALESSA/UNICEF contributed in particular to improving the offer of quality health services and increasing coverage for newborns and children less than 5 years old. Although this strategy already proved its effectiveness in increasing short-term infant health coverages, the impact of the strategy implemented during the first year could be more significant long term.

It is important to point out that after one year into the Project's implementation, USAID notified UNICEF a 50% budget reduction. Faced with this situation in a cooperative approach, it was decided to focus actions on Neonatal and Infant Health within the framework of IR2 (Access and Quality), to give continuity and sustainability to activities already implemented.

Given that the FORTALESSA/UNICEF Project is undergoing a modification process, no action plan was approved for the 2013 period. Meanwhile, the reprogramming of funds remaining from the 2012 period was performed and approved to be implemented during the first quarter (January-march) of 2013, in order not to disrupt the good development of the project.

Based on this decision, FORTALESSA/UNICEF focused available resources on the IR 1.2, infant health component, to achieve a bigger impact in access and attention quality of newborns and children less than five years old, decreasing, for this reason, its intervention in the strengthening of health subsystems and participative management.

With the attention continuum approach to health care, the infant health component was completed with efforts in maternal health developed by other partners of FORTALESSA and other cooperating bodies, under the leadership of the MSD.

FORTALESSA/UNICEF contributed to the reduction of inequalities in prioritized departments favoring access to quality health care service, culturally pertinent for children and families of dispersed and isolated communities.

SECTION II. INTRODUCTION

The final report of the FORTALESSA/UNICEF Project covers the period from October 2011 to June 2013. The content of the report encompasses the progress made in the achievement of results, indicator analysis and lessons learned.

Following its strategies concerning public policies, advocacy and alliance for children's rights, UNICEF works to promote new social participation modes and the effective exercise of human rights, for the construction of an intercultural society with gender and generational equity. Thanks to close coordination between Ministries, public institutions, social organizations and citizens Bolivian community, UNICEF plead for:

- prioritizing infancy in national and local development programs such as the *Malnutrition Cero Program, the Social Protection Network, Communities in Action, Solidarity and Reciprocity*;
- increasing the country's capacity for the surveillance and monitoring of the situation of infancy at national and decentralized level;
- mobilizing public opinion and decision makers, including children and adolescents, towards a national consensus concerning the prioritizing of infancy and children's rights in Bolivia.

Through technical assistance, training and the development of instruments, UNICEF supports the consolidation of public management intersectoral teams for children, in its roles related to planning coordination, monitoring and evaluation of actions in favor of children, with the participation of authorities, social services and other institutions supporting this development.

At national level, UNICEF supports the definition of competencies and local resources appropriate for children, to be incorporated in sectorial and decentralization policies. Furthermore, through Planning, Monitoring and Evaluation, support is provided to the strengthening of information systems at each level. In communication, an advocacy and social mobilization strategy is developed in favor of the incorporation of childhood in local, municipal, departmental and national governance.

Within this framework, UNICEF developed a Survival, Health and Development of Children and Adolescents intersectoral program giving priority to the reduction of neonatal and maternal mortality, improvement of school age children and adolescent health indicators and reducing the risk STDs/HIV-AIDS in adolescents, young people and their families. These three objectives have been developed with respect to the lines of the National Development Plan Sectoral model of health, family, community and intercultural and Universal Health Insurance (SUS).

On light of its strategies for children's development, UNICEF developed the FORTALESSA/UNICEF project, to contribute to the wellbeing of the Bolivian population of prioritized departments and reduce health inequities. In alignment with the framework of the FORTALESSA-USAID-MSD Program, FORTALESSA/UNICEF worked to achieve the following important intermediate results:

- **Intermediate Result I:** Strengthening of operating systems and participative management at all levels of SUS-SAFCI under the following strategic lines: a) governance, leadership and intersectorality; b) participative planning and management of health services; c) access to medical products, vaccines and basic technologies; d) financing of health and management system and e) human resources.

- **Intermediate result II;** Increased access to and improved quality of intercultural health care. The following are FORTALESSA/UNICEF's strategic lines for this result: a) capacity development; b) organization of health NETWORKS, c) a complete and integrated package of interventions and services essential for the SAFCI, d) integrated care, e) research and innovation and f) program to improve care quality.
- **Intermediate result III:** Underserved rural population empowered to seek/obtain for culturally appropriate health care. FORTALESSA/UNICEF's strategy was focused on a) strengthening the capacities of the MDS and SEDES to jointly manage national policies and promote healthy behaviors, b) strengthening of social organization at national and departmental level to jointly manage national policies and promote healthy behaviors and c) increase the knowledge of municipalities concerning the rights of citizens and municipal obligations that enable citizens the exercise of their rights.

The following chapter describes the results achieved in terms of activities implemented and the progress made in project monitoring indicators. The analysis of project indicators presents main intervention results by topic, followed by a section including lessons learned.

The 2012-2013 Result Framework; 2012-2013 Performance Data; Life stories and the final inventories of supplies and assets are included as annexes.

SECTION III. ACTIVITIES PERFORMED AND RESULTS ACHIEVED

IR.I Operations systems and participatory management strengthened at all levels of the health system (Participatory Management and Leadership).

IR1.1 Strengthening of the MSD's capacity to plan and allocate resources

P.1 Improvement of the capacity of the MSD and Chuquisaca SEDES and La Paz SEDES (IR 1.2, P1) to inform about and disseminate the SAFCI policy, its activities and responsibilities.

The Bolivian MSD's Family, Community and Intercultural Health Policy (SAFCI) is strongly focused on the promotion and social mobilization dimensions. In order to socialize and promote ownership of this policy, strengthen behavior changes and the adoption of healthy habits by the Bolivian population, the project executed a set of activities at national and local level that enabled the dissemination of the SAFCI policy:

- Organization of multidisciplinary and participative analysis sessions concerning the difficulties found in the implementation of the SAFCI policy, at national and departmental level, with the participation of the professional health sector and civil society. A number of inputs were produced to develop a National Communication Strategy aimed at reverting bottlenecks identified for the implementation of the SAFCI policy. In order to complete it, a number of departmental communications strategies were developed aligned with the national strategy, with UNICEF's technical support, and in close coordination with each SEDES' health promotion units at each of the two departments part of the intervention. These communication strategies and each SEDES' SAFCI policy's implementation plans will be used to frame different communication actions at departmental levels in a more effective vision focused on bottlenecks.
- Organization of the *National Meeting for the Evaluation and Implementation of the SAFCI policy*, activity that contributed to strengthening the SEDES' capacities in the development of the policy's implementation because perception and lessons learned were collected about its implementation and the SUS'with the teams of each SEDES.
- Development of the SAFCI's Departmental Dissemination Plan that included the training of health staff, departmental and municipal authorities and social organizations in Family, Intercultural and Community Health.

➤ ***Indicators:***

- ***Three Communication Strategies for the MSD, La Paz SEDES and Chuquisaca SEDES developed to improve the national, family, community and intercultural health policy.***
- ***250 health care providers from Chuquisaca know and are trained on SAFCI policy (109 men, 41 women. 90% of health staff out of which 60% are men and 40% women.)***
- ***In Chuquisaca, 593 members of social organizations know and are trained on SAFCI policy.***

IR 1.2: Strengthening of the SEDES capacity to plan equitably and efficiently, management and allocation of human and financial resources for integrated programs

P.2 Strengthening of the capacity of the SEDES to apply specific regulations for planning, follow up, monitoring and administrative, financial and legal management processes through the following activities:

Activities related to the strengthening of implemented planning, supervision and evaluation capacities:

- Strengthening of the capacity concerning programmatic supervision and human resource management of the SEDES' Planning Unit, enabling the SEDES' planning unit to reaffirm its leadership and headship capacities in health networks.
- Organization of a Management for Results Workshop, which strengthened the management for results process of the Chuquisaca SEDES, placing emphasis on the basic functions of public health with a gender, rights and intercultural approach. The workshop used as reference the result framework of the FORTALESSA Project. 70 officers of SEDES and Health Networks participated in this workshop.
- Two workshops were organized to review the supervision methodology, based on national regulations and following the quality framework approach, with the participation of 88 health professionals (71 from the Chuquisaca SEDES and 17 from the La Paz SEDES). Activities included the design of integrated supervision tools aimed at guaranteeing the application of the regulation in public health, heeding local characteristics. These instruments were validated at all management levels and implemented in pilot health networks (Networks 14 and 15 of the La Paz SEDES) by 16 technicians. This appropriation on the part of on-site health professionals enabled its operational validation.
- A training workshop was organized on integrated supervision methodology for Networks 14, 15 and Los Andes del Alto, with the participation of 48 health technicians from these networks.
- Furthermore, at the La Paz SEDES a computerized supervision and monitoring program was developed to systematize the monitoring of the IMCI - SISMA and 24 technicians from Network coordinators were trained on its application.
- Using this new methodology, the performance of health Network coordinators was evaluated by the SEDES planning unit and management competency deficiencies were found, which were used as inputs for the development of a training plan aimed at strengthening these officers' health management competency.

➤ **Indicators:**

- ***AWP 2012 developed for each SEDES***
- ***Six Network Coordinator Teams part of the La Paz SEDES have reformulated AWP's.***
- ***There are three standard supervision instruments available in both departments: one for Network Coordinators and, one for each municipal headship and the other including a multi-programmatic approach for health establishments.***
- ***88 network technicians in Chuquisaca and La Paz trained on supervision methodology.***
- ***24 health staff members of the Network Coordinator of the La Paz SEDES trained on IMCI - SISMA Monitoring and Supervision.***
- ***100% of the SEDES technical staff, 100% of Network coordinators and 95% of municipal leaders trained on supervision in Chuquisaca.***

- **40 health professionals (from Networks 14, 15 and El Alto) trained on methodology and integrated supervision instruments at the health network.**

Activities related to the strengthening of management and financial capacities:

- Strengthening of the SEDES' Administrative Unit through the hiring of four administrative area professionals to provide support to accountability and financial processes in the implementation of the SEDES' AOP, with emphasis on actions supported by the FORTALESSA project (two professionals for the La Paz SEDES and two for the Chuquisaca SEDES).
 - Monitoring of the Chuquisaca SEDES' Administrative Unit with respect to budget execution in 5 municipalities part of the Camargo, Tarabuco and Monteagudo Networks, with the technical support of the technical-administrative team of consultants of the FORTALESSA/UNICEF project, to perform an optimum accountability report and term closing process for 2012, with high financial and physical level execution at its networks, 74% during 2012) thus strengthening the administrative and financial unit of the Chuquisaca SEDES.
 - Strengthening of the SEDES' financial management through technical assistance by which the Internal Operation Rules for the Use of Cooperation Funds (HACT type) were developed for the MSD as well as for the Chuquisaca and La Paz SEDES. This document will serve as reference for the implementation of funds from other cooperation sources.
 - Development of the Manual of Processes and Procedures for the financial management of the La Paz SEDES, with the participation of the SEDES' technicians and administrative staff and the technical assistance of a FORTALESSA Consultant.
 - Support was provided to the development of a Manual of the Functions of the Chuquisaca SEDES, bringing closer the strategic guidelines of the Sectoral Health Plan, activity in which 50 SEDES technicians participated. This manual is in force during this period (2013) and will contribute to gaining knowledge about strategic guidelines, objectives and functions of each unit and area by SEDES' staff.
 - At the La Paz SEDES, support was given to the alignment of SEDES organizational structure to the Institutional Strategic Plan.
 - Organization of a workshop to socialize tools for technical and administrative reports, and the communication strategy for SAFCI's application at departmental level. 40 SEDES officers of Chuquisaca SEDES and six Network teams received training to develop technical and administrative reports of the activities developed in their network, based on the internal regulations concerning the management of cooperation funds and the Guide for the preparation of Technical Reports; instruments used to standardize the required information, by reported activity, facilitating, administrative and financial flows between health care providers and the SEDES.
- **Indicators:**
- **100% of health network municipalities with financial reports of the project reviewed.**
 - **Administrative-Financial Operating Regulations validated for each implementing institution.**
 - **Planning, follow up and monitoring of administrative management manual available to be applied at La Paz SEDES level.**
 - **The Chuquisaca SEDES has a Manual of Functions aligned with the Health Sectoral Plan.**
 - **40 officers of SEDES, Networks and municipalities trained on the preparation of**

technical and administrative reports (15% of SEDES technicians, 100% of Network coordinators, 55% of representatives of municipalities)

P.3 Strengthening of the SEDES capacities to analyze and use information for decision making purposes.

- At the Chuquisaca SEDES, indicators related to Management Commitments and those established in the FORTALESSA Project were standardized. These indicators are monitored 100% during multi-programmatic visits where furthermore, the monitoring of the quality of information is included.
- In Chuquisaca and La Paz, an Information Analysis Committee (CAI) was organized, enabling the analysis of 100% of the 2012 period indicators, evaluation of compliance with management commitments (21 indicators) and compliance with the budget execution of Networks. 213 officers and community representatives participated, and the analysis enabled better provision of services and compliance with management commitment and the Program's indicators.
- Strengthening of Health Situation Analysis Rooms (ASIS) through the provision of equipment for the Chuquisaca SEDES and Network Coordinator levels: laptops, projectors and furniture. In complementary fashion, a workshop on ASIS was organized at the municipality of Azurduy in Chuquisaca with the participation of 18 health officers.
- Two workshops organized in Chuquisaca to improve maternal mortality data analysis, with the participation of health care professionals. In this department, during the 2012 period, 24 maternal deaths took place, 15 out of which were the result of direct cause, and the most frequent one was bleeding. The municipality with the most number of deaths reported is Sucre, due to reference cases from the rural area of Poroma and the Camargo Network, which still report maternal deaths. These workshops helped improve the capacities of the participants of the Information Analysis Committee (CAI) also becoming a source for the implementation of a maternal mortality surveillance system at network level.

➤ Indicators:

- ***100 % of prioritized indicators were analyzed by the SEDES for decision making purposes, enabling the development of action plans in both departments.***
- ***Seven Chuquisaca network coordinator teams (100%) and six network coordinator teams from La Paz reformulated their AWP's for 2012.***
- ***90 % of Network Coordinators have a computer and audiovisual team, strengthening the ASIS room.***
- ***52 health care providers have the capacity to analyze maternal deaths.***

IRI.3 Strengthening of network skills to support municipalities, SCM and DILOS in the planning, budgeting and co-management of health services.

A set of activities were executed in order to strengthen network skills to support municipalities, SCM and DILOS and achieve the following products:

P.1 Improvement of the capacity of 13 Network Coordinators to inform the CSMs and DILOS about the SAFCI policy, its activities and responsibilities through the following activities:

- During the project's execution period, 39 workshops were organized to disseminate the policy in municipalities part of the seven health Networks of the Chuquisaca SEDES, with the participation of health staff and representatives of social organizations, training 834 people, to support the development of capacities of health staff and social organizations, in Family, Community and Intercultural Health. Joint training sessions between health and social actors enabled the promotion of better coordination of the SAFCI policy's implementation activities between health establishments, Local Health Committees and Municipal Social Councils. In this fashion it became possible to redirect the health priorities of municipalities to an approach based on promotion, interculturality and biomedical assistance.
- Sectoral Health Plan Workshop where the incorporation of the health topic in Municipal Organic Charters was promoted. 50 health technicians and facilitators of the Vice ministry of Autonomies took part in this workshop.
- At the La Paz SEDES, a training plan is being executed on planning and budgeting tools for technicians of Network Coordinators and SAFCI Municipal Directorates.

