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CENTRAL POTOSI CHILD SURVIVAL PROJECT

COTAGAITA AND PUNA HEALTH DISTRICTS

FIRST ANNUAL REPORT

(CS-XV NEW GRANT RFA 938-99-A-0500-15)



**Medical Care Development International in
Partnership with the Ministry of Health/SEDES
Potosi**

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Introduction

This is the first annual report for the Central Potosí Child Survival Project, funded under Award No. FAO-A-00-99-00023-00. This is a four-year grant from October 1, 1999 to September 30, 2003. This report covers the period from October 1, 1999 through September 30, 2000.

MCDI's first year of child survival programming experience in the Potosí Department, Bolivia was facilitated by a partnership with a Bolivian NGO with over 15 years experience in the region (Esperanza Bolivia) and by the building of strong collaborative relationships with the District Health Team, the Departmental Health Office, and the Municipal Government. These initial collaborative efforts were included in the collection of baseline data using the KPC survey and a Health Facilities Assessment at the district and community levels. MCDI also established working relationships with other NGOs and institutions to include CARE, JHPIEGO, the Canadian Red Cross, NUR University, BASICS, and PROSIN. The feedback of governmental and non-governmental stakeholders, combined with the collected baseline data, enabled MCDI to prepare a coherent and practical child survival program strategy which was presented in a Detailed Implementation Plan (DIP) initially submitted to USAID in March 2000. (A revised DIP was submitted in August 2000)

Various factors at both the national and project level have the potential to contribute to the improvement of quality healthcare services for mothers and children and the potential to improve healthy behavior; these include the Basic Health Insurance policy that provides essential public health services free of charge to mothers and children, dedicated senior health personnel, and auxiliary nurses with very good technical skills. The CSP's strategy to concentrate its efforts on improving the skills and motivation of these health personnel through enhanced training and by promoting closer ties to the communities supports quality healthcare services. At the outset of the program, it was envisioned that MCDI would work closely with existing community health volunteers and TBAs, but upon further investigation it was found that too few of these potential collaborators actively were still operational in the project zone.

I. Main Accomplishments During the First Year

Institutional Capacity Building

An important component of this child survival project is to strengthen the institutional capacity of MCDI's local partners with the goal of ensuring the sustainability of the improved healthcare services and health practices that will be a result of the project's interventions. The primary beneficiaries of MCDI's capacity building strategy are the community-based organizations and local and district level MOH teams and personnel. Initially, Esperanza Bolivia (EB) and MCDI were to implement the program through a partnership that would have benefited both organizations. The project established a physical presence in the EB office in Tarija and in the District Health Authorities building in Cotagaita to facilitate a close working relationship with its partners. Formal collaborative agreements were established with EB and with the departmental level health services

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(SEDES) that defined the roles and cooperative responsibilities of the respective organizations.

Unfortunately, MCDI's initial partnership efforts were not without problems. The partnering process with Esperanza Bolivia experienced some difficulty due primarily to a lack of clarification of the working relationships between EB and SEDES. Despite the best efforts of MCDI and Esperanza to resolve the situation, it was ultimately decided by both partners to terminate the collaborative relationship based on policy recommendations from the MOH. The partnership between MCDI and EB was officially terminated on June 31, 2000. A new agreement regarding roles and cooperative responsibilities was reached between MCDI and SEDES that increased SEDES' involvement in the selection of candidates for project staff positions and in the decision-making process concerning technical interventions. As a consequence, USAID requested MCDI to submit a revised DIP that would demonstrate the project's adaptation to EB's departure; this revised DIP was submitted in August, 2000.

Despite the difficulties during the initial establishment of collaborative partnerships, the general working environment during the nine-month period from the beginning of the project up to the termination of the cooperative agreement with EB was one of mutual cooperation during which joint activities were carried out, namely the KPC survey and the health facilities Assessment. Following a dialogue with USAID Bolivia, MCDI established an agreement with NUR University to partially compensate for the rupture with Esperanza Bolivia.

Baseline Surveys: KPC, Facility-Based & District

A baseline KPC survey was carried out in January – February 2000 in the health districts of Cotagaita and Puna by MCDI and EB staff. Technical assistance for the survey was provided by Donna Espeut from the Child Survival Technical Support Program (CSTS) and from the MCDI Home Office. The KPC survey measured child survival related health knowledge and practices and service delivery coverage in the project intervention zone. Survey results were used to establish baseline data for the project's indicators and to help establish end-of-project objectives. In addition, qualitative research through focus groups was carried out, as were District and Facility-based Assessments. These, in combination with the KPC survey data, helped the CSP team prioritize the health needs of the beneficiary population and define the strategies to address these needs.

