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**Planning Visit Report
Bolivia**

**LINKAGES
Academy for Educational Development**

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TABLE OF CONTENTS

<i>LIST OF ACRONYMS</i>	iii
I. EXECUTIVE SUMMARY	1
II. PURPOSE OF VISIT	3
III. BACKGROUND	4
IV. FINDINGS	7
V. RECOMMENDATIONS	20
VI. ANNEXES	
ANNEX 1. Demographic, Breastfeeding and Nutrition Profile - Bolivia	
ANNEX 2. Bolivia 1997 R4 Indicators	
ANNEX 3. PROCOSI	
ANNEX 4. Member Organizations of PROCOSI	
ANNEX 5. Population Services International (PSI)	
ANNEX 6. PROSALUD	
ANNEX 7. List of Public and Private Institutions which received LAM Training	
ANNEX 8. USAID and other Donor Health, Nutrition and Family Planning Programs in Bolivia	
ANNEX 9. LINKAGES Partners working in Bolivia	
ANNEX 10. Center of Investigation, Education, and Investigation (CIES)	
ANNEX 11. Community and Child Health Project (CCH)	
ANNEX 12. Child Health Card	
ANNEX 13. Social Security Reproductive Health Services Project	
ANNEX 14. Agenda	
ANNEX 15. Contacts in Bolivia	

LIST OF ACRONYMS

APSAR	<i>Asociación de Proyectos de Salud Rural</i> - Association of Rural Health Projects
ARHC	Andean Rural Health Care
BCM	Breastfeeding, Complementary Feeding, and Maternal Nutrition
BF	Breastfeeding
BFHI	Baby Friendly Hospital Initiative
CA	Cooperating Agency
CCH	Community and Child Health
CHW	Community Health Worker
CIES	<i>Centro de Investigación, Educación y Servicios</i> - Center for Research, Education and Services (IPPF Affiliate)
CNS	<i>Caja Nacional de Salud</i> - Social Security
CRS	Catholic Relief Services
COMBASE	<i>Comisión Boliviana de Acción Social Evangélica</i> - Bolivian Commission on Social Evangelical Action
CORAL	Regional Committee for Breastfeeding Support
COTALMA	<i>Comité Técnico de Apoyo a la Lactancia Materna</i> - Technical Committee for Breastfeeding Support
DHS	Demographic and Health Survey
ETS	<i>Escuela Técnica de Salud</i>
GOB	Government of Bolivia
JHU/PCS	John Hopkins University/Population Communications Services
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
IPPF	International Planned Parenthood Federation
IRH	Institute for Reproductive Health
LAC	Latin American and Caribbean
LAM	Lactation Amenorrhea Method
LLL	La Leche League
LLLB	La Leche League/Bolivia
LME	Wellstart Lactation Management Education
MCH	Maternal Child Health
MIS	Management Information Service
PAHO	Pan American Health Organization
PCI	Project Concern International
PCS	Population Communication Services
PHN	Population, Health, and Nutrition
PROCOSI	<i>Programa de Coordinación en Salud Integral</i> - Integrated Health Coordination Program
PSI	Population Services International
SNS	<i>Secretaría Nacional de Salud</i> - Ministry of Health

LIST OF ACRONYMS

TA	Technical Assistance
TFR	Total Fertility Rate
UCB	Catholic University of Bolivia
USAID	United States Agency for International Development

I. EXECUTIVE SUMMARY

Susan Anthony, USAID, Office of Health and Nutrition, and Maryanne Stone-Jiménez, LINKAGES Project, traveled to Bolivia to meet with the USAID Mission, representatives from the Institute for Reproductive Health (IRH) and institutions/organizations and Cooperating Agencies (CAs). Visits were made to 17 PVOs/NGOs and other CAs. The purpose of the visit was to discuss options for program collaboration in mainstreaming breastfeeding, LAM, complementary feeding and maternal nutrition (BCM) into country programs; to work with the Institute for Reproductive Health (IRH) on the transition of breastfeeding and LAM to LINKAGES and to determine the feasibility of continued support to COTALMA - *Centro de Apoyo a la Lactancia Materna* - Technical Center for Breastfeeding Support.