➤ ***Indicators:***

- ***60 % of the members of the Chuquisaca CSM and DILOS trained on SAFCI policy; 70% men and 30% women.***
- ***80 % municipal heads of Chuquisaca trained to incorporate the health topic in Municipal Organic Charters***
- ***13 Network Coordinators trained on planning and budget allocation.***
- ***One 2012 AWP developed for each one of the 13 Networks.***

P.2. Improvement of Network skills to support municipalities, CSM and DILOS in the use of data for decision making purpose and to receive feedback to improve the Information System, through the following activities:

- In La Paz, support was provided to the organization of 12 Network CAIs, with the presence of health staff, municipal representatives and authorities of local communities at each network headship; events where all maternal-infant morbidity-mortality indicators were analyzed and strategic activities were prioritized to improve them at network level. 168 officers and civil society representatives, health staff of different municipalities, DILOS and other representatives of the social structure participated in these activities.
- In Chuquisaca, support was provided to the organization of 96 Network and municipal CAIs, with the presence of health staff, municipal representatives and authorities of local communities at each network headship; events where all maternal-infant morbidity-mortality indicators were analyzed and strategic activities were prioritized to improve them at network level. 3,672 SEDES, Network, municipalities and social organizations health professionals and technicians participated in these activities.

➤ ***Indicators:***

- ***100 % of the Chuquisaca networks and 100% of the La Paz networks organized their respective CAIs, analyzing management commitments with the corresponding social participation.***
- ***Seven teams from the Network Coordinator of the Chuquisaca SEDES (100%) have***

- annual municipal action plans, which include the commitments assumed to improve prioritized indicators, product of their analysis during the 2012 period*
- *100 % of health care providers know and manage management commitments and FORTALESSA Project indicators.*

P.3 Increment of the capacities of Network Coordinators to support municipalities, CSM and DILOS in planning and budgeting plans through the following activities:

- Participation of network coordinators and municipal medical heads in a workshop to develop the 2013 programming of the La Paz and Chuquisaca SEDES, in coordination with all project partners and applying the new program's approach
 - Two training workshops on health planning and budgeting held at the La Paz SEDES, where the SEDES' strategic axes were socialized, training was given on the handling of AOP forms and adjustments to the 2012 AOP were made, with the participation of the CSM's health technicians.
- ***Indicators:***
- *One 2012 AWP developed for each one of 57 municipalities*
 - *27 CSM representatives trained on planning and budget allocation.*
 - *61 % of municipalities count on the participation of CSMs in management and deliberation spaces.*

IR1.4 Improvement of the capacities of the DILOS and the CSM to guarantee equitable, effective and efficient health services.

P.1 Improvement of the skills of municipalities, CSM and DILOS in the use of data for decision making purposes and to provide feedback for the improvement of information systems, planning and budgeting processes and responsibilities through the following activities:

- Active participation of grassroots organizations and other representatives of civil society in CAIs.

IR.II Access to and quality of intercultural healthcare increased and improved (Access and Quality).

IR2.1 Improvement of the Technical Coordination and Headship of the MSD's Technical Programs within the SUS-SAFCl framework

Provision of equipment to General Planning Directorates, Promotion, Unit of Quality Health Services Networks and the National Tuberculosis Program consisting of: computer material, communication material, furniture and technical equipment, support to the implementation of strategies in MSD's Technical Units

Improvement of technical coordination and headship of MSD's programs (Unit of Quality Health Services Networks, Traditional Medicine, Community Health and Social Mobilization Unit and the SNIS) within the framework of SUS-SAFCl and through the following products:

P.1 Strengthening of the MSD in the implementation of the regulation and guides for integrated care within SAFCl.

The Unit of Quality Health Services Networks was strengthened through the development and dissemination of its regulations throughout the country.

- There are four regulations and six technical instruments available and updated in coordinated fashion by the coauthors and the MSD's Unit of Quality Health Services Networks and with UNICEF's technical assistance.
 - National Regulation for the characterization of first level health care facilities.
 - National Regulation for the characterization of second level health care facilities.
 - Clinical Care National Regulation.
 - Manual for the Implementation of Continuous Quality Improvement Cycles.
 - 2013-2015 Immediate Action Plan Booklets of the reduction of maternal mortality.
 - Manual of infrastructure and equipment of first and second level care facilities.
 - Manual of organization of "Maternal Homes".
 - Interactive CDs to self-train on Clinical Nut IMCI and Neonatal IMCI with focus on the Attention Continuum.
 - Manual of the care of acute grave malnutrition.
 - Regulation of infections associated to Health Care.
- Development and validation of the National Action Plan to control an outbreak of pertussis in newborns, with the technical assistance of the Chapters of the Pediatric Society in the departments of La Paz and Chuquisaca, the National PAI and the National Vaccination Committee.
- National workshops for the launching of the Clinical Care National Regulation - NNAC Neonatal IMCI, and the Neonatal Reanimation National Regulation.
- National training workshop on NNAC and Neonatal IMCI with the participation of officers of the nine SEDES and the health staff of prioritized networks. In this workshop, 77% of the participants developed actions plans for the NNAC.

- Neonatal Reanimation National Training Workshop, which permitted the training of two health professionals of the Neonatal Reanimation Committee of each of the country's departments.

➤ **Indicators:**

- ***Ten regulatory guides developed and validated at national level.***
- ***Action plan developed for the outbreak of pertussis.***
- ***Clinical Care protocol approved.***

P.2 . Maternal-neonatal integrated and functional health care networks implemented

The MSD's Unit of Quality Health Services Networks has promoted the headship role of this Directorate, and the project provided support to the Unit for the regulation of the operation of SAFCI health networks, for maternal-neonatal integrated and functional health care, through the execution of the following actions:

- The National regulation for the characterization of first and second health care levels was agreed on and validated with the participation of operating staff (Network coordinators, doctors, nurses and auxiliary nurses).
- Organization of the Sixth National Learning Session, within the framework of maternal-infant continuous health care improvement, with the participation of MSD authorities (Minister, General Health Director, Head of Health Services Unit; maternal-infant health representatives, quality and service staff of 9 SEDES, professionals of 27 hospitals, and foreign cooperation, UNICEF, MCHIP FCI/CCH). Session in which corrective proposals were formulated aimed at the MSD; SEDES and hospitals and where experiences were exchanged and updated between participating hospitals.
- National Follow Up, Monitoring and Evaluation Session of Maternal, Neonatal and Infant Health Continuous Quality Improvement Cycles, where compliance with quality standards on the part of the 27 participating hospitals was reviewed. MSD authorities (Head of Health Services, representatives of maternal and infant health, quality and services of the 9 SEDES and professionals from 27 hospitals participated in this activity). Beyond the scope of the project's intervention, these workshops enabled the dissemination in Bolivia's nine departments of the successful experience implemented in La Paz and Chuquisaca.
- Through a number of evaluation processes, the Traditional Medicine and Interculturality Unit was able to evaluate and make adjustments to the articulation between Traditional Medicine and Interculturality in health establishments part of networks 2, 3, 5, and 6 of the department of Chuquisaca.

➤ **Indicator:**

- ***27 hospitals updated their quality regulations concerning maternal-infant health care following CMCC.***

P.3. Implementation of innovative strategies to increase access to proven and effective interventions in maternal-infant care

- The Community Health and Social Mobilization Unit developed training and monitoring processes for SAFCI mobile teams. These health professionals have been trained to provide maternal-infant health care following SAFCI policy's regulations, to populations having difficulty accessing first level health care establishments, by means of home visits and multi-programmatic coverage extension campaigns.

- **Indicator:**
 - **140 SAFCI technicians of mobile teams knowledgeable about the SAFCI policy and its strategies.**

P.4. Strengthening of the MSD capacities to implement a monitoring and supervision system that ensures compliance with national regulations.

- Strengthening of the National Health Information System Unit (SNIS) in its capacity to implement a surveillance system that enables the supervision of regulation compliance through the review and validation of innovative data collection and systematization instruments at national, departmental and municipal levels.
- National training workshop on disease coding and causes of death. The SNIS proposed a systematization method, approved at international level, for epidemiological and national surveillance data.
- Cross-evaluation of data quality in both intervention departments (La Paz and Chuquisaca), activity that enables identifying an error rate and offer correction strategies.

- **Indicators:**
 - **Guide of the preparation of Technical Reports that standardizes criteria concerning the report of health care staff activities.**
 - **National disease coding and causes of death regulation approved.**
 - **90 health professionals at national level trained on SNIS data quality regulations.**
 - **Two Chuquisaca health networks and 15 health establishments receiving data quality supervision.**

IR2.2 Development of the SEDES' capacities to improve the clinical and intercultural competencies of health care providers

P.1. Skills of the Chuquisaca and La Paz SEDES increased to disseminate and implement national regulations and guides, including house calls by health and community staff through the following actions:

Strengthening of the SEDES in the dissemination and implementation of maternal-infant health regulations:

- The project provided support to the training provided by JHPIEGO/MCHIP to over 131 health professionals (90 in La Paz and 41 in Chuquisaca) as Maternal Health facilitators.
- Training workshops for networks' health staff for the dissemination of maternal-neonatal and infant care regulations, given by instructors from different health networks of Chuquisaca and La Paz.
- Training of health professionals as facilitators for the application of infant health care regulations (42 facilitators in Attention Continuum in La Paz and 6 facilitators in IMCI Nut in Chuquisaca).

- Internships in Emergency Obstetric and Neonatal Care (CONE and HPME) at second level health establishments in Chuquisaca, enabling the strengthening of the clinical skills of 65 health professionals. In La Paz, training of first level health staff on NUT CLINICAL and NEONATAL IMCI was provided to over 122 network health care providers through a self-training interactive CD.

➤ **Indicators:**

- **179 health officers and professionals trained as maternal-infant health facilitators (131 maternal health facilitators, 42 Attention Continuum facilitators and 6 IMCI NUT)**
- **65 first level doctors and nurses did internships at 2nd and 3rd level hospitals in Chuquisaca related to CONE and HPME.**
- **221 health network professionals from La Paz trained on NUT CLINICAL and NEONATAL IMCI, following the innovative method of the interactive CD.**
- **Care regulations for children less than 5 years old (AIEPI NUT CLINICAL IMCI and NEONATAL CLINICAL IMCI) implemented in 24 municipalities part of the La Paz SEDES and 28 Chuquisaca municipalities).**

Strengthening of the SEDES in the dissemination and implementation of neonatal reanimation, stabilizing and transportation regulations.

- Training of over 140 health professionals (83 in La Paz and 66 in Chuquisaca) as Neonatal Basic Reanimation facilitators.
- Training on Neonatal Stabilizing and Transportation; development of national standard validated at departmental level (31 professionals trained in La Paz, 15 in Chuquisaca).
- Dissemination of Neonatal Basic Reanimation regulations, framed within the Attention Continuum and the CMCC, through training workshops with facilitators for the different health Networks of Chuquisaca and La Paz.

➤ **Indicator:**

- **195 professionals of both health networks trained as facilitators of Neonatal Basic Reanimation, Stabilizing and Transportation**

Strengthening of the SEDES in the dissemination and implementation of maternal-infant health care Continuous Quality Improvement Cycles:

- Training workshops for facilitators on continuous quality improvement cycles (CMCC) and training of health staff with the technical support and supervision of its implementing people and evaluations
- Support to the training provided by JHPIEGO/MCHIP to over 467 health officers and professionals in both departments related to CMCC in maternal-infant health. These workshops enabled the strengthening of health staff in the application of these cycles and the identification of difficulties in implementation. In La Paz, training sessions were consolidated through a departmental evaluation of the National Learning Session and the development of methodology related to Continuous Quality Improvement Cycles in maternal-infant health care.
- With the technical support of JHPIEGO/MCHIP, actions were implemented for the continuous improvement of quality in 17 services of the Camargo Network, 34 services in Network I Sucre and 5 services in the Rural Sucre Network part of the Chuquisaca SEDES. At the La Paz SEDES, CMCC in maternal-infant health were implemented in second level establishments part of the

Camacho III Network, Network VIII, North and South Yungas and the El Alto Network.

- 70% of these establishments had their maternal-infant health care indicators monitored.

➤ **Indicators:**

- ***467 health officers and professionals from both departments trained on maternal infant health care CMCC.***
- ***62 health establishments of the intervention network implement and monitor quality regulations following the regulations for maternal-infant health care CMCC.***

Strengthening of the SEDES in the dissemination and implementation of home visits and multi-programmatic campaigns in communities:

In Chuquisaca and La Paz, improvement in maternal-infant health coverages resulting from the implementation of fast monitoring activities and multi-programmatic campaigns (vaccination and distribution of micronutrients). These activities were implemented by multidisciplinary teams from health establishments, who planned visits to 100% of the communities part of their area of influence. Health care actions concerning growth and development control, vaccination, supplementation through micronutrients, attention of childhood prevalent illnesses, childbirth, postpartum and newborn control, dental care, symptomatic respiratory detection, meeting with communities, etc. were performed.

The objective of these actions outside the confines of health establishments permits increasing vaccination coverages, resulting in a reduction of immune-preventable diseases and chronic malnutrition in targeted age groups.

- In Chuquisaca, two rounds of multi-programmatic campaigns and home visits were organized for 28 municipalities part of the seven health networks. In La Paz, a round of multi-programmatic campaigns and home visits were organized for 21 municipalities part of the five health networks (Except for Network 15 - Inquisivi).

➤ **Indicators:**

- ***100% of Chuquisaca municipalities implemented at least twice a year innovative strategies to reach hard to access populations (567 communities visited, 29,913 treatments of children less than 5 years old performed)***
- ***70% of La Paz municipalities implemented at least once a year innovative strategies to reach hard to access populations (105 communities visited, 3,302 children less than 5 years old treated)***

Strengthening of the SEDES in the dissemination and implementation of Competency Development Centers:

- The process for the start-up of the operation of the Competency Development Center (CDC) in the SEDES of Chuquisaca and La Paz began with the entire provision of training equipment.

➤ **Indicators:**

- ***Two CDCs (La Paz and Chuquisaca) equipped with training material.***

P.2 Improvement of SEDES supervision systems that ensure compliance with national regulations and guides concerning community and intercultural family health.

- Based on methodologies and instruments developed at national level, which were validated at local level, 100% of technicians of both SEDES and 100% of Network Coordinators received training, with the support of JHPIEGO/MCHIP, on Multi-programmatic Supervision.

Multi-programmatic supervisions in each department; SEDES teams of technicians from Planning and Quality Units and the SNIS, implemented multi-programmatic supervisions in the 13 health networks to check compliance with infant and neonatal health care regulations. These are training supervisions and in-service to improve care skills in matters concerning maternal-infant health.

- In Chuquisaca, 59 multi-programmatic supervisions were performed by the SEDES of the health network during the project's implementation.
- In La Paz, 35 multi-programmatic supervisions were performed by the SEDES of the health network during the project's implementation.

➤ Indicators:

- ***90% of the Chuquisaca SEDES health services supervised during the past 6 months.***
- ***60% of the La Paz SEDES health services supervised during the past 6 months.***
- ***100% of Network Coordinators supervised in Chuquisaca during the past 6 months.***

P.3 Improvement of reference-counter-reference system

- A training plan was developed and implemented to guide the operation of health networks, through two departmental workshops with the participation of 95 SEDES officers, Network Coordinators and municipal Leaders (70 in Chuquisaca and 35 in La Paz).
- Dissemination of the guide of the operation of health networks; in the Chuquisaca Networks through the training of 393 SEDES, Network and Municipality officers in Reference and Counter-reference, based on the national regulation and local reality. As a result of this activity, the use of these forms was validated.
- Support provided to JHPIEGO/MCHIP in the execution of an obstetric emergency drill in the community. This activity enabled a real scale evaluation of the reference-counter-reference system for obstetric care in the Camargo Network.