The final questionnaire used for the KPC survey was based on the recently revised KPC 2000 generic questionnaire drafted by the CORE Group and the CSTS project, but was adapted for local conditions and anticipated program requirements. The survey instrument was translated into Spanish and Quechua, and field tested prior to the actual survey. The joint MCDI/EB core survey team conducted training of enumerators prior to the implementation of the survey. A total of 28 personnel participated in the survey, including 22 supervisors and interviewers and 6 drivers, who were divided into 6 survey teams. Two hundred eighty four mothers of children under the age of 2 years were interviewed for the survey. Selection of the sample was based on WHO's EPI coverage survey methodology with 29 clusters of 10

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mothers each, chosen at random within each cluster. Manual tabulation of data was conducted in the field, and then cross-checked and entered into the computerized database using Epi-Info. Data was then analyzed and conclusions reached. Further refinement of the data analyses and conclusions was made by the MCDI Home Office and incorporated into the final report.

Major findings of the survey include the following:

Health Contacts

- 63% of all mothers had no contact with any health provider in the last few months
- Only 36% of mothers had the benefit of receiving a health education message
- Only one mother had received a health education message by a community health promoter

Breastfeeding and Nutrition

- 82% of mothers were currently breastfeeding their children, not exclusively
- More than 40% of mothers stated they waited at least 8 hours before initiating breastfeeding after birth, and 82% claimed having provided colostrum to their infant
- 70% of infants below 6 months were being breastfed exclusively
- 43% of all children in the sample had received vitamin A supplementation
- The Complementary Feeding Rate for children aged 6-9 months was estimated at 74%
- The Food Diversity Index for children 6-23 months was estimated at a very low 8%
- Nearly 95% of mothers were found to be using iodized salt
- Only 39% of the children had a growth monitoring card; and 78% of these had been weighed recently

Diarrheal Disease

- Period prevalence of diarrhea was 38%
- 75% of mothers provided either the same or more amounts of breastmilk during a diarrheal episode; similarly, 76% of mothers had provided either the same or more amounts of other fluids, and 50% had provided the same or more amounts of semi-solid foods
- While 51% of mothers had provided an MOH recommended fluid to their child to prevent dehydration, only 10% of mothers had provided ORS solution
- 68% of all mothers demonstrated correct preparation of the ORS solution
- Only 35% of mothers had sought advice or treatment for the illness
- Over half of all mothers (51%) were not aware of any of the danger signs of dehydration

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Acute Respiratory Illness

- Period prevalence of ARI symptoms was approximately 40%
- Only 39% of mothers had sought outside assistance or advice for the infection, and only 9% had sought advice the same day as the infection was noticed
- 66% of all mothers did not know of any danger signs of the illness, including signs of dehydration

Immunizations

- Full immunization coverage as indicated on immunization cards was only 13.5%, BCG was 30.2%, OPV3 23%, DPT3 23.8%, and measles also 23.8%
- Less than half of all mothers who stated that their child had received a vaccination (by recall) knew which vaccination had been received
- Only 41.9% of mothers were in possession of child immunization cards

Maternal and Newborn Care

- Only 26% of mothers had a prenatal care card; of these, 87% had at least two ANC visits
- 72% of all mothers could not cite a single danger sign of pregnancy
- 80% of all deliveries occurred at home; 59% of these were attended to either by husbands or untrained family members
- Only 13% of all mothers could cite one or more danger signs during puerperium
- Only 16% could cite danger signs in the newborn
- A little more than a third of all mothers (37%) had a post natal visit

To confirm the information gathered during the KPC survey and to collect information as to *why* mother's and caregiver's answered as they did, a qualitative investigation using a focus group methodology was carried out the second and third weeks of June. Following a training session conducted by the EB Technical Staff, the investigation was carried out according to the guidance provided during training. Focal groups were formed in 9 communities of Cotagaita and Vitichi and were composed of mothers with children under 2 years of age relative to their location to the health center or post (i.e. those that live near a health center or post and those that live more than 3 hours away).

The questions asked during the investigation centered on maternal and infant health, particularly relating to prenatal and post-natal practices, breastfeeding, immunizations, control of diarrheal disease, and ARI's. An analysis of the findings was submitted in the final report.

The district level facilities assessment undertaken by the project demonstrated that the resources for an effective health delivery system do exist but, due to the ineffective administration of these resources, they are not used to their full potential by the population. Additionally, the funds made available by the Municipalities to cover the basic health

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insurance (*Seguro Básico*) are not reimbursed in a timely manner, resulting in stockouts and other problems.

Facility-based assessments were carried out at the medical clinics and health posts. The project had originally intended to visit all 36 health posts to assess the situation regarding the availability of supplies, infrastructure, equipment, and drugs. But due to delays in the organization of the survey with regards to the DIP preparation, it was decided that a sample of 16 facilities would have to suffice. The assessment involved the preparation of an instrument that contained questions on human resources, training, general physical condition of the facility, and essential medical equipment and drugs for child survival/maternal health. This questionnaire was formulated in consultation with Dr. Blasques of MCDI/Washington's CSP Technical Support Group. The execution of the facility-based assessment involved project staff and the Cotagaita District Team. In June, a written report was prepared and sent to the MCDI Home Office for finalization, although preliminary results were inserted into the final DIP document.