At present there are three key initiatives in Bolivia which influence the choice of activities proposed by LINKAGES: a) Popular Participation and Decentralization laws provide a budget to each municipality to develop its own health care delivery and includes mandatory health education. The implication of these laws has prompted the municipalities to hire NGOS and PROSALUD to implement their health programs and services in their jurisdiction. b) A national anemia policy includes upcoming iron fortification of wheat and emphasis on iron supplements through health clinics. This national awareness provides a climate conducive to an interest in and demand for iron supplements, giving validity to the social marketing of iron supplements to women. c) The government policy of free facility deliveries is expected to increase the numbers of attended births. For this reason it is important that the Baby Friendly Hospitals continue to be monitored and evaluated in order to promote, protect and support breastfeeding.

As Bolivia is a country rich in programs and local expertise, the team felt that LINKAGES should take full advantage of these resources by serving as a coordinating and catalytic entity to mainstream BCM into ongoing country programs working in the needy rural areas. **The team recommends that LINKAGES initiate their activities by working with the coordinating PVO/NGO umbrella organization of *Programa de Coordinación en Salud Integral (PROCOSI)*, an integrated health coordination program.** Through PROCOSI's network of 24 member organizations, LINKAGES will work with the service delivery programs of child survival, integrated health and reproductive health. These programs are implemented in coordination with the *Secretaria Nacional de Salud (SNS)* - the Ministry of Health, meeting the challenge of LINKAGES to mainstream BCM into the public sector. LINKAGES will work with PROCOSI to mainstream BCM into the delivery service programs of their member organizations in the following ways:

- Within FY 97 (September 30, 1997), contract with PROCOSI to recruit a LINKAGES resident advisor and provide PROCOSI office space to manage PROCOSI/LINKAGES activities as well as other LINKAGES work
- Work with resident advisor and PROCOSI staff to determine the scope of potential collaboration between LINKAGES and the PROCOSI member network

(LAC) First Ladies Conference held in Bolivia last fall. **USAID/Bolivia has encouraged LINKAGES and Population Services International (PSI) to undertake a feasibility study on the social marketing of iron supplements to women.** This feasibility study will be completed by the end of FY 97.

As one of the predecessor projects to LINKAGES, the Institute for Reproductive Health (IRH) has been active in Bolivia since 1995. The goal of IRH was to help family planning programs integrate LAM into services. **To complete the work initiated by IRH, immediate follow-up plans for IRH transition to LINKAGES in breastfeeding and LAM will be implemented for organizations previously participating in IRH training.** Dr. María Lorencikova, an IRH Fellow and former consultant will be contracted to implement the following activities in FY 97:

- Conduct nineteen training sessions (2 hours) in La Paz on the use of LAM flip-chart and client follow-up cards and conduct subsequent follow-up visits to sites
- Conduct nine training sessions (2 hours) in Cochabamba on the use of LAM flip-chart and client follow-up cards and conduct subsequent follow-up visits to sites
- Design a monitoring tool to be used in follow-up supervision
- Summarize findings and recommendations to educational institutions on teaching modules for LAM

COTALMA has become the lead technical NGO for breastfeeding in Bolivia. Through collaboration with Wellstart, COTALMA has developed a national training center and technical assistance mechanism serving the Ministry of Health, the PVO/NGO community, schools of higher education, public and private hospitals, UNICEF, PAHO, and USAID. **The team recommends that this resource be utilized in team trainings and in the implementation of the MADLAC tool in the Baby Friendly Hospitals located within the PROCOSI coverage area.**

- LINKAGES subcontractor, Wellstart, and COTALMA will develop an implementation plan with SNS and UNICEF to introduce MADLAC to the Baby Friendly Hospitals located within the PROCOSI coverage area. This effort will include training in the use of the tool and follow up analysis and evaluation.