➤ Indicator:

- ***392 officers trained on the reference-counter-reference system of the Chuquisaca health network.***

P.4 Increment of SEDES skills to implement and supervise DOTS

- Technical assistance to TB departmental programs in Chuquisaca and La Paz, as well as at national level for the expansion of short quality cycles with TB standards. The TB/HIV Inter-programmatic Committee was strengthened by providing support to its monthly meetings and developing care flows for TB/HIV co-infection cases for first, second and third level.
- In La Paz, 39 facilitators participated in TB distance training, which enabled the creation of support teams in high-prevalence municipalities.
- CMCC training for TB care, in collaboration with HCI, workshops were organized in both

departments. In La Paz, 107 health professionals received CMCC training for TB care; and in Chuquisaca, 590 officers from the seven health networks received CMCC training for TB care.

- 68 professionals of both departments received training on co-infection, multi-resistant TB and severe pharmaceutical adverse reactions, in response to the identification of high epidemiological risk. These training sessions were strengthened through training supervision at health establishments.

➤ **Indicators:**

- **697 officers trained on TB CMCC (107 in La Paz and 590 in Chuquisaca)**
- **21 health establishments supervised on TB CMCC**

IR2.3 Improvement of the capacities of health networks to supervise integrated quality services provision within SAFCI's framework

P.1 Improvement of supervision systems for the application of regulations and clinical performance regulations in selected networks.

- Based on integrated supervision instruments and methodologies disseminated by the SEDES, Network Coordinators implemented multi-programmatic supervisions in municipal health headships, mainly in Chuquisaca where over 60 supervisions were performed. It is important to point out that supervisions are aimed at monitoring maternal-infant health care and also enable fast monitoring of care coverages. In Chuquisaca, 7 fast monitoring of vaccination coverage were performed in infant population, being this information key to the implementation of future campaigns to extend coverage of children in at risk situation.

➤ **Indicators:**

- **100 % of municipal headships supervised complying with regulations.**
- **100 % of Chuquisaca SEDES health facilities supervised.**
- **68 health services with Fast Monitoring of Vaccination Coverage in Chuquisaca.**

P.2. Increment in the number of certified health establishments in health network

- In the department of La Paz, a self-evaluation for certification took place in 75% of health establishments with baselines. The result was that eight out of ten health establishment received a grade over 85% required for certification; nevertheless, they still don't meet the 10 basic requirements to complete this process. Out of 164 health establishments self-evaluated for service certification, only 30% met the fifteen standards measured by the SAFCI's implementation.

Based on this diagnostic, with the technical support of Network Coordinators and under the supervision of the SEDES Quality Unit, four health establishments were certified within the scope of the intervention of the FORTALESSA program.

- CS Cairoma, Network 14
- CS Yaco, Network 14
- CS Malla, Network 14
- Hospital Copacabana, Network 5

Although very encouraging for Network 14, this implies a larger investment, technical support and training for most of the other municipalities in the area of intervention.

These processes will be consolidated in the department of La Paz through the intervention of 50 health professionals trained on quality management and medical auditing.

- In the department of Chuquisaca, plans have been developed for the certification of each Network, and technical assistance was provided to the training process for the certification of health establishments. Thus, in Chuquisaca training for certification workshops were held in Network 4, Azurduy and Network 6, Camargo.

This process will be accompanied by the technical support of the Quality Management Unit and should be aimed at a municipal investment in health infrastructure and equipment plan.

➤ **Indicators:**

- ***74% of second and third level health establishments in the La Paz area of intervention have had self-evaluations***
- ***Four health establishments certified in La Paz***
- ***50 professionals from the La Paz health network trained on quality management and medical auditing***
- ***100 % of Chuquisaca health networks have a certification plan available.***
- ***42 professionals from the Chuquisaca health network trained on certification processes for health establishments.***

P.3. Family planning and post-abortion care services integrated to obstetric and neonatal care in networks.

- Eight workshops were organized in Chuquisaca concerning maternal health, sexual and reproductive health, family planning and post-abortion care, with the participation of 307 health officers.

➤ **Indicator:**

- ***307 professionals of Chuquisaca health networks trained on maternal health, sexual and reproductive health and family planning***

IR 2.4 Improvement of the capacity of health centers in the application of regulations, attention and response to local needs guides

Health establishments part of the scope of the intervention were strengthened in their capacities concerning the application of care regulations, through equipment provision, organization of the availability of medicines, monitoring of training of human resources and development of innovative strategies to reach adolescents.

P.1. Health establishments in 28 Chuquisaca municipalities and 29 in La Paz have partial basic equipment for maternal-infant health care.

- The three counterparts of the FORTALESSA/UNICEF Project, and most health establishment in the area of intervention received additional provisions of basic medical equipment, furniture and assets.

Monitoring, good reception assessment and the use of equipment by health establishments were programmed for the end of the 2013 period.

P.2. Improvement of the timely availability of basic medicine, vaccines, contraceptives and other supplies in 13 networks of Chuquisaca and La Paz.

- In La Paz as well as in Chuquisaca, the FORTALESSA/UNICEF Project supported and coordinated with DELIVER the development of its training and supervision activities concerning medical logistics systems (SNUS, SALMI, SIAL).
- In Chuquisaca and La Paz, over 600 officers, responsible for FIMs and medical kits, municipal heads and nurses, were trained on medical logistics systems. These training sessions were completed by on site supervisions of 39 FMI through the entire scope of the intervention.

➤ **Indicators:**

- ***600 health care officers trained on medical logistics systems (SNUS, SALMI, SIAL).***
- ***39 FIM supervised in Chuquisaca and La Paz***

P.3. Increase in client satisfaction.

- Organization of three workshops with the participation of social organizations to compile demands and expectations linked to care quality, in the Sucre-urban, Sucre-rural and Camargo Networks.

P.5. Health care providers trained to provide maternal-infant, reproductive health and TB quality services based on standards

- In La Paz and Chuquisaca, providing continuity to the training of facilitators at departmental level training workshops for the health staff were disseminated, with emphasis on infant health within the framework of the Attention Continuum (including basic neonatal reanimation).
- In addition, training workshops on TB (clinical, epidemiological, lab) for health staff were organized in both departments.

➤ **Indicators:**

- ***225 officers of seven Chuquisaca networks apply with more efficiency the regulations of the TB program, 130 men and 95 women. 98 doctors, 105 nurses and 22 auxiliary nurses.***
- ***215 officers of the seven Chuquisaca networks apply with more efficiency the regulations of the care of the newborn and children less than 5 years old; 110 men and 105 women. 110 doctors, 90 nurses and 15 auxiliary nurses.***
- ***16 people from hospital staff trained on neonatal reanimation in La Paz***

P.6. Innovative strategies developed and implemented to reach adolescents with health, reproductive and sexual health information.

The first quarter of 2013 enabled the achievement of important progress concerning new innovative strategies to care for the health of adolescents, in particular in urban health networks of El Alto and Cochabamba.

- Diagnostic of risk factors for health, sexual and reproductive health of 430 adolescents in La Paz,

performed by a consulting firm dedicated to establishing a link between the Network's health centers and education units of El Alto. This study shows that over 30% of population studies are socially and familiarly vulnerable, in addition to adopting risky conducts and being exposed to violence risk and sexual and reproductive abuse. This consultant's work enable the onset of coordination between education units, the defender of child and adolescent's office of El Alto and the adolescent health care service of the hospital Los Andes.

- A strategic partnership was promoted with FORTALESSA's partner, working in the issue and actions developed in the intervention area.
- Based on the diagnostic, training sessions were organized for more than 220 adolescents concerning rights, sexual and reproductive health at Tokio, Juan José Torres and República de Cuba education units, all part of the El Alto intervention network.
- A proposal was presented to principals and teachers of education units to incorporate sexual and reproductive health issues in the curriculum of first and second school cycle. This transversal intervention strategy will enable contributing to the prevention of violence and pregnancy risk in children and adolescents and was well received by education actors and will be taken into account in the future. Unfortunately, given the reduction in actions aimed at adolescents indicated by USAID, FORTALESSA/UNICEF could not concretize the achievements made.
- In Cochabamba, the FORTALESSA UNICEF project provided support to and coordinated with the CIES NGO the organization of workshops to develop the competencies of adolescent leaders and the planning of activities aimed at the health of adolescents in education units.

IR.III Underserved rural population empowered to seek/obtain culturally appropriate health care (Equity and Rights).

IR3.1 Strengthening of the MSD to implement social mobilization strategies within the SAFCI framework.

P.1 Increment in the capacities of national organizations and associations working on issues concerning maternal-infant and reproductive health care, for them to advocate in favor of services based on rights, new policies and compliance with existing laws.

The development of the following operating tools, aimed at the staff of health establishments to address the main determinants of health and provide mechanisms and procedures culturally contextualized, has been part of the achievement of this product.

- Updating of strategic guidelines concerning health promotion for the set up of the SAFCI and its three axes: person, family, community. In the same fashion, the strategic guidelines of the Education for Life Unit were defined.
- Creation of the following documents: a) Operational guide of proper treatment in health establishments, b) Procedural guide of proper treatment and prevention of violence in adolescent pregnancy, c) Curriculum of Strategies and Operating Axes of Family, Community and Intercultural Health (SAFCI), d) Guide of the Development of Municipal Health Plans.
- Training workshop for authorities representatives of municipalities and social organizations concerning social control and accountability, with the participation of 146 people and facilitated by Transparency Unit. This training session will enable the strengthening of participative supervision of accountability obligations in decentralized health institutions.
- Organization of the national Meeting of Traditional Doctors to develop their strategic plan

➤ **Indicator:**

- ***Six guides and guidelines facilitating participative management in health***

P.2 Strengthening of the mechanisms of the Ministry of Health and Sports to request inputs from social organizations and associations concerning national policies.

- The support of the social structure was requested at the Meeting of the National Health Council with the participation of 300 representatives of social organizations, to analyze the health situation, characterize the provision of services and identify key actions to improve maternal, infant and family health. During this meeting, the functions these institutions have to perform for SAFCI's implementation were reported.
- Certification standards that measure social participation in health establishments were incorporated. This process began at 164 health establishments, out of which no more than 10% perform social participation with certification standards.

- SAFCI's implementation procedures were developed as a function of a compilation of innovative experiences concerning the application of the SAFCI in municipalities.

➤ **Indicators:**

- ***300 representatives of social organizations participated in the national analysis of the health situation.***
- ***Incorporation of social participation criteria in regulations for the certification for health establishments.***

IR3.2 Improvement of the skills of the SEDES and departmental social organizations to strengthen participative social mobilization.

P.1. Increase in the advocacy capacity of social organizations and departmental associations in favor of services based on rights, new policy and compliance with the law.

- In Chuquisaca, over 1,600 representatives and indigenous community leaders and social organizations of Network I, Sucre, received training on maternal-infant health with emphasis on the identification of signs of obstetric risks and child's health.
- Technical assistance was provided to the updating and validation of the Guide of Departmental Participative Health Management in Chuquisaca and La Paz.
- Participative development of Internal Regulations for Social Departmental Councils in La Paz and Chuquisaca.

Currently, social organizations have available a guide document to improve their operation and facilitate advocacy in favor of services based on rights and health.

➤ **Indicators:**

- ***1600 representative of social organizations from Network I, Sucre, trained on the identification of signs of obstetric risks and the child health.***
- ***Departmental guide of the strengthening of social and municipal structures in health management***

P.2. Strengthening of SEDES mechanisms to request inputs from social organizations and associations concerning national policies.

- Organization of meetings of the Departmental Health Council in Chuquisaca and La Paz to evaluate developed actions and program accountability activities at departmental level.
- Organization of 4 regional participative workshops concerning the analysis of the health situation. Suggestions and perceptions of the health problematic were systematized as proposals submitted to the Chuquisaca SEDES for its information.

➤ **Indicator:**

- ***450 people of social structures from the department of Chuquisaca participated in the identification of health needs.***

IR3.3 Strengthening of the skills of authorities, technicians and municipal leaders to identify and eliminate barriers to the exercise of their rights

P.1 Increase in the municipal capacity to comply with its role and responsibilities related to guaranteeing the right to health.

- 13 workshops, groups, etc. were organized, aimed at municipalities and communities, on health's shared management and SAFCI training 4,041 people. This activity had HCP's technical assistance.
- Six coordination meetings were held between health staff and the DILOS in the Sucre Network and the Rural Sucre Network, with the participation of health staff and representatives of Social Municipal Councils and DILOS.
- Technical assistance was provided to the implementation of municipal participative management processes, within the framework of the SAFCI Model, for the development of tools for participative health management for community health areas and social mobilization of the SEDES and Health Networks, and a guide of the development of municipal health plans. This activity had HCP's technical assistance.

➤ **Indicator:**

- **In Chuquisaca, 4,041 people trained on health's shared management through groups and workshops aimed at the community.**

P.2 Increase in the capacity of selected municipalities to identify, define and report to higher levels of the Health System about the community's definition of what quality is and what access is.

- The department of Chuquisaca started a number of consultation processes through municipal councils. FORTALESSA UNICEF supported the organization of these meetings started by HCP.
- Exchange of experiences concerning the application of the SAFCI between implementing agents of different departments, at the Meeting of Municipal Health Management.
- 115 fairs were organized concerning issues related to health promotion, care quality and access to health services, aimed at the entire population in Chuquisaca networks.

➤ **Indicator:**

- **115 fairs to promote key practices concerning infant health and nutrition.**

SECTION IV. INDICATOR ANALYSIS

Third dose pentavalent vaccine coverage in children less than 1 year old:

During the first quarter of 2013, Chuquisaca achieved 82% coverage for the third pentavalent dose, a 13% increase with respect to the same period in 2012, and in La Paz, coverage reached 46%, a 5% increase with respect to 2012.

It is important to point out that actions developed during Q3 and Q4 of 2012 and Q1 of 2013 were key to improve coverages during the 2012 period, given that a 78% coverage was reached in La Paz and 76% in Chuquisaca, showing an increase with respect to 2012 of two points in Chuquisaca and one point in La Paz.

As can be observed, coverages achieved within the scope of the Project have increased incipiently with respect to previous periods, which can be attributed to a number of factors such as the high turnover of human resources, strikes by health staff, as well as to internal and external migration mainly in Chuquisaca; in addition, in La Paz, weak technical and administrative management is observed having a negative effect on the development of actions.

Nevertheless, it is important to point out the support provided by FORTALESSA/UNICEF to fast coverage evaluation and monitoring processes, which have enabled the identification of strategic actions to influence vaccination coverages; among these, the organization of vaccination campaigns with emphasis on most critical situation municipalities. These actions were completed with community outreach actions promoted by our partner *Comunidades Saludables* or Healthy Communities.

Coverage in newborns receiving basic care:

Basic care for the newborn provided by qualified staff at health networks and homes is ongoing but it is partial.

Given that care for the newborn is not registered in the SNIS, and the need to have this information available, the Information Analysis Committees have determine the analysis of this indicator based on deliveries performed, which also implies care for the newborn and will be part of the Basic Perinatal Clinical History.

FORTALESSA/UNICEF, working jointly with JHPIEGO/MCHIP, provided support to processes affecting compliance with the regulation concerning the care of the newborn and has promoted its indirect analysis based on deliveries performed.

In this sense, and during the implementation of actions, it can be observed that coverages of deliveries performed by health staff, during the different quarters of 2012 and the first quarter of 2013, increased; nevertheless, these increases are not significant with respect to the 2011 period given that only a 4% increase is registered.

This low coverage situation concerning delivery and newborn care, especially in La Paz, is related to a number of factors among which we find the response capacity of health services, since care coverages at hospitals with more response capacity are higher than at health Centers and Posts. To this situation we can add a highly rural environment, geographic dispersion, limited intercultural approach, structure and organization of health networks limiting timely access to delivery care services.