Supervision Of Health Posts

The joint supervision of Health Posts by the District and MCDI teams was an important activity during the year. With the use of MCDI's vehicle and driver, the district head nurse, the district statistician, and the MCDI nurse visited the health posts and the hospitals over a period of 4 days. The team used an MOH-approved supervision instrument provided by SEDES (see annex). This provided an opportunity for MCDI to visit health facilities with the district staff and to observe their supervision procedures. Following these initial visits, CSP staff and the District Health Office discussed areas in which improvements could be made regarding supervision methods and instruments. Specific recommendations are being reviewed by the MOH.

Committees for the Analysis of Information (CAI)

MCDI participated in the District and Departmental CAI Committees to analyze data collected from the health information system workshop held in Vitichi, Cotagaita, and Potosí. Reports were presented by each region and were commented on by participants. It became apparent that improvements in leadership and communication skills would be useful for future meetings. As part of its capacity building strategy, MCDI will include facilitation skills as part of its training program for MOH health personnel. (NUR University will provide technical assistance for this undertaking).

Soon, the term CAI will be changed to TAI, which emphasizes the word "workshop" (*taller*) instead of "committee". The purpose is to change the attitude of committee members who currently perceive the meetings as opportunities to criticize. It is believed that if meetings are organized as workshops, participants will perceive this as a learning opportunity instead. MCDI anticipates taking a much more pro-active role in these workshops during the next year.

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The information received at the District CAI was compiled for presentation at the Departmental CAI. MCDI office staff assisted in the preparation of this presentation using computerized data, a first for the district. (MCDI has donated computers to the MOH and carried out training in the use of EXCEL, Microsoft Word and EPI Info).

Training of CHWs and TBAs (Census and Evaluation)

The fiscal year 2000 health budget for the Municipalities of Cotagaita and Vitichi included UNICEF funds for the training of CHWs and TBAs. The District Director and Municipal Doctor solicited MCDI's assistance to carry out this training. Workshops were organized in Toropalca, Vitichi, and Cotagaita, and were attended by community representatives invited by the district auxiliary nurses. Unfortunately, most of the participants were first time trainees and it became apparent that there were very few active Community Health Workers or Traditional Birth Attendants in the district despite previous assurances given that there were sufficient numbers with whom the project could work effectively. In addition, because district and municipal level nurses were not implicated in the CHW/TBA training program, there were difficulties in mobilizing a high turnout rate for the workshops since the nurses are the principle point of contact in the communities.

During the CHW/TBA training workshops, an evaluation of the participants showed the following: in the region of Toroplaca, only 4 of the 12 participants had ever been to a previous training session, and of these only one could answer questions about DCM, ARI, and immunizations. In the region of Cotagaita, only 5 of the 20 participants were previously trained CHWs, three of whom also served as birth attendants. The rest were first time attendants without any experience in carrying out health activities in their communities. During the supervision visits carried out by MCDI and the District teams, the MCDI nurse visited 9 facilities, of which only one had active CHWs or TBAs (in the area around Yawisla where medical care is provided by an American Missionary). Personnel in the remaining facilities could not give the names of any CHWs or TBAs in their area. Although an evaluation instrument was prepared to measure health related knowledge of CHWs, it soon became apparent that this would serve little purpose since nearly all of those interviewed had received no previous training whatsoever.

It should be noted that this particular training program was hastily arranged by the MOH district team; MCDI was requested to provide technical assistance at the last moment (owing to the fact that funds made available to the district for this activity were due to expire). This resulted in inadequate training materials given the short time to arrange and adapt them to the local situation. As a result of this experience, MCDI and district teams were able to agree on a strategy to better organize and improve future training programs.

In addition, the experience of attempting to evaluate CHWs and TBAs led MCDI to re-evaluate its entire training approach by considering focusing on other types of community groups. Hence, the program has decided to direct its attention towards women's groups and other community-based organizations whose members are available and motivated to promote health care messages and activities among the population.

Mapping of Health Posts and Communities

During the supervision visits with the District team MCDI collected geographic coordinates of health posts and communities using GPS as part of a mapping process using GIS software. Information collected included the location name, altitude, longitude, latitude, name of person in charge (responsible doctor or auxiliary nurse), and the distances from neighboring sites. The mapping of the communities is an ongoing process that will provide valuable information for planning and analysis.

IMCI Training

MCDI coordinated with the SEDES IMCI training center in the Bracamontes Hospital in the city of Potosí to organize IMCI training of auxiliary nurses. The training center has funds available during this fiscal year to train 12 auxiliary nurses from each health district. Because of the level of effort provided by the CSP in implementing community-IMCI, the training center agreed to prioritize the district of Cotagaita for the first round of training.

To facilitate the implementation of community-IMCI during the next fiscal year, the project will help finance and organize training of IMCI trainers (or co-facilitators) who will be responsible for the training of all health workers (auxiliary nurses, nurses, and doctors) in the project area in facility-based IMCI.