The team recommends mainstreaming BCM throughout the PROSALUD network, a global model of self-sustaining service delivery and a member of PROCOSI. PROSALUD is the prime private health care organization in Bolivia providing services in urban and peri-urban areas. It has the potential to reach 500,000 clients and operates in 4 regions. Through PROSALUD, LINKAGES will respond to the need of mainstreaming BCM into the private sector. In FY 98, initial plans will focus on:

- Develop an action plan to incorporate LAM into PROSALUD family planning services and Management Information Service (MIS) in four regions: Santa Cruz, La Paz, Tarija and Riberalta.
- Explore the possibility of working with PROSALUD to include breastfeeding, complementary feeding and maternal nutrition to other components of the organization

There are several other organizations that could benefit from LINKAGES support at a later date when the other activities proposed above are well advanced. Other initiatives that may be considered include:

- Pre-service curriculum development, collaboration with the Reproductive Health Training Centers and Technical Schools
- Collaboration with *Caja Nacional de Salud* - Social Security (CNS) on the integration of BCM into the institution's programs
- Development of a strategy to approach the family planning community
- Integration of LAM into the *Centro de Investigación, Educación y Servicios* - Center for Research, Education and Services (CIES), the IPPF Affiliate's family planning programs

The team recognizes that these activities have the potential for impacting a large population but will need to be worked out over a long term basis and require separate strategies reflecting each organizations' unique character.

II. PURPOSE OF VISIT

Susan Anthony, USAID, Office of Health and Nutrition and Maryanne Stone-Jiménez, Community and Training Coordinator for LINKAGES conducted an assessment in Bolivia during the period April 26 - May 9, 1997. The main purposes of this trip were:

1. Meet with the GOB, PROCOSI, CARE, PSI, USAID Title II and Title III to discuss options for program collaboration in mainstreaming breastfeeding, LAM, complementary feeding and maternal nutrition.
2. Work with the Institute for Reproductive Health, Wellstart and the Mission staff on the transition of breastfeeding, LAM, complementary feeding and maternal nutrition to LINKAGES and determine the feasibility of continued support to *Centro de Apoyo a la Lactancia Materna* - Technical Center for Breastfeeding Support (COTALMA).
3. Meet with BASICS and MotherCare to discuss LINKAGES program and options for collaboration.
4. Meet with La Leche League/Bolivia and members of COTALMA involved in Mother-to-Mother support programs.
5. Develop a draft work plan for LINKAGES support to USAID/Bolivia PHN programs and the GOB to be discussed with the Mission before departure.

III. BACKGROUND

A. Demographic and Health Profile of Bolivia (Annex 1 summarizes Bolivia's Demographic, Health and Nutrition Statistics: DHS, 1994)

Bolivia, growing at an annual rate of 2.1%, had 7.2 million inhabitants in 1994. The country is one of the most sparsely populated in Latin America, with nearly half of the population living in one-sixth of the national territory.

According to the DHS national surveys, infant mortality declined from 99 deaths per 1,000 during 1984 - 1989 to 75 deaths per 1,000 during 1989 - 1994. Mortality of children under five declined from 150 to 116 deaths per 1,000 during the same years. These rates, although higher than those of nearly all other countries in the region, nonetheless represent a 24% decline from rates observed five years earlier. Infant and child mortality were marked by large differences according to educational attainment, with children of noneducated women being nearly four times as likely to die before their fifth birthday as those born to women with at least a secondary education (187 child deaths per 1,000 live births and 49 per 1,000, respectively).

Bolivia is one of the most impoverished countries in the hemisphere. The health of Bolivians is among the worst in Latin America. Maternal mortality in the Altiplano averages 591 deaths per 100,000 live births, in some areas reaching 900, comparable to some of the poorest countries in Africa.

A 6% increase in contraceptive prevalence between 1989 and 1994, and a 24% reduction of infant mortality during the same period demonstrate significant improvement in the health of Bolivian women and children. Important policy changes, especially the Popular Participation and Decentralization laws, have provided authority and financing to Bolivia's over 300 newly created municipalities enabling them to contract with private sector NGOs for high quality health care and family planning services. This privatization has increased financial sustainability, and released GOB Secretary of Health resources for deployment in the most rural and needy areas.

Breastfeeding practices

According to the 1994 DHS, initiation of breastfeeding is a common practice among women in Bolivia. About 96% of mothers breastfeed their infants at some time. Twenty-two percent of infants begin breastfeeding in the first hour after birth and 62% within the first day. Sixty-one percent of infants under 2 months are exclusively breastfed but only 27% are exclusively breastfed between 4 - 5 months. During the first six months after birth, the prevalence of exclusive breastfeeding is higher in rural areas than it is in urban areas. Bolivian children are breastfed an average of 17.5 months. The average duration in the rural areas is 19 months compared to 16 months in urban areas and girls are breastfed on an average of 3 months more than boys. Women from the Altiplano region breastfeed their children 7 months longer than women from the Llanos region (20 and 13 months respectively).