FORTALESSA/UNICEF, to influence care of newborn coverages and quality, developed training processes theoretical-practical and implemented continuous quality improvement short cycles as well as the monitoring of this process.

Iron delivery coverage in children between 6 months and 2 years old:

During the different quarters of 2012 and 2013, coverages achieved concerning iron intake by children between 6 months and 2 years old in Chuquisaca and La Paz are well over 90%, a situation that can be attributed to the implementation of community outreach actions and integrated health campaigns. Nevertheless, the perspective for children between 2 and 5 years old concerning their iron intake is not the same given that coverages are low, a situation causing concern because it includes a population group most vulnerable to anemia.

FORTALESSA/UNICEF provided support to integrated campaigns and fast monitoring of micronutrients' delivery.

These results raise the detailed analysis and observation of mechanisms that strengthen integrated work in order to be more effective and efficient in the achievement of results, given that we may notice important gaps in access and coverages related to vaccinations and newborn care.

2nd dose Vitamin A coverage in children between 1 and 4 years old:

Notwithstanding intensive actions supported by FORTALESSA/UNICEF, 2nd dose vitamin A coverages are low given that over 45% of municipalities have coverages around 50% for 2012. These low coverages are mainly found in the department of La Paz since coverages in Chuquisaca are higher than 70% in over 80% of municipalities.

Same as with iron, we feel it's fundamental to advocate for and work morer in integrated inter-programmatic actions between the PAI and Nutrition, which was one of the main recommendations made by the CAI.

Treatment of diarrhea in children less than 5 years old:

In Chuquisaca as well as in La Paz, a target for diarrheic episodes to be cared for on yearly basis was established (one child episode-year), which is monitored and analyzed by the Information Analysis Committee (CAI). In this sense, at the CAI, supported by FORTALESSA/UNICEF, it has been noticed that the degrees of compliance with the set target are low, being this the reason why Network Coordinators, mainly in Chuquisaca, have decided to perform an active search of ADDs (Acute diarrheic Diseases) during multi-programmatic campaigns to reach the annual programmed target. In addition, these diarrheic episodes were treated as part of the Maternal-Infant Universal Insurance.

Within this context, Chuquisaca reached a 100% degree of compliance concerning diarrhea treatment, as programmed for 2012, 32 points more than 2011; in the case of La Paz, 18% compliance is reached in 2012, 2 points higher with respect to 2011.

SECTION V. LESSONS LEARNED

During the execution period, lessons learned from achievements made and difficulties encountered are very important to understand the development of the project and to implement new actions. The following are the most relevant lessons learned:

- Framework agreements of international cooperation projects must be based on existing national law and with full recognition of the leadership of the Ministry of Health and its corresponding technical-administrative units.
- Technical and budgeting guidelines, accorded in the framework agreement, must be complied with in order not to provide multiple directions to the implementation of projects and avoid the duplication of programming efforts and investment of time and resources.
- The project's execution mode must be clearly established and agreed to before the start of the project by all participating actors: donors, implementing entity and governing body, so that planning and execution processes are not inappropriate.
- Departmental and local programming must follow the strategic guidelines set by the national level based on the existing health policy and on competencies defined for its level. Furthermore, Cooperation organisms and NGOs must incorporate the type of support (in visible fashion) they provide or will provide.
- It is important to exhaust all efforts to get the participation of national, departmental and local authorities, in addition to municipal governments and community organizations, to achieve objectives. The participation of municipal authorities in the programming of counterpart's funds, as well as the monitoring of health activities, promotes responsibility, accountability and ownership; more so, it plays a critical role in the future sustainability of processes and results.
- A basic factor to exercise the Leadership of the Health System's management bodies is having the technical capacity for planning, evaluation and control of the execution of national policy. To the extent that planning is performed in alignment with national regulations, responding to local needs and with social participation, the health staff will be clear about the results they have to achieve during the annual period and the contribution of different international cooperation organisms and NGOs and local organisms.
- The strategic planning approach must be based on the achievement of results, focusing on actions that will generate short, medium and long-term qualitative and quantitative changes to the health of infant population. Frequently, this approach is interfered with by juncture needs that make difficult measurement and accountability vis-à-vis the donor and the population, which is why the management for results capacity must be constantly reinforced at all levels.
- Within the framework of the administrative- financial management of the Plurinational State, the programming of the annual activities of the MSD, SEDES, Networks and municipalities must be performed in the month of August of the previous year, to enable their registration in the VIPFE, and in this fashion execute actions complying with the programmed schedule. Through the implementation of the FORTALESSA Program, support was provided to the SEDES in the process of registration of these funds, which can take from 1 to 3 months. In the case of La Paz, support was

provided to compliance with this legal regulation for the first time, opening paths for the following contributions which will surely be more expedite.

- The injection of foreign resource must leverage national resources from the start of the project's implementation, to find the sustainability and continuity of interventions. Municipal governments has available tax revenues for social investment beyond the SUMI, which may be allocated to health in progressive fashion until its full financing.
- The strengthening of institutional capacities for the decentralized management of resources includes the set up of standardized processes and flows of administrative-financial regulations, contributing in this fashion to efficient management at all State levels, without the need of parallel structures that weaken its leadership and go against the agreement of the Declaration of Paris and the code of conduct of the International Health Cooperation in Bolivia.
- The inclusion of the monitoring and evaluation component in the project's development is key to guaranteeing appropriate performance. Therefore, a set of tracer indicators must be agreed on from the start to enable the evaluation of the achievement of targets and propose timely corrective actions; in the selection of indicators, their relation to objectives, feasibility and source where variable are obtained from, frequency, their construction and appropriate interpretation must be evaluated. Although the health sector is characterized for having important information tools, this capacity has opportunities for improvement which cooperation projects must include.
- Within the framework of management for results, the programming of activities must aim at achieving programmed results and therefore, the monitoring of the implementation of these activities requires standardized technical guides for the creation of reports that will enable visualizing results explicitly. These guide assumed as a regulation of the Ministry and the SEDES must be kept updated and applied during monitoring.
- The capacity concerning the management of human resources in the health system is variable; a situation that worsens due to high staff turnover at all levels and interferes with the execution of activities in general and also with projects. Having a counterpart with the appropriate and timely technical team helps mitigate the impact of this determinant; in the future, the functions of this team must include the strengthening of the capacity concerning the management of stable human resources.
- Training processes based on local level competencies have yielded better results in terms of care quality and in terms of replication in the rest of the network's services. These training processes have required technical assistance and the formulation of regulations, guides and education material during long periods of development, validation and emission.
- The implementation of infant health care quality improvement cycles, including monitoring with quality standards, has resulted in more involvement of hospitals in the functionality of the integrated health network.
- The technical level of the SEDES is heterogeneous, which is why a first phase of institutional strengthening should be taken into consideration, based on a capacity diagnostic to establish implementation programs, objectives, targets and methodologies.
- The implementation of the FORTALESSA program will require coordination between different

partners, through National and Departmental Technical Committees, under the leadership of the Ministry of Health and the SEDES. Nevertheless, this structure could not start up with all its potential and its roles were limited, some because of a lack of approval of the operation of these committees. This management model was successful in other cooperation projects, which is why the Ministry of Health decided to keep it as a standard.

- The implementation of the program by different types of partners, with varied intervention strategies and targets not agreed with the SEDES or the departmental leadership entity, generated bewilderment and confusion at operating levels, meaning that future projects that include a number of implementing parties must previously agree with the SEDES the basic programming unit, targets, schedules and resources allocated.

SECTION VI. ANNEXES

RESULT FRAMWORK

FORTALESSA - UNICEF Final Operating Plan Oct 2011 - Junio 2013						
IR1. Operations systems and participatory management strengthened at all levels of the health system (Participatory Management and Leadership)						
Results/Project Results	Project Results	Main activities by Project Results	Activities Executed	Effect	Indicators	
IR1.1 Strengthening of the MSD's capacity to plan and allocate resources	P.1 Improvement of the capacity of the MSD and Chuquisaca SEDES and La Paz SEDES to inform about and disseminate the SAFCI policy, its activities and responsibilities	<i>Development and validation of SAFCI policy's Communication Strategy</i>	National meeting for the evaluation of the implementation of the SAFCI policy: Place and date: Cochabamba, August 27-29, 2012 Participants: 40 people, Heads of SEDES units, promotion, health services, insurance and directors.	Compilation of perceptions related to the progress in the implementation of the SAFCI policy and in the SUS Presentation of advances made around the participative management of health Presentation of the link between the implementation of the SUS and the dissemination of the SAFCI Action Plan to Improve the Implementation of the SAFCI policy, through functional promotion units, services and insurance from the SEDES and MSD Promotion of self-evaluation of the SEDES and MSD with respect to the implementation of the SAFCI policy Reorientation of the actions of the MSD's health networks Reorientation to the promotion and interculturality approach from the biomedical assistance approach.	3 communication strategies (MSD, La Paz SEDES, Chuquisaca SEDES) developed to improve the implementation of the SAFCI policy.	
			Provision of furniture, computer equipment and technical equipment (TB National Program) of the General Directorates of Planning, Promotion and Health Services Unit, for a total amount worth US\$ 58,820 September 2012 and March 2013	Improvement of the work conditions of the staff Compliance with their functions Work incentives Improvement of their productivity and commitment		
			Development and validation of Communication Strategy of the SAFCI policy at MSD and each SEDES level. Consulting work for product, from September 2012 to April 2013 promotion Unit, General Promotion Directorate, MSD	Diagnostic of the state of the dissemination of the SAFCI policy Participative development of the theoretical communicational framework for the dissemination of the SAFCI policy.		
IR 1.2: Strengthening of the SEDES capacity to plan equitably and efficiently, management and allocation of human and financial resources for integrated programs.	P.1 Improvement of the capacity of the SEDES to inform networks about the SAFCI policy, its activities and responsibilities	<i>Departmental planning and dissemination of SAFCI policy</i>	Departmental plans for the dissemination of the SAFCI policy and standardization of the contents of training sessions, for socialization and implementation through CMS, DILOS and the community at large.	The La Paz and Chuquisaca SEDES have technicians and social organizations that know the SAFCI's theoretical framework to be articulated in the implementation of the model in municipalities.	250 health care providers know and are trained on SAFCI policy (109 men, 41 women).	
			<i>Organization of workshops on Management for Results, Basic Functions of Public Health with a gender, rights and interculturality approach</i>	Management for Results workshop following the existing health regulation: presentation within the framework of the FORTALESSA program. Place and date: Sucre, April 2012 Participants: 70 officers of SEDES and Networks Evaluation Method: development of action plans.		Improvement of the socialization and ownership of the project by its implementing actors. Updating of the capacities of the SEDES and Networks technical staff on the following issues: Existing health regulations, Request for resources and Accountability.
			<i>Implementation of training activities in planning and supervision, an development of instruments based on national regulations and local lessons learned.</i>	2 workshops to review the Methodology of Multi-programmatic Supervision within Quality's framework Place and date: La Paz SEDES and Chuquisaca SEDES Chuquisaca, June 2012. Participants: 88 people, SEDES technicians and Network Coordinators.		The Chuquisaca SEDES and the La Paz SEDES have supervision instruments for all management levels.
	P.2 . Strengthening of the capacity of the SEDES to apply specific regulations for planning, follow up, monitoring and administrative, financial and legal management processes.		Training workshop on the Supervision and Monitoring of the IMCI-SISMA System. Place and date: La Paz SEDES, April 2012 Participants: 24 Network Coordinators of the La Paz SEDES	The La Paz SEDES has a computerized Supervision and Monitoring System to systematize the monitoring of NUT Clinical IMCI. Consolidation of all the information fro supervisions of Nut Clinical IMCI of the health Networks of the La Paz SEDES. Identification of gaps in training of health staff	24 health staff members of the Network Coordinator of the La Paz SEDES trained on IMCI - SISMA Monitoring and Supervision.	

<p>IR 1.2: Strengthening of the SEDES capacity to plan equitably and efficiently, management and allocation of human and financial resources for integrated programs.</p>	<p>P.2. Strengthening of the capacity of the SEDES to apply specific regulations for planning, follow up, monitoring and administrative, financial and legal management processes.</p>	<p>Implementation of training activities in planning and supervision, an development of instruments based on national regulations and local lessons learned.</p>	<p>Training of the La Paz SEDES on supervision methodology for rural networks 14 Loayza and El Alto Place and date: El Alto, November 2012 Participants: 24 health professionals health professionals, 12 doctors, 10 registered nurses and 2 auxiliary nurses</p>		<p>1 training plan for network coordinators developed in the department of La Paz.</p>	
			<p>Validation of Integrated Supervision instruments of the La Paz SEDES in networks 14 and 15. Place and date : Quime and Luribay Participants: 16 participants from Networks 14 and 15</p>	<p>Instrument validated with respect to its operational implementation, enabling the identification of priority programmatic issues to strengthen.</p>	<p>40 health professionals trained on multi-programmatic supervision methodology and instruments in the La Paz health network.</p>	
			<p>Workshop for the reformulation of the FORTALESSA Project and 2013 planning, La Paz SEDES Place and date: Coroico, February 27 and 28 Participants: 40 Participants: 6 management teams of health network coordinators, SEDES technicians and representatives of FORTALESSA USAID partners: UNICEF, MCHIP; DELIVER healthy Communities, PAHO. 31 doctors, 3 registered nurses, 2 nutritionists, 2 administrative, 2 other.</p>	<p>Review and update of the 2013 AOP, La Paz SEDES, in coordination with each partner of the FORTALESSA Program.</p>	<p>1 AOP for 2012 and 2013 developed for each SEDES</p> <p>Six Network Coordinator Teams part of the La Paz SEDES have reformulated AOP's and Annual Action Plans.</p>	
		<p>Strengthening of the Administrative Unit for the monitoring of the financial implementation and development of administrative processes.</p> <p>Support provided to the SEDES' new organizational structures.</p>		<p>Hiring of 4 professional Administrative Technical Assistants (2 for the La Paz SEDES and 2 for the Chuquisaca SEDES) who provide support to Administrative Units at each SEDES within the framework of the FORTALESSA Project.</p>	<p>Strengthening of the SEDES administrative human resources. More agility in administrative processes for the allocation of resources to operations staff. Better control of the accountability of activities.</p>	
				<p>Development of a Manual of Processes and Procedures for the Financial Management of the La Paz SEDES Started in June and finished in August 2012 Participants: La Paz SEDES and Network technicians, under the supervision of the consultant of the FORTALESSA Project.</p>	<p>The La Paz SEDES has a manual of current administrative procedures.</p>	<p>There is a manual available for the planning, follow up and monitoring of the administrative management, for financial management, applied at the La Paz SEDES level.</p>
				<p>Development of an Internal Operations Regulations for the use of Cooperation funds type HACT, to be used by the MSD and the Chuquisaca and La Paz SEDES. Date: September 2012 - February 2013 Participants: Technical administrative staff of each institution, under the supervision of the General Planning Directorate and the Financial Sector of UNICEF.</p>	<p>Instrument that will be used as model for other cooperation programs that share the transference of resources to the MSD and/or SEDES modality.</p>	<p>Operative Administrative Financial Regulations validated with each counterpart.</p>
				<p>In Chuquisaca, monitoring of financial execution and accountability reports Place and date: 15 municipalities of 2 networks (2, 5), November 2012, 2 municipalities of 2 networks (3 and 5), February 2013 Participants: 2 administrative officers reviewed 6 accountability reports and verified the organization of the event with respect to its administrative aspects.</p>	<p>Appropriate administrative procedures in the accountability of activities performed through the Padilla, Monteagudo and Tarabuco networks (C.A.Is)</p>	<p>CHQ, 100 % of accountability reports revised</p>
				<p>Alignment of the Organizational Structure to the Strategic Plan of the La Paz SEDES. Technical support provided by the consultant of the FORTALESSA Project to Dr. R. Cordero, Dir. Of Planning Unit, La Paz SEDES. August 2012.</p>	<p>The La Paz SEDES has an organizational structure as per the Strategic Plan.</p>	
				<p>Development of the Manual of Functions of the Chuquisaca SEDES. Place and date: Sucre, July 2012 Participants: 50 SEDES technicians under the supervision of the consultant of the FORTALESSA Project</p>	<p>SEDES staff know the strategic guidelines, objectives and functions of each Unit and Area of the La Paz SEDES.</p>	<p>Chuquisaca SEDES has a Manual of Functions aligned with the Sectoral Health Plan</p>
				<p>In La Paz, development and implementation of methodology concerning the Evaluation of the Performance of Human Resources of health networks.</p>	<p>Important weaknesses were identified in the managerial competencies of Network coordinators. Development of a managerial training plan for Network coordinators.</p>	
<p>Workshop for the socialization of technical and administrative reports, and of the departmental communication strategy. Place and date: Sucre, March 1st, 2013. Participants: 40 officers of SEDES, Networks and municipalities.</p>	<p>Staff trained on the handling of technical and administrative reports, validation of the departmental communication strategy with the Networks. Application of guides of the development of technical reports and administrative processes.</p>	<p>40 officers of SEDES, Networks and municipalities trained on the preparation of technical and administrative reports, 20 men and 20 women (15% of SEDES technicians, 100% of networks and 100% municipalities)</p>				