The first 12 facilitators were scheduled to travel to Potosí for training during the week of September 25th but, due to political unrest in the country, the training was postponed until October. Those trained in October included MCDI's staff nurse and 2 doctors, and two nurses from both Cotagaita and Vitichi to ensure that there is adequate follow-up to IMCI implementation (SEDES currently lacks any follow up or monitoring plan). It was agreed during discussions with SEDES that MCDI will lead the implementation of community-IMCI in the district of Cotagaita which will serve as the pilot area for the Department of Potosí. SEDES has not yet included the introduction of community-IMCI in its own planning nor do they have any staff trained in community-IMCI, so it will benefit greatly from its collaboration with MCDI during this pilot introduction of the IMCI strategy. Arrangements have been made with NUR University to provide future training of auxiliary nurses who will serve as community-IMCI facilitators.

The preparation and planning for the training of IMCI facilitators began through discussions with Dr. Iriarte, the SEDES Coordinator for IMCI implementation in the Department of Potosí. Since an intermediate training center for the training of health workers from the health districts of Villazon, Tupiza, and Cotagaita is to be set up in the city of Tupiza, it was agreed that this center would serve as the training site for the MCDI project as well. CARE, which is also active in the area, is working in all three of the districts mentioned above and has agreed to finance the training of two of the four facilitators (2 doctors and 2 nurses) from Tupiza. MCDI will finance the other two. MCDI also plans to finance 1 doctor and 1 Nurse from the hospital in Cotagaita, 1 doctor from the hospital in Vitichi, and the nurse from MCDI. CARE will finance 2 facilitators from Villazon for a total of 10 new facilitators to be trained in the IMCI Training Center at the Hospital Bracamontes in Potosí. Of the 10

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facilitators, MCDI will cover the costs of transportation, lodging, per diems, and training materials while CARE will pay for the other four. The four facilitators from Tupiza will provide training to the auxiliary nurses from Cotagaita and other health workers not covered by the SEDES program (SEDES has financing to train 12 health workers from each of the Districts in the Department of Potosí). The other four facilitators from the District and MCDI will be involved in the follow-up and supervision of newly trained health personnel upon return to their respective health posts.

To ensure cooperation from the MOH for the establishment of the Intermediate IMCI Training Center, the Project Manager met with the Director of the Health District of Tupiza who demonstrated an enthusiasm and commitment to support the IMCI interventions and training.

Dr. Iriarte provided copies of all of the materials needed for the training course, including manuals and guides. A printing company was consulted and about 15 copies were made.

With the assistance of District Staff, 12 auxiliaries were chosen to be the first to receive the SEDES-funded Institutional IMCI training in Potosí. The remaining auxiliaries will be trained in Tupiza with the project's financial support.

Coordination With Other Organizations

UNICEF representative Dr. Johnny Lopez, accompanied by the SEDES Director Dr. Negron and various SEDES staff, visited Cotagaita in July 2000. During this meeting, issues relating to MCDI's capacity to support the District and the effect its presence might have on UNICEF financed activities were discussed. It was explained that MCDI's focus on certain child survival interventions will complement UNICEF's activities in the area, however, MCDI's contribution is not sufficient to cover all of the health needs. Therefore, MCDI stressed the need for UNICEF to maintain its financial support of District and Municipal activities (but could modify budget line items to take into consideration the complementary activities of the different partners). An agreement was reached wherein the two organizations would work collaboratively on the annual municipal budget (POA) that will be prepared in November 2000. At that time, the specific roles of each counterpart would be defined and an agreement signed.

On August 16, 2000, a health facility quality care improvement workshop was organized by CARE, to which all health facility staff in the Cotagaita municipality were invited to attend. MCDI staff was also invited to attend. This workshop provided an opportunity to coordinate with CARE and to observe first hand the participation of the auxiliary nurses with whom the project will be working. In October, 2000, MCDI met with Dr. Angel Contreras of CARE to discuss plans to form a District Health Training Team that would be able to sustain training activities after the end of the project. The training team will be comprised of the most competent nurse auxiliaries and licensed nurse. It was agreed that MCDI would organize and train as trainers a group of auxiliary nurses who will then be responsible for training other nurse auxiliaries and community volunteers.

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Throughout this first year, meetings were also held in La Paz with BASICS, PROSIN, Save the Children, NUR, JHPIEGO, and the World Bank to procure support and technical assistance for project activities and to promote the exchange of ideas and experiences in the areas of child survival and maternal health.

MCDI has established a working relationship with BASICS in Bolivia through discussions with Maria Luisa Aguilar. MCDI will keep BASICS apprised of project activities and will seek BASICS' support in IMCI activities. BASICS has also agreed to participate in the development of community-IMCI training materials with NUR. The first community-IMCI training is scheduled for the first quarter of 2001.