Complementary feeding is initiated early in Bolivia. Almost half (44%) of children between 2 - 3 months are receiving liquids. Solid foods are introduced after 3 months. Between 6 - 7 months, breastfeeding is supplemented and more than 80% of breastfed children receive some solid foods. The use of bottles is common in Bolivia. During their first year almost one third of the children are given a bottle. At the end of the 2nd year, 1 in 5 children are using a bottle.

The average length of amenorrhea is 10.8 months.

Family Planning

Modern contraceptive use among women in Bolivia has increased from 12% to 18% between 1989 and 1994. During the same period the total fertility rate (TFR) decreased from 5.6 to 4.8. There were large differentials in fertility between the least and most educated women (TFR of 6.5 and 2.7) and between rural and urban women (TFR of 6.3 and 3.8). The proportion of women in union who were currently using a method increased from 30% in 1989 to 45% in 1994. Rhythm was by far the most commonly used method, with 22% of women in union relying on it. (Although rhythm accounted for nearly one-half of all methods used, one-quarter of women who relied on the method could not correctly identify the fertile period of their menstrual cycle). The IUD is the most widely used modern method in Bolivia used by 8% of women in union, followed by sterilization (4.6%), the pill (2.8%) and the condom and injectables (1% each). According to the 1994 DHS, twenty-five percent of Bolivian women in union have an unmet need for family planning.

Malnutrition

Nutritional status has been improving. According to the DHS survey in 1994, 28% of children less than 3 years old are stunted compared to 38% for the same age group in 1989. The 1989 DHS illustrated levels of stunting of 51% among children less than 2 years and 32% in 1994. Malnutrition is associated with four out of every five deaths of children under five years of age.

Anemia rates

The prevalence of anemia among pregnant women according to the *Secretaria Nacional de Salud* - Ministry of Health (SNS) 1993, is 61.8% in the highlands; 69.8% in the lowlands and 38.9% in the valley region.

The prevalence of anemia in pregnant women is 50.5%. The problem may be aggravated by intestinal parasitism, especially hookworm. However, there has not been a study of this problem.

B. USAID-Bolivia Strategic Objectives

The USAID Bolivia country plan includes the PHN strategic objective, "Improved Health of the Bolivian Population". (See Table 1). The Bolivia 1997 R4 indicators are included in Annex 2. LINKAGES mandate to improve breastfeeding, complementary feeding and maternal nutrition practices could contribute to the following performance indicators.

- Infant Mortality Rate
- Under 5 Mortality Rate
- Maternal Mortality
- Contraceptive Prevalence
- Nutritional Status

The primary intermediate results and indicators closely related to the LINKAGES work:

IR1: Improved child survival and reproductive and sexual health practices by Bolivian women, men, and boy and girl adolescents and children.

- Number of infants less than 6 months of age living in USAID-funded target area who were breastfed exclusively during the last 24 hours
- Percentage of children aged 24-60 months, by sex, with chronic malnutrition as measured by height for age
- Number of children less than 2 years old (0-23 months) in USAID-funded growth monitoring programs who gained weight in the last 3 months
- Number of health-related activities, implemented by USAID-funded cooperating agencies, that broaden and sustain community participation in preventive and primary health care.

IR2: Improved quality and increased coverage of community health care established by local governments and NGOs.

- Number of providers, by sex, trained in nationally approved reproductive health and child survival clinical protocols at USAID-funded institutions
- Number of providers, by sex, trained in nationally approved reproductive health and child survival clinical protocols who are applying protocols in clinical practice at USAID-funded institutions

IR3: Decentralized and participatory health care system

- Sets of comprehensive technical norms and protocols disseminated to municipalities in USAID's area of influence
- Sets of comprehensive technical norms and protocols developed in collaboration with the GOB
- Number of resource materials disseminated which support efficient implementation of decentralized, participatory health policies.

The Linkages project is initially most closely related to the Secondary Intermediate Results of improving practices and quality of community health care; IR1, 1.2, 2.1 and 3.1. However, if Linkages works with the Bolivia Mission for several years, as expected, the intermediate results related to the health care system and national norms/policy coordination would become part of the scope of work.