<p>IR 1.2: Strengthening of the SEDES capacity to plan equitably and efficiently, management and allocation of human and financial resources for integrated programs.</p>	<p>P.3 Strengthening of the SEDES institutional capacities to analyze and use information for decision making purposes.</p>	<p>Standardization of health staff on health indicators to be monitored during the monitoring of quality information.</p>	<p>Standardization and socialization of indicators of the Chuquisaca SEDES programs Place and date: Sucre, Supervision workshop Participants: 71 people, SEDES technicians and Chuquisaca Network Coordinators.</p>	<p>Adaptation of Program Indicators to Management Commitments. Multi-programmatic supervisors with information quality monitoring at health establishments.</p>			
		<p>Strengthening of ASIS rooms through the provision of equipment at SEDES and Network Coordinator's levels.</p>	<p>Delivery and training workshop concerning the furnishing of equipment of ASIS rooms on 7 Network Coordinators and SEDES of the department of Chuquisaca: 10 Data and 17 Laptops delivered. Place and date: Azurduy, September 2012. Participants: 18 officers.</p>	<p>Chuquisaca Networks have equipment and trained staff to improve the quality of information on ASIS rooms.</p>	<p>90 % of Network Coordinators equipped with computers and audiovisual equipment, strengthening the ASIS room</p>		
			<p>Delivery of a TV set and DVD player to the ASIS room of the SNIS unit of the La Paz SEDES.</p>	<p>The La Paz SEDES has equipment for the socialization of data in interactive fashion.</p>			
				<p>Technical and financial support to Information Analysis Committees for strategic prioritization in health.</p>	<p>In La Paz, 1 Departmental CAI. Place and date: Coroico, December 2012 Participants: 88 participants, 24 network coordinators, 12 Directors of level II and III hospitals, 2 representatives of the Departmental Health Committee, 16 technicians heads of SEDES programs, 4 administrative staff, 4 MSD authorities, 14 people from the Organizing SEDES, 5 NGO and UNICEF.</p>	<p>Updating of strategic activities to prioritize for the reduction of maternal-infant mortality.</p>	<p>7 Chuquisaca network coordinator teams (100%) and 6 La Paz network coordinator teams with 2012 AOPs reformulated and with annual action plans with commitments product of the analysis.</p> <p>100% of prioritized indicators analyzed at departmental level for decision making purposes</p>
				<p>In Chuquisaca, Departmental Information Analysis Committee Place and date: February 27 and 28, 2013 Participants: 125 participants among officers and community representatives of 29 municipalities and the SEDES, 67 men and 58 women.</p>	<p>2012 period information analyzed, including the evaluation of management commitments and the SEDES budget execution Development of action plans with commitments for the 2013 period</p>		
					<p>In Chuquisaca, Workshops for the analysis of maternal mortality Place and date: Municipality of Villa Abecia and Municipality of Sucre, October 2012. Participants: 52 Participants: 17 men and 37 women.</p>	<p>Strengthening of Shared Management in municipalities</p>	<p>52 health care providers with capacities to analyze maternal deaths</p>
<p>IR 1.3 Strengthening of network skills to support municipalities, CSM and DILOS in the planning, budgeting and co-management of health services.</p>	<p>P.1 Improvement of the capacity of Network Coordinators to inform the CSMS and DILOS about the SAFCI policy, its activities and responsibilities.</p>	<p>Implementation of plans to disseminate the SAFCI at 7 Chuquisaca networks, aimed at health staff and local authorities.</p>	<p>In Chuquisaca, 39 workshops organized for the socialization of the SAFCI policy Place and date: 7 Chuquisaca networks, June 2012 - December 2012 Participants: 843 people, health staff and representatives of social organizations.</p>	<p>Dissemination of the SAFCI policy to 90% of first and second level health service providers and to social organizations of the Chuquisaca SEDES. Local health committees and Municipal Social Councils coordinate activities with health staff. Reorientation to the promotion and intercultural approach from the assistance biomedical approach.</p>	<p>843 people of the Chuquisaca health network, 250 providers and 593 representatives of social organizations trained on SAFCI</p> <p>60 % of the Chuquisaca CSM and DILOS trained on SAFCI policy, 70% male and 30% female.</p>		
		<p>Implementation of activities to incorporate the health issue in municipal organic charts</p>	<p>Workshop for the socialization of the Health issue in the department of Chuquisaca. Place and date: Sucre, July 2012 Participants: 50 officers-technicians of the SEDES and municipal leaders, facilitator of the Vice-ministry of Autonomies.</p>	<p>Incorporation of the health issue in the Organic Charts of Chuquisaca municipalities.</p>	<p>80 % of municipal leaders of Chuquisaca trained on incorporating the health issue in municipal organic charts</p>		

IR 1.3 Strengthening of network skills to support municipalities, CSM and DILOS in the planning, budgeting and co-management of health services.	P.2 Improvement of Network skills to support municipalities, CSM and DILOS in the use of data for decision making purpose and to receive feedback to improve the Information System	<i>Development of CAIs in Network Coordinators and municipalities of La Paz and Chuquisaca, analyzing prioritized indicators with a gender and interculturality approach.</i>	In Chuquisaca, 96 Information Analysis Committees (CAI) at the level of the seven Networks and 29 municipalities, 1 CAI of hospitals in Network 1, Sucre. 2012 and 2013 periods Participants: 3672, among representatives of civil society, health staff of different municipalities, DILOS and social structure. In La Paz, 12 Network CAI organized through 6 networks. 2012 and 2013 periods Participants: 168 officers and representatives of civil society, health staff of different municipalities, DILOS and other representatives of civil society and social structure.	Information about the current term analyzed, including management commitments and the SEDES budget execution Implementation of Action Plans to improve service provision and comply with Management Commitments and program indicators. Active and permanent participation by civil society Improvement of hospital information. Identification and socialization of health priorities with local authorities. Analysis of Management Commitments Analysis of indicators and health coverages for childbearing age women and children less than 5 years old. Recommendation made by the Epidemiological Unit about redoubling the efforts to improve infant and maternal health coverages.	100 % of the Chuquisaca networks organized their respective CAIs, analyzing management commitments with the corresponding social participation. 100% of La Paz networks organized their respective CAIs, analyzing management commitments with the corresponding social participation. 100% of prioritized indicators analyzed by NETWORKS for decision making purposes
	P.3 Increment of the capacities of Network Coordinators to support municipalities, CSM and DILOS in planning and budgeting plans.	<i>Programming of health activities for 2013 with the participation of CSM, health technicians and other grassroots organizations.</i>	In Chuquisaca, 1 workshop for the development of the 2013 AOP Place and date: Sucre, August 2012. Participants: 70 officers and representatives, SEDES technicians, Network coordinators, municipal health leaders and social organizations. In La Paz, 1 workshop for the development of the 2013 AOP Place and date: Copacabana La Paz, August 29 and 30, 2012. La Paz, November 2012 Participants: 57 officers and representatives, SEDES technicians, 6 network coordinators, 27 municipal health. With the collaboration of MCHIP, DELIVER, Healthy communities, USAID and FOREDES. 2 Training workshops on planning and budgeting. Place and date: La Paz, May and August. Participants: for each workshop: 27 municipal health leaders, 6 network coordinators, SEDES technicians	Development of the 2013 AOP CHUQUISACA for FORTALESSA. Development of the 2013 AOP LA PAZ for FORTALESSA. Socialization of the new program's approach Development of new programming methodology for health networks Coordination with partners of the FORTALESSA program. Socialization of the SEDES strategic axes. Training on the handling of AOP forms. Adjustment to the 2012 AOP Reprogramming of 2013 AOP	1 2012 AOP developed for each one of 15 Networks 1 2012 AOP developed for each one of 29 municipalities
IR 1.4 Improvement of the capacities of the DILOS and the CSM to guarantee that the planning and management of health services are equitable, effective and efficient.	P.1. Improvement in the skills of municipalities, CSM and DILOS in the use of data for decision making purposes and to provide feedback for the improvement of information systems	<i>Organization of municipal and community CAIs to analyze prioritized indicators with a gender and interculturality approach.</i>	Active participation in CAIs of grassroots organizations, DILOS and other representatives of civil society	Strengthening of Shared Management in municipalities.	
	P.2. Increment in the capacities of DILOS and CSMS to develop plans and budgets.				

IR2. Access to and quality of intercultural healthcare increased and improved (Access and Quality)						
Immediate Results/Project Results	Project Results	Main activities by Project Results	Activities executed	Effect	Indicators	
IR2.1.- Improvement of the Technical Coordination and Headship of the MSD's Technical Programs within the SUS-SAFCI framework	P1 . Strengthening of the MSD in the implementation of the regulation and guides for integrated care (maternal-infant, family planning, adolescent, sexual and reproductive health, TB) within SAFCI, including those for home visits by health and community staff	<p><i>Review, development, validation and printing of regulatory guide on:</i></p> <p><i>a) maternal health, sexual and reproductive health, post-abortion care, family planning and CONE</i></p> <p><i>b) Infant health</i></p> <p><i>c) Tuberculosis</i></p> <p><i>d) SUS</i></p> <p><i>e) Health promotion.</i></p>	<p>1. - National Regulation for the characterization of first level health care establishments.</p> <p>2. - National Regulation for the characterization of second level health care establishments.</p> <p>3. - Clinical Care National Regulation.</p> <p>4. - Manual of the Implementation of Short Maternal-Infant Health Care Quality Improvement Cycles.</p> <p>5. - 2013-2015 Immediate Action Plan Booklets of the reduction of maternal mortality</p> <p>6. - Manual of infrastructure and equipment of first and second care level establishments.</p> <p>7. - Manual of organization of "Maternal Homes".</p>			
			<p>Development and socialization of - Interactive CDs to self-train on Clinical Nut IMCI and Neonatal IMCI with focus on the Attention Continuum.</p> <p>Technical support to PAI head in Chuquisaca, September 2012.</p> <p>Collaboration JHPIEGO, MCHIP</p>			
			<p>Final revision of the Manual of the care of acute grave malnutrition (revision performed by the co-authors of the manual and the MSD's USSC) February 2013</p>	<p>There is an updated regulation for the care of acute grave malnutrition on level II and III hospitals.</p>		
				<p>Technical assistance for the dissemination of short quality improvement cycles in TB Georgina Apaza, UNICEF consultant, TB component</p>	<p>The National TB Program has a plan to expand CMCC in TB</p>	<p>2 new regulations concerning integrated care within the logical framework of the SAFCI policy implemented (maternal-infant, family planning, sexual and reproductive health, infectious diseases)</p>
			<p><i>Technical assistance for the implementation of national regulations</i></p>	<p>In La Paz and Chuquisaca, development and validation of Action plan for the control of an outbreak of pertussis (including the writing of the document, validation by the Chapters of the Pediatric Society of La Paz and Chuquisaca and the national PAI)</p>	<p>There is an official plan of action to respond to the outbreak of pertussis in Bolivia based on the work performed by the Chapters of the Pediatric Society of La Paz and Chuquisaca.</p>	
			<p>National workshop for the validation of the regulation of infections associated to health care.</p> <p>Place and date: Santa Cruz, March 26-28, 2013</p> <p>Participation of SEDES national authorities, operations staff related to intra-hospital infections at national level.</p> <p>Participant: 60 people (15 men and 45 women).</p>	<p>Results, protocols and proposal fore regulation of IAAS approved: work plan for the "Implementation of a National Epidemiological, Prevention and Control of Infections Associated to Health Care System" (IAAS).</p>	<p>Protocols and proposal for regulation of IAAS approved; work plan for IAAS 2013 period. Total participants: 60 people (15 men and 45 women)</p>	
			<p><i>Training of national facilitators on maternal health and CLINICAL NUT and NEONATAL IMCI</i></p>	<p>Incorporation of interactive self training courses on NUT CLINICAL IMCI and NEONATAL IMCI following the Attention Continuum training methodology</p>	<p>Training of departmental facilitators in all Bolivian SEDES on NUT CLINICAL IMCI and NEONATAL IMCI.</p>	
			<p>National training workshop of Clinical Care -NNAC and Neonatal IMCI.</p> <p>Place and date: Oruro, June 26-29, 2012</p> <p>Participants: Staff of the areas of health networks of the 9 SEDES, and health staff of prioritized networks.</p>	<p>77% of participants comply with the development of action plans in the NNAC</p>		
			<p>National workshop on Neonatal Resuscitation and presentation of results.</p> <p>Place and date: La Paz, May 16, 2012</p> <p>Participants: 2 Professionals of the Neonatal Resuscitation Health Committee from each department (18 instructors).</p>	<p>Training of 18 National Basic Neonatal Resuscitation instructors.</p> <p>Socialization of the results of the 9 Neonatal Resuscitation Committees</p> <p>Development of a Wok Plan for each Committee for 2012.</p> <p>Analysis of the Training Plan for the first level.</p>		