PROSIN is responsible for the coordination of IMCI throughout the country. Dra. Jacqueline Reyes is assisting MCDI in setting-up the center for IMCI training in Tupiza. She has offered to provide a trainer from La Paz to travel to Tupiza or Potosí to train facilitators who will be responsible for training auxiliary nurses in the 3 Health Districts in southern Potosí (Cotagaita, Tupiza, and Villazon). She also extended an invitation to MCDI's field team to attend a workshop on community-IMCI originally scheduled to be held in October 2000. This workshop was subsequently postponed. A new date has not been posted as of yet.

In November 2000, MCDI attended a meeting at PROCOSI. Other participants included JHPIEGO, CARE, CARITAS, CIES, and PROMUJER. The topics discussed included: (1) IEC; (2) interchange of materials and experiences; (3) how to get information and statistics about maternal and newborn deaths at home (which are not usually reported to health centers); (4) how to include the municipalities and "Comites de Vigilancia" in the evaluation of the health services in the community; (5) the possibility of a collaborative project; (6) and the problem of frequent transfers of personnel in the government facilities. The PROCOSI representative was very interested in the Potosí child survival project's activities, so MCDI took this opportunity to present its program and strategies and to create new institutional relationships at the national level.

The JHPIEGO representative, Marco Paz (*Coordinador de Movilización Comunitario*), and the JHPIEGO Director, Dr. Arinez, have assured MCDI that they are willing to provide technical support to the project but at the moment they lack the funding necessary to do so in the project area. They are currently involved in the District of Uyuni and in urban Potosí. In addition, in collaboration with the JHPIEGO-MNH Project, MCDI is attempting to engage a facilitator for the MNH component of the training; currently, the project is coordinating its maternal and newborn care intervention with CARE in the field.

MCDI met with the World Bank Health Programs Officer, Cindy Lopez, to discuss the World Bank's Bolivia projects and areas of intervention. Unfortunately, Potosí is not among the departments benefiting from World Bank health funding at this time. Ms. Lopez suggested contacting Sr. Johnny Delgadillo at the Vice-Ministry for Popular Participation, responsible for managing World Bank funds, for insight into the WB funded Participatory Rural Investment (PRI) Project. MCDI then met with the mayor of Cotagaita who acknowledged having already received PRI funding for some projects. MCDI and the mayor

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agreed that CSP activities in 2001 would be coordinated with the mayor's office to help procure PRI funding for health infrastructure development.

Association With NUR University

In July 2000, MCDI entered into a collaborative association with NUR University and has subsequently signed a memorandum of understanding. Within the framework of this Memorandum of Understanding, NUR has been contracted to provide technical assistance as needed and in accordance with detailed terms of reference prepared for each consultancy. Drawing on NUR University's ongoing experience with IMCI and its MPH program, MCDI recognizes valuable health-related technical assistance that NUR University will provide on specific activities related, but not limited to:

1. **Training in Community-Based IMCI (CB-IMCI):** NUR staff will provide training to District and Municipal staff in conducting community-IMCI interventions in the project area, including training of community volunteers.
2. **Provision of Co-trainers for the IMCI Clinical Training, in Potosí or Tupiza:** While SEDES training protocols call for MOH IMCI (clinical) training teams in Potosí and Tupiza to be the main implementers of the facility based training, NUR may provide co-trainers to complement the training teams in the areas of supervision and monitoring.

Through a collaborative effort, MCDI and NUR University will implement health interventions that will promote capacity building of the MOH through specific activities related, but not limited to:

1. The introduction and implementation of training modules in the areas of program and human resources management, strategic planning, conflict resolution, participatory evaluation, team working, and project administration.
2. NUR University will also provide assistance in the implementation of the new Integrated Community Epidemiological Surveillance System (SECI) in the project area, by training MOH staff in its utilization.
3. Drawing upon its extensive experience in the use of MEDSOLVE, MEDCOST and health economics, MCDI will provide to NUR University capacity building of staff in costing health services and IMCI with the MCDI software mentioned above within the framework of child survival interventions. MCDI can also provide capacity building in KPC and other monitoring and evaluation activities.

Other Potential Areas of Cooperation are:

1. The orientation of MCDI by NUR to become acquainted with health agencies and networks active in Bolivia and those requirements associated for membership in such institutions.

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2. Invitations by NUR to MCDI project staff in Bolivia to participate in meetings or technical scientific events relevant to the project execution.
3. The exchange of lessons-learned with MCDI project staff through NUR's SIF (Social Investment Funds) projects in Santa Cruz and Cochabamba, that can provide examples of best practices and lessons learned salient to Cotagaita. Similarly, MCDI will share with NUR University lessons-learned during the implementation of its Child Survival Project in the areas of Monitoring and Evaluation, GIS and cost analysis. MCDI will assist NUR University in the procurement of equipment for its distance-learning program in health and education.
4. MCDI's funding of short courses in management at NUR University for qualified staff from the Health Districts of Cotagaita and Puna.