To help meet its strategic objectives, the USAID Bolivian Mission is particularly interested in LINKAGES strengthening BCM components through the PROCOSI network (which includes PROSALUD) extending LAM programs and continuing support to COTALMA.

IV. FINDINGS

PROCOSI - *Programa de Coordinación en Salud Integral*: (Annex 3)

PROCOSI (Child Survival Coordination Program) is an umbrella organization consisting of a network of 24 Bolivian and international Non-government Organizations (NGOs) involved in child survival and maternal health activities in the country (Annex 4). Its members support programs that benefit over 400,000 people mostly in isolated rural areas. USAID support to PROCOSI emphasizes two major objectives: 1) to strengthen the technical, management, and service delivery capacity of the network's NGOs to develop high impact child survival, maternal health and community development programs and projects; and 2) to establish PROCOSI as a financially sustainable organization, able to provide continuing institutional strengthening and coordination services for its members over the long term. Finally, USAID funds are administered by PROCOSI to provide individual sub-grants to member organizations in support of child survival and reproductive health goals in Bolivia.

Since its inception in 1988 with an initial grant from USAID, PROCOSI has provided its members with subgrants, technical assistance, administrative and management support for fifty-one child survival projects focused on improving health services related to acute respiratory infections, immunizations, diarrheal disease, growth monitoring and nutritional rehabilitation, and pre/post natal control and birth services. Through the coordinated work of its NGO members, PROCOSI has increased the scope and quality of health programs aimed at the disadvantaged, rural population which national public health services often do not reach. The focus of PROCOSI is to work with the municipalities in the rural areas of Bolivia and incorporate their programs into the local priorities. In its present phase, which includes funding to expand member capacity to implement reproductive health activities in rural areas where unmet demand for family planning is still high, USAID is providing \$12 million between 1991 and 2001 in support of PROCOSI.

Although infant and maternal mortality rates remain high, significant decreases, particularly in infant mortality, have been achieved in the past five years. Using an umbrella organization to coordinate the health activities of many NGOs working in child survival and reproductive health has proved very successful in developing focused and concerted child and maternal health programs. PROCOSI staff includes a Child Survival technical Advisor and a Reproductive Health Technical Advisor. Institutional, management and administrative improvements facilitated by PROCOSI in its member NGOs have improved their capacity to design, implement, manage and evaluate more sustainable projects to the benefit of the rural population.

USAID Bolivia has suggested that LINKAGES work through PROCOSI. PROCOSI provided LINKAGES with a list of NGOs which implement programs in Child Survival (funds between

\$60,000 - \$180,000), Integrated Health (\$220,000) and Reproductive Health and the status of their interventions in breastfeeding, LAM, complementary feeding and maternal nutrition. (Annex 7) PROCOSI maintains close ties with SNS and works with them on popular education, gender and reproductive health. Proposed collaboration with LINKAGES:

1. Short term contract with PROCOSI to develop a situation/qualitative analysis of PROCOSI members in terms of a needs and resource assessment with regards to breastfeeding, LAM, complementary feeding and maternal nutrition
2. Technical assistance of LINKAGES in design and development of criteria for assessment
3. Based on the needs and resource assessment, LINKAGES would develop a program
4. PROCOSI could be contracted to coordinate the program
5. Possible small grants available to selected PROCOSI members

Population Services International (PSI): (Annex 5)

In March 1995, PSI began a national scale social marketing project for reproductive health. Working in close collaboration with two large Bolivian family health NGOs, PROSALUD and *Centro de Investigación, Educación y Servicios* - CIES - Center for Research, Education and Services, IPPF Affiliate (Annex 10), PSI is expanding the availability and accessibility of contraceptive products. PSI markets the condom **Protektor** and the oral contraceptives, **Noriday** and **Minigynon**. **Pantera**, a low-priced condom marketed for protection against STDs and HIV/AIDS, was launched in February 1996 along with a low-cost lubricant, **Forplay**. In 1996, Protektor was relaunched with new advertising as **Protektor Deluxe**. Planned launches for 1997 include **Duofem** a low-dose oral contraceptive, and an injectable contraceptive. Currently operations research is being conducted in a two-year pilot for marketing the female condom **Reality**.