IR2.1.- Improvement of the Technical Coordination and Headship of the MSD's Technical Programs within the SUS-SAFCI framework	P.2.Strengthening of the MSD technical capacities for the implementation of integrated care and functional health networks of maternal and neonatal health at all care levels (health services up to the community.	Updating and socialization of regulations for the characterization of first and second level health establishments	Agreement and validation of National Regulation for the Characterization of first and second level care establishments. Place and date: Huatajata, June 11-13 and Cochabamba, June 27-29, 2012 Participants: Health Operations Staff (Auxiliary nurses, head doctors, network coordinators, area doctors) and the SEDES representatives.	National Regulation for the Characterization of First and Second Level Health Care Establishments, validated and adjusted according to technical criteria of health networks' operations staff.	
		Implementation of Continuous Quality Improvement Cycles in maternal-infant health at national level (training, supervision, surveillance quality recognition).	Sixth National session of learning and development of methodology for continuous quality improvement cycles in maternal and infant health. Place and date: Santa Cruz, June 18-20 Participants: MSD authorities (Minister of Health and Sports, General Health Directorate, Head of Health Service Unit); representatives of maternal-infant health, quality and services of the 9 SEDES, professionals of 27 hospitals that apply continuous quality improvement cycles and external cooperation UNICEF, MCHIP, FCI/CCH.	Formulation of corrective proposals aimed at the MSD, SEDES, and training hospitals and updating of this issue for staff.	
		Evaluation of adaptation of traditional medicine and health establishments in the department of Chuquisaca	National session for the follow up, monitoring and evolution of continuous quality improvement cycles in maternal, neonatal and infant care. Place and date: La Paz, October 4 and 5, 2012 Participants: MSD authorities (Head of Health Service Unit); representatives of maternal-infant health, quality and services of the 9 SEDES, professionals of 27 hospitals that apply continuous quality improvement cycles. Collaboration: JHPIEGO/MCHIP, USAID.	Review of compliance with quality care standards at 27 country's hospitals.	
			Evaluation of Chuquisaca health networks III, V and VI to improve the articulation between traditional medicine and health establishments Evolution of the implementation and adaptation of intercultural health services in the different health establishment of the department of Chuquisaca. Health establishments evaluated: "San Juan de Dios", Redención Pampa, Municipality of Mojoycoya of Health Network II. Hospital "Marcos Rojas Zurita" of the Padilla Municipality in Network III and "Hospital San Juan de Dios" of the Camargo Municipality in Network VI. Evaluation of health staff on intercultural health processes	Health establishments with intercultural health care experience adapted to health service integrated networks and the SAFCI policy.	
	P.3. Innovative strategies formulated to increase access to proven and effective interventions in maternal-infant health, Sexual and reproductive health, family planning and TB, including an increase and/or improvement of infrastructure culturally adapted and with mobile equipment, home visits by health staff, maternal homes, telemedicine, etc.	Increase in the accessibility of the population to health service and health care providers.	Creation, training and monitoring of SAFCI mobile teams		140 SAFCI technicians of mobile teams knowledgeable about the SAFCI policy and its strategies.
		Furnishing of audiovisual means and other to strengthen the operation of Service Unit.	Furnishing of equipment (data displays and laptops) to Service Units. Delivery: September 2012		
	P.4. Strengthening of the MSD capacities to implement a monitoring and supervision system that ensures compliance with national regulations, including integrated and intercultural quality services.	Technical support to the supervision of the quality of the SNIS data in the department of Chuquisaca, and update of data collection instruments.	Technical support to the review of instruments for the capture, systematization and consolidation of data for the National Health Information System (SNIS). La Paz, November 29 - 30, 2012 40 national level participants National Health Information System	The SNIS has innovative tools developed in participative fashion.	
			Development and validation of the guide of technical reports, aimed at health staff and SEDES technicians. Pilot implementation in March and April 2013 at the Camargo Network	Instrument that enable unifying among health officers reporting criteria for different activities under the responsibility of health staff.	
			National training workshop on the management of coding of diseases and death causes (CIE-10) Place and date: La Paz, Ed. Hermann: September 26 - 28, 2012 Participants: Operations staff of networks and level II and III hospitals. 50 people National Health Information System SNIS	Systematization of the Epidemiological Surveillance and Health Surveillance System. Improvement of quality management capacities in health establishments.	
			Cross-supervision of data quality by the departmental SNIS-VE of La Paz and Chuquisaca, in rural and urban networks and health establishments. Place and date: Padilla and Monteagudo Networks, October 22 - 26, 2012 Participants: 15 Chuquisaca National Health Information System SNIS	Conditions improved at institutional level to reduce the percentage rate of the data for departmental services of La Paz and Chuquisaca.	

<p>I R 2.2 Development of the SEDES' capacities to improve the clinical and intercultural competencies of health care providers</p>	<p>P.1 Skills of SEDES increased to disseminate and implement national regulations and guides, including house calls by health and community staff</p>	<p>Implementation and dissemination of maternal, neonatal and infant regulations in health networks.</p>	<p>2 training workshops on maternal health (Care of complication during delivery) within the framework of the Departmental Training Plan of La Paz. Place and date: La Paz, August 13 - 14, 2012; second session in September. Participants: 90 health professionals of first and second level health establishments. Collaboration: JHPIEGO, MCHIP program</p>	<p>Facilitators supporting the dissemination of Maternal Health Regulations, for the operations staff of La Paz and Chuquisaca networks.</p>	<p>155 professionals of the La Paz network trained on maternal and neonatal health within the framework of national regulations.</p>
			<p>In La Paz, evaluation workshop of maternal health. Surveillance group of maternal-neonatal mortality. Place and date: Hospital de la Mujer, La Paz: December 2012 Participants: 23 health professionals of level II and III hospitals Collaboration: JHPIEGO/MCHIP</p>		
			<p>2 training workshops for La Paz departmental facilitators, on Attention Continuum Place and date: La Paz, November 2012 Participants: 24 professionals at department level and 18 at urban network level</p>	<p>Dissemination of Attention Continuum strategy in 12 networks of the department of La Paz.</p>	
			<p>Training workshops on the operation of the interactive CD NUT CLINICAL IMCI and NEONATAL CLINICAL in La Paz health networks Place and date: February, March and April 2013, Networks 3, 5, 8, 14, 15, Los Andes. Participants: 221 health professionals</p>	<p>Participation of 24 out of 28 municipalities where project activities are being implemented Increase in the application of NUT CLINICAL IMCI to reference-counter-reference cases. Socialization for health professionals of the self-training process of NUT CLINICAL IMCI and NEONATAL IMCI.</p>	<p>221 health professionals trained on NUT CLINICAL IMCI and NEONATAL CLINICAL IMCI at six rural health networks and one of El Alto</p>
			<p>Workshops on Regulations and Maternal Care Guides Place and date: Network VII, Sucre Rural, 2012 period. Participants: 25 health staff members</p>		<p>137 health professionals of the Chuquisaca network trained on maternal and neonatal health following national regulations</p>
			<p>5 internships for first level health staff in 2nd and 3rd level hospitals in Chuquisaca, on CONE and HPME during the year's last quarter. 65 officers doctors and nurses</p>	<p>65 officers, doctors and nurses with clinical skills for the care of CONE and HPME.</p>	
			<p>Workshops for NUT IMCI facilitators of the Monteagudo Network, Chuquisaca Place and date: November 2012, Monteagudo. Participants: 6 officers.</p>		
			<p>In Chuquisaca, training workshop for facilitators of maternal health Place and date: Sucre, July and August 2012 Participants: 41 officers of the 7 networks. Collaboration: JHPIEGO/MCHIP</p>	<p>Facilitators supporting the dissemination of Maternal Health Regulations among operations staff of the networks of the departments of La Paz and Chuquisaca.</p>	
		<p>2 training workshops on regulations for the characterization of first and second level health establishments, organized in Chuquisaca. Place and date: Azurduy and Camargo Networks, October and November 2012 Participants: 42 officers trained on the regulation, 21 men and 21 women.</p>		<p>47 health officers of the Chuquisaca network trained on the characterization of first and second level establishments.</p>	
		<p>Workshop for hospital staff on neonatal reanimation procedures</p>	<p>2 La Paz departmental workshops on Basic Neonatal Reanimation for the training of first care level facilitators. Place and date: LA Paz SEDES, August 2012; and UNICEF, November 2012 Participants: 38 people. 24 health professionals of 6 La Paz networks and 14 participants of II and I level hospitals</p>		<p>83 professionals of the La Paz health network trained on basic neonatal reanimation</p> <p>83 professionals of the Chuquisaca health network trained on basic neonatal reanimation</p>
			<p>In Chuquisaca, 3 workshops on Basic Neonatal Reanimation Place and date: September 2012, 4-6 de March 2013, Chuquisaca SEDES. Participants: 66 health professionals (doctors and registered nurse) trained as facilitators.</p>		
			<p>In La Paz, 4 workshops on Basic Neonatal Reanimation Place and date: La Paz SEDES, August and September 2012. Participants: 45 health professionals (doctors and registered nurses): Copacabana hospital and C.S. Isla del Sol (Network 5), Aymara Escoma hospital (Network 3), Las Yungas Coroico general hospital (Network 8).</p>	<p>Basic Neonatal Reanimation: correctly reanimate the newborn suffering from asphyxia save live sin 90% of cases.</p>	
			<p>Write up and validation of neonatal stabilizing and transportation guide (validation by 5 neonatologists of La Paz hospitals; validation at level I and La Paz SEDES) January 2013</p>	<p>There is a regulation to improve newborns reference from level I to level II</p>	
			<p>In La Paz and Chuquisaca, training on neonatal stabilizing and transportation Place and date: Copacabana, February 18-19, 2013; Coroico, March 12, 2013; Tarabuco, March 24-26, 2013 Participants: 16 health staff del hospital de Copacabana, 15 health staff del hospital de Coroico, 15 health staff del hospital de Tarabuco</p>	<p>Health staff of the Copacabana, Coroico and Tarabuco hospitals trained on newborn reference.</p>	<p>31 health professionals of the La Paz network trained on neonatal stabilizing and transportation</p> <p>15 health professionals of the Chuquisaca network trained on neonatal stabilizing and transportation</p>

P.1 Skills of SEDES increased to disseminate and implement national regulations and guides, including house calls by health and community staff	Implementation of Continuous Quality Improvement Cycles in maternal-infant health at national level (training, supervision, surveillance quality recognition).	In La Paz, 3 training and implementation courses on CMCC, maternal-infant care and CONE for health staff Place and date: Network 3 Camacho, October 2012; Hospital de Escoma and Network 8: Yungas Hospital de Coroico, February 25, 2013 for the los Andes El Alto Network. Participants: 34 doctors, 10 registered nurse Technical support of JHPIEGO/ MCHIP	Training of facilitators on CONE and CMCC and neonatal health.	462 professionals of the health networks of La Paz and Chuquisaca trained on MCC in maternal, neonatal and infant health.
		In Chuquisaca, 7 workshops on CMCC in maternal and neonatal health implemented. Place and date: Health Network I Sucre, October 12, 2012; VI Camargo 2012, hospital Tarabuco, October 26, October 28. Participants: 295 officers: 114 men and 181 women Technical support of JHPIEGO/MCHIP		
		Implementation of CMCC in maternal, neonatal and infant care in Chuquisaca and La Paz establishments. Place and date: Municipality of the Camargo Network, Network I Sucre and Network Sucre Rural. October - December in municipalities of Networks 3, 8 and El Alto. Participants: 123 professional participants of hospitals and health establishments part of the networks. Collaboration: JHPIEGO MCHIP program	Dissemination of CMCC in maternal, neonatal and infant health in 56 health establishments of the department of Chuquisaca Monitoring of CMCC standards in La Paz (Garita Lima) and Hólandes hospitals. Socialization of CMCC in Mujer y del Niño hospital of La Paz	
		First workshop of Departmental evaluation of the National Learning session and the development of CCM methodology for maternal and infant health. Place and date: Coroico- La Paz, December 2012 Participants: MSD authorities, 7 II and III level hospitals urban and rural. Collaboration: JHPIEGO/MCHIP		
		Supervision, measurement of baseline and monitoring of CMCC indicators in hospitals of both departments. Place and date: Hospital Copacabana, October 8, 2012, Hospital Copacabana: Hospital LosAndes, October 22; Hospital Camargo, October 23; Hospital Coroico, November 17. Participants: health staff and management	Baseline of indicators for CMCC in maternal, neonatal and infant areas, Hospital Copacabana Training of health staff on measurement of CMCC indicators	
	Home visits and campaigns by health staff to the community	In Chuquisaca, fast monitoring of vaccination coverages. Place and date: Municipalities of Icla, Presto and Mojoycoya, March 12 - 17. Participants: 4 PAI officers.	There were no children found outside the age group to be vaccinated in communities of municipalities visited. The re were no cases suspected of carrying any immunepreventable diseases	In Chuquisaca: 82 % coverage of third pentavalent dose 124 % of children from 6 months to 1 year old with complete iron dose 80 % of children less than 2 years old with complete iron dose
		In Chuquisaca, 2 rounds of multi-programmatic vaccination campaigns and home visits in the 7 networks. Place and date: November 2012, March 2013. Participants: health staff of networks	Increase in vaccination coverages and distribution of micronutrients.	In Chuquisaca: 29 Chuquisaca municipalities implementing innovative strategies to reach hard to access populations. 567 communities visited 4692 home visits 9507 families treated Total: 40381 treatments, 29913 treatments performed by mobile SAFCI teams
		In La Paz, home visits for monitoring and health coverage extension by health staff. Place and date: March and April 2013 Participants: Teams of brigades of Networks Los Andes El Alto, Network 3, Network 5 Manco Kapac and Network 8 North and South Yungas, Network 14 Loayzala	21 municipalities were visited, 20 rural and one urban in El Alto; 2.657 families with children less than five years old. Extension of coverage (PAI and nutrition) for children with access difficulties to health services.	In La Paz: 21 municipalities implementing innovative strategies to reach hard to access populations. (Except Inquisivi) 105 communities visited 2,657 children less than 5 years old dosed with <i>chispitas</i> and vitamin A. 645 children less than 1 year old vaccinated with pentavalent
	Furnishing of equipment and start of operations of the capacity Development Center at SEDES/third level hospitals.	In Chuquisaca, Technical support to the self diagnostic of the certification of Hospitals Gineco Obstetrico and Lajastambo selected as CDC	The Lajastambo hospital has reached over 78% of standards in self-diagnosis. Certification of the Lajastambo hospital and creation of CDC in November	
		In La Paz y Chuquisaca, delivery f equipment to implement the CDC (Hospital Los Andes): 2 data shows, 8 computers and printers, 2 ecran, 1 laptop, 1flat screen TV, 1 DVD player.	CDC: Training centers near health networks.	2 CDC (La Paz and Chuquisaca) equipped with training material.

P.2 Improvement of supervision systems that ensure compliance with national regulations and guides concerning community and intercultural family health at SEDES level	Training of heads of departmental programs and network managers on supervision.	In Chuquisaca, 1 training workshop on Multi-programmatic Supervision. Place and date: Sucre, Mayo 2012. Participants: SEDES technical staff, Network coordinators and municipal leaders, trained on multi-programmatic supervision and have the corresponding tools.	Improvement of the sub-system of supervision at all SEDES management levels.	100% of technicians of both SEDES trained on Multi-programmatic Supervision
		Training workshop on Multi-programmatic supervision. Place and date: La Paz, September 5 -7, 2012, La Paz SEDES. Participants: 31 SEDES officers and technicians, network coordinators, municipal leaders. Collaboration: JHPIEGO, MCHIP program		
		Validation of integrated supervision instrument by the La Paz SEDES technical staff of 6 health networks Place and date: March 25 - 28 Participants: 2 teams composed of 6 SEDES technicians and 2 drivers	Validation of SEDES Integrated Supervision Instrument for health networks	
	Execution of training supervision by the SEDES to health networks on maternal, infant and adolescent health related issues	In Chuquisaca, Implementation of 59 multi-programmatic supervisions related to maternal, infant and adolescent health. Place and date: Oct-December 2012, March 2013 Performed at 7 health networks, with a total of 450 supervisions of health establishments; 5 to 7 network coordinators and 5 to municipal headships.	90 % of the Chuquisaca SEDES health establishments supervised.	90% of the health services of the Chuquisaca SEDES supervised.
Implementation of 35 multi-programmatic supervisions related to maternal, infant and adolescent health. Place and date: November and December 2012, March and April 2013 Health Network 3 Escoma to 100 % of health establishments, Network 5 Manco Kapac to 60% of health establishments, Network 8 North and South Yungas to 60% of health establishments, Network 14 Loayza to approximately 80% of health establishments, Network Los Andes El Alto to 50 % of health establishments. Participants: 6 SEDES technicians of Planning and Quality Units and the SNIS.		Identification of weaknesses in knowledge and updating of regulations for the care of mothers and newborns Development of training plan for next term Identification of the needs of supplies (micronutrients and antibiotics for children less than 5 years old) and material (vehicle)	60% of the health services of La Paz SEDES supervised. 100% of network coordinators supervised in Chuquisaca	
P.3 Improvement of reference-counter-reference system	Development and implementation of plan for the training on the guide of organization of the operation of integrated health networks with emphasis on maternal-infant health care.	Workshop on the development of a Functional Network Plan at the La Paz SEDES. Place and date: La Paz, August 2012 Participants: 35 participants of Network 5 Los Andes Manco Kapac and Hospitals Los Andes El Alto and Materno infantil La Paz, in addition to SEDES technical staff and NGOs.	Network 5, Los Andes Manco Kapac and the Los Andes de El Alto hospital as pilot implementation network Training on Basic Neonatal Resuscitation for health staff of the Los Andes and Copacabana hospitals.	
		In Chuquisaca, 1 training workshop on the operation of Integrated Health Networks and of the Reference-Counter-reference System. Place and date: Sucre, Mayo 2012. Participants: 70 SEDES officers, network coordinators and municipal leaders	Technical and operational staff of the Chuquisaca SEDES trained on Integrated Health Networks and Reference and Counter-reference System.	70 officers trained on reference-counter-reference system of the La Paz health network
	Training of health staff on reference and counter-reference, based on the national regulation and local reality.	In Chuquisaca, 14 training workshops on reference and counter-reference. Development of reference-counter-reference forms. Place and date: Different Chuquisaca municipalities, July 2012 and October and November 2012. Participants: 393 SEDES officers, networks and municipalities trained on the national Regulation of the Reference-Counter-Reference System	Reference-counter-reference system operating as per regulation.	393 officers trained on reference-counter-reference system of the Chuquisaca health network
		In Chuquisaca, obstetric emergency drill in community to validate the operation of the reference-counter-reference system. Place and date: municipalities of Villa Charcas, Culpina and Camargo. Participants: 58 people, health staff as well as community people: 24 men and 34 women. Technical support of JHPIEGO/ MCHIP	Health staff and social structure aware of the importance of obstetric reference, improvement in application of plans.	