Due to the specific requirements of BHR/PVC funding, NUR University agrees to provide a matching in-kind contribution of two scholarships per year during three years, for existing *short courses* (Diploma level) in NUR's Syllabus in such topics as Hospital and Nurse Administration. In addition, NUR will make interns from their university programs available to the project areas to provide short-term services in topics such as IEC or BCC, qualitative research, health information systems and program monitoring.

Measles Immunization Campaign Assistance

During the month of September, MCDI provided assistance in the mobilization of all of the districts of Potosí for a measles immunization campaign. This activity provided MCDI with experience collaborating with local government services and organizations, particularly in regards to large scale health related activities, and with a better understanding of logistical difficulties in the program area. MCDI's contribution included assistance in vaccine distribution and cold-chain maintenance. MCDI staff also served as vaccinators and provided assistance vaccination campaign supervision.

II. Constraints

Obstacles Encountered with Initial Partner Esperanza Bolivia

Initially, Esperanza Bolivia, as the implementing partner with MCDI, was to provide technical personnel and administrative support at the field level, with MCDI providing technical backstopping and access to other technical and administrative support at the international level. According to Esperanza Bolivia's vision of the partnership agreement, neither the MOH nor MCDI would be involved in activities at the field level!

In December 1999, an Agreement between SEDES, ESPERANZA, and MCDI was signed by the acting SEDES Director, Dr. Prieto, while Dr. Alberto Castro was filling in for the Mayor of Potosí during elections. When Dr. Castro returned in mid-February 2000 he began questioning the role that SEDES would be playing in the implementation of the project. One of the issues raised by Dr. Castro was related to the selection of project staff. Hence, in early

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April, MCDI invited him to participate in the review of applications for the positions of field coordinator, Nurse/Trainer; a working relationship with SEDES was established.

At the beginning of April, the Director of ESPERANZA Bolivia, Palmira Villarroel expressed her intention to MCDI's Project Manager to dissolve the partnership between EB and MCDI. A telephone meeting with Palmira was arranged by MCDI's International Director, Joseph Carter, and Alonzo Wind, to resolve the apparent misunderstandings between the two institutions. It was agreed at that communications between the two partners would be addressed and improved. Nevertheless, following this conversation, EB appeared to lose interest in participating in the effective implementation of project activities, demonstrated by the fact that the Technical Coordinator had not even visited Cotagaita since the beginning of the project! Dr. Blasques de Oliveira visited EB and SEDES for tripartite meeting in April, 2000. During this meeting, the SEDES Director voiced the position that the MOH did not look favorably on the continued participation of EB and that SEDES would be a more appropriate partner. Subsequently, EB agreed to this position and withdrew from the partnership.

Principle Reasons for Change in Partnership

1. There was a level of misunderstanding from the local partner related to its responsibilities, degree of decentralized financial and organizational management, and its perceived role vis à vis the MOH;
2. The local partner claimed technical capacities that were overestimated and that resulted in delays in the conclusion of the KPC and DIP;
3. Political conflicts and lack of trust between SEDES and the local partner, not previously known by MCDI, further limited the possibility of successfully implementing the partnership with the local NGO.

Frequent Turnover of District Directors

The present political system practiced in Bolivia functions through alliances in which various parties align to have a majority of the votes necessary to elect the president; whenever there is a change in leadership there is a resulting shuffle of authorities at the departmental and district levels. For this reason, during the first year of project implementation, SEDES Potosí had 3 different directors: Dr. Prieto, Dr. Castro, and Dr. Negron; there were 2 directors at the district level: Dr. Fiorilo and Dr. Ramirez (who is soon to be replaced). Each of these authorities arrives with a different philosophy concerning how NGOs and their projects should relate to the government system. This always results in a period of adjustment between the project and the authorities. Fortunately, MCDI has maintained a good collaborative relationship with each of the SEDES and District directors.

In addition, the changing of personnel at the medical posts, which are staffed by junior doctors that have just graduated from medical school and must do a 1 year obligatory rural service, have affected the progress of the project's implementation. This is also true of the

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registered nurses who also do 1 year of service rotation before they can get their degree. These circumstances create difficulties in developing a sustainable training program that results in project trained personnel remaining at post.

Due to this rapid turnover of district authorities and health staff personnel, the Government is proposing a different system to be put in place in the year 2001 for medical school graduates. MCDI has discussed this issue with the SEDES Technical Team and has requested that they try to ensure that those involved in our training programs in IMCI remain throughout the life of the project.

Relations Between District Health and Municipal Authorities

At the close of the first year of this child survival project, an issue has arisen within the intervention zone that threatens the functioning of the health care system. A political conflict between the municipal mayor and the district health director has resulted in the mayor refusing disbursement of municipal funds to health related activities. Despite an announcement that the district health director would be replaced, the municipality has still refused to provide health sector funds. This has resulted in stockouts of essential drugs, supplies, gas, and other materials in the hospital and in health posts. UNICEF has made it clear that the availability of municipal funds for health sector activities is a requisite for continued UNICEF financial support. MCDI has also stated that the continuation of program activities will be contingent on the municipality's commitment to the health sector. MCDI, UNICEF, and CARE are active in applying pressure on the municipal government to settle its differences with the district health authorities, which appears to be having a positive effect on the mayor and the city council. The 2001 annual operating budget was being prepared by the municipality at the time of this report and appears to take into consideration the needs of the health care sector. MCDI is hopeful that as a result of the proposed project-supported health services cost study that this problem would be diminished.