PSI also promotes *Claro*, a safe water drinking system, consisting of a large vessel for water, and the *Claro* sodium hypochloride solution. *Claro* was launched in Santa Cruz in 1996 with participation from Community and Child Health (CCH)/USAID, PAHO, and others. PSI continues to expand distribution of *Claro*, and in 1997 launched the product in La Paz and Cochabamba.

In addition to marketing these products, PSI Bolivia, has created innovative IEC programs which include the production of *Historias del Vecino*, a drama series containing real-life situations about unwanted pregnancies, STDs and AIDS. This drama has been successfully adapted to the radio circuit and photo-magazine format. *Historias* has been extremely successful, and has had ratings of at least 2.5 million viewing the seven episodes shown to date.

To reach rural areas, PSI has developed an innovative Mobile Distribution and Communication Unit. With a fleet of mobile units, the program staged numerous presentations and videos about reproductive health in 1996. PSI will be expanding its 4 mobile clinics to 8 in order to provide defusion, but not training, to the rural areas.

PSI has had an extension of its reproductive health program through 2002 and is very interested in doing a feasibility study of a multi-vitamin or iron/folic acid for pregnant women and/or for women

of reproductive age. This study would involve: a strategic plan, an operational plan, market feasibility, consensus building, time line and budget. PSI feels that this study would take 4 weeks and if a decision is made to develop and launch the program it will require 6 months. PROSALUD and PSI have been contracted to produce 2 non-contraceptive products. Social marketing is seen as a complementary service (availability and distribution) to the private sector. PSI strongly believes that local production is not a limiting factor to market a product. PSI, Santa Cruz feels that it is opportune to do the feasibility study in Santa Cruz for the following reasons:

1. Santa Cruz is less political than La Paz
2. Santa Cruz has a developed economy in which people can afford the product
3. The 12 clinics of PROSALUD can be used for focus groups and interviews

Proposed collaboration with LINKAGES:

1. A feasibility study for social marketing a multi-vitamin or iron/folic acid to pregnant women or women of reproductive age
2. Based on positive results of the feasibility study, launch product to target population

PROSALUD (Annex 6)

PROSALUD is a Bolivian non-profit Non-Governmental Organization (NGO) formed in 1985 with USAID support. The objective of PROSALUD is to provide sustainable, high quality, low cost, culturally acceptable primary and reproductive health care services to low-income urban and peri-urban communities. It presently consists of a network of 28 community health centers which serve approximately 350,000 people in four regions of Bolivia: Santa Cruz with 13 health Centers, La Paz - 13 health centers, Riberalta - one center and Tarija - one center. PROSALUD functions in a system of coordination between the national office and the four regional offices. A new service is agreed upon at the level of coordination between national and regional offices and becomes integrated nation wide into the PROSALUD delivery service network. PROSALUD operates one reference hospital and a child development center in Santa Cruz.. It plans to expand services with 10 additional health centers by 1998. With the extension, PROSALUD will cover a target population of nearly 500,000 people.

PROSALUD's defining characteristic is its emphasis on providing high quality health care while treating often poor and mistreated clients with dignity and respect. Health centers offer an integrated package of services which include: general medical, pediatric and gynecological visits; prenatal, birth and postpartum services, family planning, well-child care, including vaccinations and growth monitoring; dental, pharmacy and laboratory services. Centers are open 24 hours a day and home visits are conducted regularly by health promoters and other center staff. Each center seeks self-sustainability by collecting small user fees for curative services. All basic preventative health services are free. Cross-subsidization is a fundamental part of the PROSALUD system: clinics located in better-off neighborhoods subsidize clinics in poorer locations.

PROSALUD is currently expanding to other areas of Bolivia with a grant from USAID Bolivia's Reproductive Health Services Project. USAID plans to continue to support operating deficits of the

organization for another five years, while at the same time creating an endowment to assure long term sustainability. This will bring total USAID support to over \$16 million from 1991 to 2001. PROSALUD is entering into joint adventures with Municipal governments and Departmental Health Directorates which have expressed interest in having PROSALUD undertake the administration of primary health care infrastructure now transferred to Municipalities under the new Popular Participation and Decentralization laws. PROSALUD is becoming a key organization in the Popular Participation and Decentralization laws. Increasingly, municipalities are contracting with PROSALUD to provide their local health services.