			Technical assistance to the implementation of Short Quality Improvement Cycles in TB Georgina Apaza, UNICEF's consultant, TB component		
			In La Paz, technical support to the TB/HIV Inter-programmatic Committee during its monthly meetings Place and date: La Paz 10/31/12 and 12/10/12, La Paz Participants: 20 doctors, 15 registered nurses and 15 other professionals	Development of care flows of TB/HIV infection cases for first, second and third level.	
	P.4 Increment of SEDES skills to implement and supervise DOTS	Workshops for the expansion of continuous quality improvement cycles with TB standards MDR and RAFAS	In La Paz, 2 training workshops on co-infection, TB MDR and RAFAS for the 6 networks Place and date: La Paz, July 27, 2012 and December 13-14, 2012 Participants: 68 people of the 6 networks Collaboration with HCI.	Training on epidemiological surveillance and correct management of co-infection. Training on the appropriate handling of TB pharmacy-resistance. Training on identification of RAFAS and the appropriate handling of RAFAS	107 professionals of the Chuquisaca health network trained on TB CMCC
			In La Paz, modular distance training workshop on CMCC of TB for Networks 3, 5, 14 and 15. Place and date: La Paz, November 12-13-14, 2012. Participants: Representatives of 23 municipalities, 39 health staff members, 21 doctors, 15 registered nurses, 4 auxiliary nurses.	Creation of 23 teams of facilitators in health establishments Implementation of DOTS boxes in high TB prevalence municipalities	
			In Chuquisaca, 22 workshops on CCMCC of TB Place and date: 7 networks, July and August 2012, October and November 2012, February and March 2013 Participants: 590 officers of 7 networks Collaboration: HCI	Implantation of short cycles methodology for TB control in SEDES services.	590 professionals of the Chuquisaca health network trained on TB CMCC In Chuquisaca: 100 % of training workshops held has the technical and regulatory support of the SEDES.
			Monitoring of implementation of CMCC for TB, La Paz. Place and date: Networks 3, 5, 14 and 15, February and March 2013 Participants: TB heads of networks: 5 municipalities of Network 3; 6 municipalities of Network 5; 4 municipalities of Network 14; and 6 municipalities of Network 1	Evaluation of DOTS strategy. Evaluation of implementation of CMCC in TB: 80% of health establishments improved the quality of the sputum sample. 80% of municipalities have implemented strategies of the good sample format and red seal 75% of health establishments intervened implement DOTS boxes.	21 health establishments implementing TB short quality improvement cycles
IR 2.3 Improvement of the capacities of health networks to supervise integrated quality services provision within SAFCI's framework	P.1 Improvement of supervision systems for the application of regulations, standards and clinical performance in selected networks	Execution of training supervision by the 7 Health Network Coordinators to health units part of their action scope.	In Chuquisaca, Implementation of 60 multi-programmatic supervision on maternal, infant and adolescent health issues by network coordinators and municipal headships to health services in 29 municipalities	Health staff with improved capacities in maternal, infant and adolescent care in SEDES health services.	100 % of municipal headships supervise complying with regulations. 100 % of all Chuquisaca SEDES establishments supervised.
			In Chuquisaca, 7 supervisions of health services of municipalities for fast monitoring of vaccination coverages.	Guarantee of vaccination coverage guaranteed by the health services of municipalities.	68 health services with Fast Monitoring of vaccination coverage in Chuquisaca.
	P.2 Increment in the number of certified health establishments	Development and implementation of certification plan at SEDES and Health Network level	Certification of Services workshops in the department of Chuquisaca. Place and date: 2 service networks: Azurduy Network with the Azurduy, Sopachuy and Tartiva municipalities. Camargo Network with the Villa Abecia municipality, October and November 2012. Participants: 21 men and 21 women.	Staff develop self-evaluation plans of its services from the certification perspective.	2 certification workshops: 21 men and 21 women
			In La Paz, Technical support to certification of health establishments processes within the scope of the intervention. Place and date: October 2012	Certification of care quality in health establishments: CS Cairoma, network 14 CS Yaco, network 14 CS Malla, network 14 Hospital Copacabana, network 5	4 health establishments certified in La Paz 50 professionals of the La Paz health networks trained on quality management and medical audit
			Technical support to training on quality management and medical auditing in La Paz. Participants: 50 departmental health professionals, 45 doctors, 4 registered nurses.		
	P.3 Family planning and post-abortion care services integrated to obstetric and neonatal care in networks	Implementation and training of health professionals on sexual and reproductive health, family planning and post-abortion care.	In Chuquisaca, 8 workshops on maternal health, sexual and reproductive health, FP and post-abortion care. Place and date: Different departmental municipalities, June and July 2012. Participants: 307 operation officers of health services.		307 professionals of the La Paz health network trained on maternal, sexual and reproductive health and family planning
IR 2.4 Improvement of the capacity of health centers in the application of regulations, attention and response to local needs guides	P.1 Health establishments have sufficient equipment and infrastructure to implement SAFCI services as a result of the allocation of municipal funds	Purchase and delivery of basic medical equipment, communication means for health units of the seven networks. Following the Network diagnostic.	In Chuquisaca, delivery of medical equipment and assets destined for the SEDES, network coordinators, municipalities and health services		
			In La Paz, delivery of medical equipment and assets destined for the SEDES, network coordinators, municipalities and health services	Improvement of computer proficiency capacity, audiovisual and response of the health services for a better implementation of the SAFCI policy.	

IR 2.4 Improvement of the capacity of health centers in the application of regulations, attention and response to local needs guides	P.2 Improvement of the timely availability of basic medicine, vaccines, contraceptives and other supplies.	Implementation of SNUS, SIAL and SALMI.	In Chuquisaca, 24 training workshops on SNUS, SIAL and SALMI Place and date: June - November 2012. Participants: 580 officers, FIM heads, municipal leaders and nurses. Collaboration: DELIVER's leadership and technical support	Staff trained on the operation of medicine logistics subsystems.	580 professionals heads of the FIM in Chuquisaca trained on SNUS, SIAL and SALMI. In Chuquisaca, 30 FIM supervised	
			In Chuquisaca, 5 supervisions of health services on the SNUS, SIAL and SALMI of FIM. Place and date: Municipalities of Sopachuy, Zudáñez, Yotala, Las Carreras e Icla, November - December . Participants: FIM heads. Collaboration: DELIVER's leadership and technical support	FIM staff supervised and trained on the operation of medicine logistics subsystems.		
			Provision of supplies for all FIM and kits of the Camargo Network	Strengthening of the dispensation capacity in the Camargo Network		
			In La Paz, 1 workshop of the implementation of the SNUS SALMI and SIAL and planning of monitoring of the SNUS SALMI SIAL Place and date: La Paz, August 20 - 22, 2012 Participants: 24 people from health networks.			24 professionals heads of the FIM in La Paz trained on SNUS, SIAL and SALMI. In La Paz, 9 FIM supervised
			Technical support to the La Paz SEDES for the geolocalization of pharmacies in the city of La Paz In La Paz, FIM supervisions, Network 8 North and SouthYungas to 9 health establishments Place and date: December 2012			
	P.3 Increase in client satisfaction	Incorporation of short cycles from the user's perspective.	Participation of social organizations in workshops one CMCC, in networks of Sucre urban and Sucre rural and Camargo.			
	P.4. Increase in the number of references and counter-references made	Implementation and training of health staff on regulations concerning the operation of networks.	Workshop for training on and implementation of reference-counter-reference system.			
	P.5. Health care providers trained to provide maternal-infant, reproductive health and TB quality services based on standards	Monitoring and training of human resources on maternal-infant health, reproductive health and TB, based on standards.	In Chuquisaca, 7 training workshops for health staff on the TB program at 7 health networks. Place and date: Headships of 7 networks, February 20 - March 30. Participants: 225 officers of health services of 7 networks: 130 men and 95 women, 98 doctors, 105 nurses and 22 auxiliary nurses.	225 officers trained on the TB program, clinical, epidemiological and lab.	225 officers of 7 networks apply in more solvent fashion regulation of the TB program, 130 men and 95 women. 98 doctors, 105 nurses and 22 auxiliary nurses. 215 officers of seven networks apply in more solvent fashion the regulations of the care of the newborn and children less than 5 years old; 110 men and 105 women. 110 doctors, 90 nurses and 15 auxiliary nurses. 16 people from hospital staff trained on neonatal reanimation	
			In Chuquisaca, 7 training workshops on infant health within the framework of the Attention Continuum (including basic neonatal reanimation). Place and date: Headships of 7 networks, February 20 to March 30. Participants: 215 officers of health services of 7 networks: 110 doctors, 90 nurses and 15 auxiliary nurses.	215 officers of the 7 networks apply in more solvent fashion care regulations for the newborn and children less than 5 years old: 110 male and 105 female		
			In La Paz, 1 training workshop on infant health within the framework of the Attention Continuum (including basic neonatal reanimation). Place and date: Copacabana, February 18-23, 2013 Participants: 16 health providers of the Hospital Copacabana			
	P.6 Innovative strategies developed and implemented to reach adolescents with health, reproductive and sexual health information, according to their age.	Training workshops on human safety for adolescents at education units part of the area of intervention	Workshops for junior high students on sexual and reproductive rights Place and date: Municipality of Villa Abecla, October and November 2012. Participants: 227 adolescents: 78 men and 149 women.	Adolescents know about their sexual and reproductive rights.	227 adolescents trained on sexual and reproductive rights: 78 men and 142 women. 220 adolescents trained on pregnancies.	
			Health survey of adolescents in 3 education units of the Los Andes, El Alto Network Alto 433 students surveyed: U.E. Tokio, 130 students; U.E. Juan José Torrez, 102 students; U.E. Republica de Cuba, 201 students. Coordination with the Defender of the Child and Adolescent's Office of El Alto			
			Health survey of adolescent mothers at the Hospital Los Andes. Collaboration: Dr. Cecilia Uribe, adolescent health specialist.	Identification of 30% of the adolescent population in education units at risk of violence and unwanted pregnancy		
			Workshops with adolescents in education units on pregnancy and violence. Date: October 2012 220 students trained: U.E. Tokio, 100 students; U.E. Juan José Torrez, 60 students; U.E. Republica de Cuba, 60 students. Collaboration CIES material			
		Diagnostic of the identification of violence risk factors and of sexual and reproductive health of adolescents at education units of El Alto	Development of a proposal "to include sexual health, rights and protection contents in the education curriculum" For first and second level			
		Technical support to the workshop of exchange of experiences with adolescent leaders Place and date: Cochabamba, November 28, 2012 Participants: Adolescent leaders of each health establishment. Collaboration: network of source leaders of the CIES. Technical support to the development of an action plan with the principals of education units of El Cercado 1 and 2 Place and date: Cochabamba, November 29 Participants: 150 principals, 150 education units, SEDES technicians, DDE.	Leaders with improved competencies in human safety (pregnancy, violence, HIV, sexuality) of the adolescent Development of work plan for 2013 for each adolescent.			
		150 action plans for 2013 integrating the issue of human protection and safety for the adolescent.				

IR 3. Underserved rural population empowered to seek/obtain culturally appropriate health care (Equity and Rights)					
Immediate Results/Project Results	Project Results	Main activities by Project Results	Activities executed	Effect	Indicators
3.1 Strengthening of the MSD to implement social mobilization strategies.	P.1 Increment in the capacities of national organizations and associations working on issues concerning maternal-infant and reproductive health care, for them to advocate in favor of services based on rights, new policies and compliance with existing laws.	<i>Development, validation and printing of guides and tools that facilitate social participation in shared health management, taking into account cultural approaches.</i>	Development of Health Promotion strategic guidelines for the operation of the SAFCI and its three strategic axes: person, family and community.	Development of an operating tool, aimed at the staff of health establishments to address the main determinants of health.	4 guides and tools facilitating social participation in health
			Development and validation of guidelines of the Education for Life Unit.	Conceptual and methodological tools to implement education /action for life within SAFCI's framework processes.	
			Operational guide of good treatment in health establishments.	Promote good treatment in the relation between the health team and user and at institutional level	
			Guide of procedures of good treatment and prevention of violence in adolescent pregnancy.	Provide culturally contextualized mechanisms for the exercise of good treatment for pregnant adolescents to prevent violence in the service, family, community.	
	P.2 Strengthening of the mechanisms of the Ministry of Health and Sports to request inputs from social organizations and associations concerning national policies	<i>Development and implementation of a training plan and information for Social Organizations on the operation of different care levels of health networks, legal framework and ways/mechanisms to access and demand health services as a right, and information on maternal-infant health programs.</i>	Curriculum of Strategies and Operating Axes of Family, Community and Intercultural Health (SAFCI) aimed at decision makers of the Ministry of Health and Sports and leaders of social organizations.	The change in the health paradigm expressed in the SAFCI policy requires that the MSD's executive staff handle in solvent fashion the contents of the policy in all its technical and operational scope in order to facilitate its management at national level. Furthermore, the training of social leaders facilitates ownership, and the three axes of health promotion (family, community and person).	300 representatives of social organizations participated in the national analysis of the health situation.
			Development of a guide of elaboration of municipal health plans Community Health and Social Mobilization Unit	Municipalities have an instrument to strengthen their internal processes.	
			Training for authorities and representatives of municipalities and social organizations on Social Control and Health Accountability. Place and date: Trinidad and Tarija Participants: 146 people. Transparency Unit	Participative supervision of accountability obligations of decentralized health institutions	
			National Meeting of Traditional Doctors to develop their strategic plan. Place and date: Chuquisaca, November 28 - 30, 2012. Participants: 78 traditional doctors: 50 men and 28 women Vice-ministry of Traditional Medicine and Interculturality	Participative and agreed Strategic Plan of the Traditional Medicine Unit.	
			Meeting of the National Health Council to analyze the health situation, characterize the provision of services and identify key actions to improve maternal, infant and family health. Place and date: Sucre, May 2012. Participants: 300 participants, representatives of social organizations.	Support of the social structure to the implementation of the SAFCI.	
			Standards were identified in the certification process that measure social participation in health establishments. August 2012	Out of 164 health establishments evaluated, only 10% performed social participation with certification standards.	
3.2 Improvement of the skills of the SEDES and departmental social organizations to strengthen participative social mobilization.	P.1 Increase in the advocacy capacity of social organizations and departmental associations in favor of services based on rights, new policy and compliance with the law.	<i>Development of instruments and training of leaders of communities and social organizations on human rights, the rights of children and women, as well as on maternal, infant and adolescent health.</i>	1600 representatives of social organizations from Network I, Sucre, trained on the identification of signs of obstetric risks and child health.	Timely reference of injuries of children and pregnant women to health establishments	1600 representatives of social organizations from Network I, Sucre, trained on the identification of signs of obstetric risks and the child health.
			Participative development of Internal Regulations for Social Departmental Councils in La Paz and Chuquisaca Community Health and Social Mobilization Unit		Departmental guide of the strengthening of social and municipal structures in health management
			Development of the Guide of Participative Departmental Health Management. Community Health and Social Mobilization Unit	Head offices of social organizations and health social structures at departmental level strengthened in the social, political and technical scope of the SAFCI policy and the unique health system.	