National Strikes and Roadblocks

Over the past year there have been occasional strikes by different interest groups that have often resulted in road blocks. This has caused some delays in the successful implementation of project activities. In fact, a national teachers strike caused the blocking of the roads into Cotagaita for 3 weeks in September/October, practically paralyzing project activities for that period.

III. Technical Assistance

During this first year of project implementation, MCDI has received technical assistance from a number of consultants and has made arrangements with other organizations such as JHPIEGO, CARE and NUR University, for the provision of continued assistance.

In early 2000, Dr. Elba Velasco provided technical assistance to the project in the preparation of the Detailed Implementation Plan; Ms. Donna Espeut of CSTS provided the project with assistance in carrying out the KPC study. A supervisory visit by Dr. Blasques de Oliveira

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was conducted in April 2000. In October, 2000, Dr. Anne Keith, from the University of Southern Maine, and Dr. Jane Garner from the Harvard School of Public Health, through a 2 week consultancy, provided the project with input on the utilization of community health workers and provided suggestions for the revision of the proposed strategy that would focus on using community volunteers as promoters of health rather than the initially proposed CHWs and TBAs. MCDI's Home Office Health Economist is scheduled to provide technical assistance to carry out the Seguro Básico Cost Study in March 2001.

In addition, MCDI has been negotiating with JHPIEGO in La Paz for the provision of technical assistance in the project's maternal and newborn health interventions. This is currently an ongoing process. In the area of community-IMCI, NUR University has agreed to provide the project with any assistance necessary for this training; similarly, CARE has agreed to provide technical assistance to MCDI staff in the preparation and execution of reproductive health training for auxiliary nurses in the project area. This training is expected to take place in the upcoming year.

IV. Changes to Program Description and DIP

The principal goal of the project: "to support the execution of the basic health insurance through improving services offered while increasing demand for those services through training, supervision, and IEC" has not changed. The role of both MCDI and the MOH in project implementation has increased due primarily to the bilateral decision that Esperanza Bolivia withdraw from the project. As a result, the collaboration and the formation of a team structure with the District to improve sustainability is much greater than originally planned. This is, in MCDI's opinion, a more sustainable approach due to the existence of a government-financed structure, which will continue long after the project has ended. Hence, MCDI has become the primary implementer of the program.

After the search for active community health workers and traditional birth attendants demonstrated that, of those trained in the past, only a few are still active, MCDI questions the sustainability of putting significant time and money into training this group; for this reason, other methodologies being used in Bolivia are currently being considered.

Unfortunately, the CHW concept, as it has been implemented in the past, has failed many times in Bolivia. The reason is that the level of responsibility expected of the workers was too high and their roles in the community were not clearly delineated from those of nurse auxiliaries. In addition, the volunteer nature of the position made sustainability very difficult. At NUR University, the project staff train "*Madre Vigilantes*" (watchful mothers), who are essentially mothers in families or groups of families who can raise public awareness, share information, act as role models, etc. but are not expected to fulfill a professional role. Because they are integral members of the community and are given a certain status position, they are more likely to stay in the area and be loyal to family groupings, which would appear to be a much more sustainable strategy than the CHW concept.

MCDI recognizes that nurse auxiliaries alone are not able to adequately serve the geographic coverage for which they are responsible due to the vast size and dispersal of the population.

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As a strategy to complement the roles of nurse auxiliaries, MCDI feels that at the community level there should be more emphasis on using women leaders and mothers club members as community level health workers or awareness promoters. Eligibility and training would be made available to any community member who agrees to pass on what they have learned, and shows a commitment to helping others.. A role that encompasses the “Madre Vigilantes” idea is being considered but could include people who view themselves as former CHWs, community leaders, rural teachers, TBAs, etc. Monetary incentives, among others, should be minimal and appropriate. Those who show exceptional ability are to be encouraged to become involved in a formal training program (auxiliary nurses or a similar position). Community surveillance and bringing people in to receive care should be part of the responsibilities of the community health worker.