3.2 Improvement of the skills of the SEDES and departmental social organizations to strengthen participative social mobilization.	P.2 Strengthening of SEDES mechanisms to request inputs from social organizations and associations concerning national policies.	Organization of meetings of the Departmental Health Council	Meeting of the Departmental Council of Chuquisaca to analyze the current health situation and program activities.		
		Sub regional participative workshop for the analysis of the health situation	In Chuquisaca, 4 regional workshops on the department's health situation. Place and date: Camargo, Tarabuco, Padilla and Monteagudo Participants: 450 people: 280 men and 170 women.	Identification of health needs for the reformulation of AOPs.	450 people of social structures from the department of Chuquisaca participated in the identification of health needs.
3.3 Strengthening of the skills of authorities, technicians and municipal leaders to identify and eliminate barriers to the exercise of their rights.	P.1 Increase in the municipal capacity to comply with its role and responsibilities related to guaranteeing the right to health.	Training of authorities and municipal technicians on their health responsibilities at municipal level and Health Shared Management.	In Chuquisaca, 13 workshops on Shared health management, groups and workshops aimed at the community Place and date: All Department networks, July - September 2012. Participants: 4041 people.	Application of health community from the community.	In Chuquisaca, 4,041 people trained on health's shared management through groups and workshops aimed at the community
			In Chuquisaca, 6 coordination meetings between health staff and the DILOS. Place and date: Sucre, Sucre Rural Network, Yotala Participants: 30 representatives of the CMS and DILOS.	Identification of health needs to reformulate AOPs.	
	P2 Increase in the capacity of selected municipalities to identify, define and report to Higher levels of the Health System about the community's definition of what quality is and what access is.	Organization of meeting of Municipal Health Councils where the health situation was analyzed and decisions were made based on identified priorities.	Technical Assistance to the implementation of Municipal Participative Management Processes of the Management Model of the SAFCI	Health participative management tools for community health areas and social mobilization of the SEDES and Health Networks • Guide of the development of municipal health plans.	
			Consultation of the Municipal Councils of Chuquisaca to exchange experiences (CS Technical support) Place and date: Sucre. Participants: 120 participants. 58 men and 62 women of 29 municipalities. Collaboration: HCP	Municipal social councils aware of the importance of participative municipal planning.	
		Implementation of health promotion actions at municipality/community level co-financed with the municipal government.	Organization of 115 health fairs in networks with health issues aimed at the population at large. Dissemination of radio and TV spots through social media on health issues and promotion and prevention in health.	Population aware of health issues in 29 municipalities.	115 health fairs organized in the Chuquisaca health network

PERFORMANCE DATA

Performance Data: FORTALESSA/UNICEF

N° PMP/OP	INDICATOR PMP/OP	USG Fiscal Year Targets												
		Source	Frecuency	Target/Results	FY12	Q1	Q2	Q3	Q4	FY13	Q1	Q2	Q3	Q4
3	PMP. % of children under age 12 months fully vaccinated with pentavalente	SNIS	Quarterly	Target	80%	80%	80%	80%	80%	83%	83%	83%	83%	83%
				Actual	71%			70%	72%	72%	69%	74%		
18	OP. # of newborns receiving essential newborn care through USG-supported programs	SNIS	Quarterly	Target	16,574	4,143	4,143	4,134	4,134	19,250	5,250	5,250	5,250	3,500
				Actual	7,764			3,754	4010	7,359	3,776	3,583		
19	OP. # of children less than 12 months of age who receive DPT3 (pentavalente) from USG-supported programs	SNIS	Quarterly	Target	25,375	6,343	6,344	6,344	6,344	27,000	7,364	7,364	7,363	4,909
				Actual	11,287			5,548	5,739	11,355	5,513	5,842		
20	OP. # of cases of child diarrhea treated in USG-assisted programs	SNIS	Quarterly	Target	78,312	19,578	19,578	19,578	19,578	80,000	21,818	21,818	21,818	14,546
				Actual	34,033			16,931	17,102	26,679	17,124	9,555		
23	OP. # of children under five reached by USG-supported nutrition programs	SNIS	Quarterly	Target	109,636	27,409	27,409	27,409	27,409	112,500	30,682	30,682	30,682	20,454
				Actual	54,718			27,637	27,081	49,892	21,257	28,635		
28	PMP. # of individuals treated due to medical (excluding psychological/psychosocial) complications of violence	SNIS	Quarterly	Target	4,517	1,129	1,129	1,129	1,130	N/A	N/A	N/A	N/A	N/A
				Actual	2,583			1,099	1,484	N/A	N/A	N/A	N/A	N/A
5	PMP. % of children 0-59 months of age who received appropriate treatment for last diarrhea episode in the past 2 wks.	local survey	Every 2 years	Target	BL					BL				
				Actual	73.2%					BL				
6	PMP. % of children under age 6 months exclusively breastfed	local survey	Every 2 years	Target	BL					BL				
				Actual	47.1%					BL				
7	PMP. % of children 0-59 months of age with chronic undernutrition (stunting)	local survey	Every 2 years	Target	BL					BL				
				Actual	20.6%					BL				
11	PMP. % of primary level providers who are knowledgeable about EmOC, neonatal and nutrition referral practices	Health professional Survey	Every 2 years	Target	BL					BL				
				Actual	58.9%					BL				
24	OP. % of children ages 0-59 months who had diarrhea in the prior two weeks	local survey	Every 2 years	Target	BL					BL				
				Actual	17.7%					BL				

INDICADORES PROYECTO		Source	Frecuency	Target/Results	FY12	Q1	Q2	Q3	Q4	FY13	Q1	Q2	Q3	Q4
1	# of SEDES reports submitted on time to MOH during the last 12 months	Project Register	Quarterly	Target	2	2	2	2	2	2	2	2	2	2
				Actual	2	2	2	2	2	2	2	2	2	
2	% of health facilities that have received support supervision visits in the last 6 months	Project Register	Quarterly	Target	30%			15%	15%	60%	60.00%	60.00%	60.00%	60.00%
				Actual	21%			7%	14%	69%	70.00%	68.00%		
3	% health facilities that meet with community a least once in the last 3 month.	Project Register	Annual	Target	20%			10%	10%	N/A	N/A	N/A	N/A	N/A
				Actual	7%			3%	4%	N/A	N/A	N/A	N/A	N/A
4	# of people trained (disaggregated by sex, age and subject)	Project Register	Quarterly	Target F	1,896		632	632	632	9,558	2,389	2,390	2,390	2,389
				Target m	2,844		948	948	948	6,372	1,593	1,593	1,593	1,593
				Actual F	1,491		339	759	393	2,489	1424	1065		
				Actual M	2,105		443	1076	586	1,790	927	863		
5	# of best practices implemented	Project Register	Annual	Target	1					1				
				Actual	1					1	0			
7	# of mobile clinics/ mobile brigades/ mobile tents	Project Register	Quarterly	Target	57			28	29	228	57	57	57	57
				Actual	54			25	29	93	44	49		
8	# of people seen at these mobile facilities	Project Register	Quarterly	Target	4,758			2,379	2,379	12,687	3,171	3,172	3,172	3,172
				Actual	3,387			1,876	1,511	6,649	2,910	3,739		
9	# of youth-based activities initiated	Project Register	Annual	Target	3			3	3	N/A				
				Actual	4			2	2	N/A				
10	# of communication strategies initiated	Project Register	Annual	Target	1					1	N/A			
				Actual	1					1	N/A			
11	Data quality assurance of > 95%	Project Register	Annual	Target	N/A	N/A	N/A	N/A	N/A	N/A				
				Actual	N/A	N/A	N/A	N/A	N/A	N/A				

LIFE STORIES

FORTALESSA/UNICEF

Quality improvement in maternal and child care

Lifesaving skills



Vanessa and he newborn baby
Coroico Hospital.

Vanessa is a new mom; her baby has just born in the Yungas General Hospital in Coroico, the baby is now resting in her arms. Vanessa tells us how childbirth process and health care was provided by the hospital: "the delivery took a while, as soon as the baby came out they put him naked on my chest to start breastfeeding, that was very nice ... he was hungry," she says with a smile.

What Vanessa just experienced is a new health care model based on evidence that is being implemented the Coroico Hospital, this includes many quality improvements. FORTALESSA allows human

resources to participate in extensive learning and capacity-building sessions, so they can apply and practice techniques for newborn resuscitation, early skin to skin contact, tardy cord clamping and exclusive breastfeeding, among others.

FORTALESSA has helped the hospital to increase its reception with Coroico inhabitants. "The training the program offers us helps us provide better care to our patients, to make them feel better." Says Dr. Alvaro Cabezas, Hospital Director. We are confident that these actions will reduce women and children morbidity and mortality. Among the most notable changes in our service is "*being able to see what the early contact and breastfeeding means to mothers and their babies. The fact that the mother can receive in her arms the newborn, makes her feel confident and secure and builds a vital connection between them*", Concludes Dr. Cabezas.



These skills transmitted in FORTALESSA trainings, are being carried out in health services of the municipalities involved in the program. They are helping the human resources to feel self-secure in their capacities and daily actions, providing confidence to the team with opportunity to exercise mutual collaboration. Furthermore this new acquired skills have a lasting impact on the lives of mother and babies.

Perhaps one of the major advantages offered by the program is this training reaching not only physicians, but also nurses and auxiliary health care providers, so that everyone knows the protocols and share quality standards to apply it every patient. This creates a team spirit and technical knowledge of evidence-based standards.

Translating policy into action



Don Bacilio, one of many grandparents in Presto - Chuquisaca, lives alone with his wife, who is blind, in Tomoroco community. The living children they have, migrated to different parts of the country in search of better opportunities and keep minimal communication because of the distances and economic hardship. The loyalty and love of this marriage is visible, they both take care and accompany each other.

He gets up early every morning to work in his small farm, planting vegetables and raising a dozen goats, which are all their property, along

with their modest adobe¹ house. Then they prepare the food for the day, which usually consists in corn some vegetables and occasionally lamb. The burden of housework falls harder on him because of Doña Juanita's visual impairment. A few months ago Don Basilio was diagnosed with tuberculosis additionally a severe malnutrition was afflicting the couple.

Presto is one of the municipalities supported by FORTALESSA program, this support means more and better possibilities of rapprochement between the health service and the community. Because, while Bolivian health policy prioritizes outreach actions to family and community, local budgets do not necessarily offer this possibilities, causing decrease in monitoring and home visits, also lacks the health providers ability to reach the most vulnerable people in their distant communities, because all outreach actions are expensive and include items not always allowed by municipal governments.

In situations such as Don Basilio's case, where the absence of close relatives raises vulnerability, require frequent monitoring, trust and close care. This makes the presence of health personnel even more necessary and valuable. "... *Today we get milk?*" Is the standard greeting of Don Basilio smiling when he sees the ambulance arrive at his smallholding along with Dr. Sandra Gutierrez carrying the *complementary nutrition* boxes destined for cases like this, in which recovering the nutritional health is crucial for recovering from illness itself.

¹ Adobe is a local kind of brick made out of mud and chaff.



With patience and close visits the health service has managed to overcome Don Basilio's disease, and improved nutritional status, as well as his wife, who also gets permanent attention and care. This year it's the fifth case of BK positive in this community, diagnosed and recovered; this includes younglings and women in fertile age. The low population density in certain areas of the country makes the tasks of detection and coverage harder; this is only achieved by truly approaching to the community and their families. FORTALESSA complements local budgets for mobilization of the health team to practice a genuine and Intercultural Family and Community Health.

Active management of the third stage of labor

The first minutes last for a lifetime



This little baby has just been born, she has not yet a name chosen; however, she has other advantages that will accompany her for the rest of her life. The umbilical cord that bound to her mother was clamped only when it stopped beating, which provided the child with extra iron reserves.

She is now very awake relaxing on her mother's chest and will remain like that for about an hour in which she will start breastfeeding; this will help the placenta delivery and decrease the chance of bleeding for the mother, providing, at the same time defenses and the best nutrients to the baby for her growth and physical and intellectual development.

These moments will also stimulate the baby and forge a bond between mom and baby.

For this to be possible, the health personnel who took care of the mom and the new born, was trained, monitored and equipped. They worked hard in implementing health care protocols based on evidence and rigorous management of specialized documents to control the timing and quality of each intervention.

This way of birth giving will leave an indelible mark on the children's life, with positive implications for their physical, emotional health and better chances for a complete development. All this is possible because this hospital participates in FORTALESSA Program, which contains strengthening staff skills and continuous improvement of quality. These interventions not only save lives, but also improve the way children are born providing them, in the first minutes after birth, benefits that will stand for the rest of their lives.



Neonatal resuscitation

Lifesaving skills



Carlitos breastfeeding

Carlitos, born in the Aymara Escoma Hospital, is just a few hours old, is healthy and has already successfully initiated breastfeeding. Carlitos has six older siblings waiting at home, but this delivery was, for her mother, different from the any other for she had a prolonged labor. She arrived at the hospital almost giving birth and when the baby was in fetal distress and meconium² in the amniotic fluid³.

"The delivery was uncomplicated" - explains Dr. Murillo, "so we proceeded according to protocol: late clamping the umbilical cord and performing early attachment, once we verified that the baby was breathing well and had no need to use the mask".

Aymara Escoma Hospital staff currently handles neonatal resuscitation techniques, which were transferred under the FORTALESSA Program, along with other quality improvements in maternal and child care. "Honestly we didn't use to fill the partograph before because we were not trained to do so, now we use it correctly," says Dr. Murillo " in addition to the Partograph which is a valuable instrument, we have seen many other improvements. We are now able to do early attachment to initiate

² Viscous substance composed of thick dark dead cells and secretions of the stomach and liver of the baby. It is the first stool. When found in amniotic fluid is a sign that the baby had difficulty before delivery.

³ It is the fluid that surrounds the fetus during pregnancy. It acts primarily as protection providing a stable temperature, cushioning and allowing free movement necessary for normal lung development.

breastfeeding, also clamping the cord when it stops beating, doing correct cord traction to help the placenta delivery, among other things. This improves the quality of our attention, even to manage a neater clinic history".



The program not only helps the patients to receive quality service, but also benefits the health staff to build self-confidence and security in their actions, adopting practices based on up to date research and scientific evidence. Then it results very encouraging when the health personnel can verify on their own the effectiveness of each innovation, for example the pediatric management of pneumonia under improved protocols, which were transmitted during the quality cycles has offered a promising number of cases successfully resolved from the beginning of FORTALESSA .