V. Dip Review

The DIP review that was originally scheduled for April - May 2000 was postponed as a result of the need to rewrite the DIP after the separation of Esperanza Bolivia from the project. The revised DIP was then presented in late July. USAID/BHR/PVC conducted a review of the DIP on December 18, 2000; those participating included, MCDI Director, Joseph Carter; Project Manager, James Selph; Senior Project Officer, Dr. Blasques de Oliveira; and Dr. Anne Keith. The review presented a number of recommendations which MCDI has subsequently taken into consideration. Of the comments made, MCDI has responded to those it feels are most salient to the successful implementation of this project. These include, but are not limited to the following:

Response to the Comments of A. Contreras:

- Although the project has chosen to not prioritize nutrition as a specific intervention, it has integrated significant nutrition activities and strategies into the Maternal/Newborn Care intervention, and simultaneously integrated selective activities into the EPI, PCM, and CDD interventions as well. MCDI acknowledges that malnutrition is a contributing factor for much of the pathology in children and pregnant women. Consequently, the project will direct more attention to nutrition education and will support the MOH through the training of nurses and auxiliary nurses within the context of IMCI, paying attention to the improvement of growth monitoring activities.
- MCDI will seek air time on local radio stations to support BCC activities. NUR University’s Department of Communication will help the project in this initiative. In addition, MCDI will explore the feasibility of capitalizing on its existing relationship with the Freeplay Foundation and the World Space Foundation (a satellite based IEC/BCC project). These two non-governmental organizations could effectively work in providing satellite radio broadcasting programs containing IEC/BCC messages on health, to include nutrition education, to community groups in remote areas.
- Based on DIP review comments and the recommendation of MCDI’s own Technical Advisory Group Member, Dr. Ann Keith, who visited the project site in October, MCDI

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no longer plans to recruit a physician as Technical Coordinator. Rather, two *licenciadas* will be engaged.

- MCDI, in coordination with other partners (NUR University, SEDES and the *Municipio*), will gather information on the BASICS adaptation/alternative package for the training of auxiliary health personnel with low literacy levels; MCDI, in collaboration with SEDES, will also evaluate the feasibility of using those materials for the training.

Response to the Comments of David McCarthy:

- MCDI will work with the existing and nationally accepted IMCI and C-IMCI training material, but will develop advocacy within the MOH/SEDES/DISTRICT in order to make those materials (or use equivalent ones already existing in Bolivia) accessible to less literate health personnel. (See above for response to Dr. Contreras' comment apropos of BASICS material)
- During the preparation of the Seguro Basico Cost Study, MCDI has established contacts with BASICS, PROSIN and PROCOSI so as to facilitate the exchange of information and to discuss methodologies related to the costing of services, specially those falling under IMCI and maternal health protocols. MCDI believes that the methodology and instrument to be used in the study covers many of the weaknesses of previous costing models, allowing for more precise cost estimates that will ultimately lead to more efficient cost-recovery at the municipal level, and an increased level of sustainability of the national health system.
- Experts from BASICS and PROSIN are expected provide technical assistance by traveling to Cotagaita to train provide training to trainers. The cost of the trip will be covered by MCDI.
- The strategy related to CHPs has been revisited after the previously identified CHPs in the area were no longer active. Furthermore, the selection of CHPs (done prior to the start up of the project) did not include the communities' participation, which resulted in generating an atmosphere of mistrust between the population and the CHPs. Given these facts, MCDI will work more directly with the community through organized women's leaders such as *madres vigilances*, rural unions members (including men), and other community-based organizations (i.e., *Comités de Vigilancia*) rather than through individually selected volunteers.
- Nurse auxiliaries will play the most active role in educating parents and the community in general in recognizing danger signs of childhood illnesses and pregnancy related complications. They will promote prompt care-seeking behavior and life-saving practices, including birth preparedness. The project will also promote peer education by positive deviants in the area to encourage appropriate home health behavior.

Response to the Comments of Donna Espeut:

- The field team, in collaboration with the District MOH and with MCDI Home Office backstopping, is currently reviewing the table of indicators to comply with DIP review comments related to improvement of the M&E process.
- MCDI has been working with the field team to improve monitoring indicators from the original M&E table. Indicators have been revised and adapted to reflect program activities and have taken into account the change in status of CHPs and TBAs. The revised indicators are more consistent with the new approach of delegating community volunteer work to mothers groups and other community-based organizations. (MCDI has included an additional objective and indicator related to quality of care in the PCM section.)
- The program will take into account concerns related to the definition of indicators and how they reflect national and international standards. It should be noted, however, that the national policy and MOH HIS on Vitamin A supplementation and immunization covers children under 5 years old, whereas the project is concerned with the 0 – 23 month age group. MCDI will measure coverage of the 0 – 23 month age group through the KPC survey but will have to use the district level MOH HIS data covering children under five for monitoring purposes.
- In regards to concerns about the language of the MNC indicator related to knowledge of danger signs, MCDI has revised the indicator to read as follows: *“80% of women can identify those danger signs in the newborn that indicate that it is necessary to seek care.”*
- The GIS will be used to establish not only the locations of health facilities and their catchment areas but also the location of community based volunteers and groups and TBAs.
- MCDI will consider using LQAS to monitor health worker skills in addition to collecting health coverage information. A decision will be made based on the results of the use of LQAS during the mid-term evaluation. At the moment, the project is participating in district level MOH meetings (TAI) to provide feedback to facility health staff based on current supervision and monitoring activities.