The national office of PROSALUD is very interested in integrating LAM into their service delivery in all 4 regions. They believe that LAM training enhances optimal breastfeeding practices which they feel to be a great benefit in itself. Request from PROSALUD to LINKAGES for technical training in LAM and how to identify the LAM acceptor was made. LAM is considered a bridge method between birth and the time another method of family planning is introduced. The perception of the LAM training which took place in PROSALUD, La Paz was one of vertical programming in which the family planning component of PROSALUD, La Paz was targeted to be "LAMInized". Lack of communication and misunderstanding prevented interest in LAM training to be integrated into the other regions of PROSALUD. LAM training was not centrally and regionally coordinated with consensus or implementation and follow-up plans.

PROSALUD is extremely interested in social marketing a non-contraceptive product. At present they are contracted with PSI to market 2 such products. Social marketing of iron/folic acid and/or a multi-vitamin is of great interest. With PSI, PROSALUD has thought of marketing children's vitamins in the form of llamas.

Proposed collaboration with LINKAGES:

1. Integration of LAM into PROSALUD's family planning programs and MIS system in the 4 regions
2. Visits to the 4 regional offices to promote consensus building about breastfeeding and LAM training
3. An informational workshop on LAM for the 4 Directors, Coordinators and Supervisors of each region, and the Manager of Product Marketing. Total participants: 15 - 20. The scope of work of this workshop will be:
 - a. Clarification of LAM concepts
 - b. Discussion of lessons learned at LAM training in PROSALUD, La Paz
 - c. The significance of integrating breastfeeding, LAM, complementary feeding and maternal nutrition into PROSALUD services
 - d. Definition of responsibilities and roles of every PROSALUD employee to integrate and unify breastfeeding, LAM, complementary feeding and maternal nutrition into service delivery
 - e. Chronogram of future events
4. Technical Training of Trainers Workshop for those in charge of training and potential trainers from each of the 4 regions. Emphasis will be placed on operational services, implementing a reflective methodology. Total participants: 15 - 20.

The Santa Cruz Regional Director expressed interest in pursuing breastfeeding, LAM, complementary feeding and maternal nutrition training which he stressed must be coordinated at the national and regional levels in order to disseminate unified messages throughout the entire PROSALUD network service delivery system.

Dr. Luis Santa Cruz organized visits for Stone-Jiménez to 2 PROSALUD centers: El Carmen and La Cuchilla. A visit was also made to the “Centro del Desarrollo Infantil”- the first PROSALUD day care center for 66 children from 4 months to 5 years.

COTALMA - *Comité Técnico de Apoyo a la Lactancia Materna* - Technical Committee for Support in Breastfeeding

Since 1986 the Wellstart LME Project has been working with Wellstart Associates in Bolivia. In 1989 a group of sixteen Bolivian Associates established themselves as a resource for breastfeeding promotion, protection and support by forming the Non-Governmental Organization, COTALMA, the Technical Committee for Support in Breastfeeding. A proposal was generated by this group to establish a national training center for lactation management. An agreement was made between Wellstart, PROCOSI and COTALMA to provide funds for start-up of the center. Since 1993, USAID has supported the center through Title III monetization plan and the Global Office of Nutrition.

COTALMA functions with a small paid staff and group of professionals who either volunteer their time or are paid on an honorarium basis. COTALMA provides technical assistance to UNICEF, PROCOSI, Pan American health Organization (PAHO) and others in the areas of breastfeeding, lactation management, BFHI assessment and evaluation and curriculum development. Examples of their work since their formation in 1989 include: all BFHI assessments with participation of other institutions as needed; courses for the following institutions: Hospital del Niño, Hospital San Gabriel, Seguro Universitario, Centro de Salud La Paz #1, Hospital Juan XXIII, Caja Bancaria and Hospital Metodista, Escuela Salud Pública, Bolivian Pediatric Society - Santa Cruz Branch, PROSALUD Santa Cruz, Escuela Normal, Col. Nacional and Proyecto Altiplano; adaption of Wellstart materials to develop its own curricula for training-of-trainers courses, a managerial course, and clinical courses for hospitals. The training-of-trainers curriculum includes scientific basis, programming and evaluation, communication, counseling, and training techniques, as well as clinical practice. COTALMA has worked on the policies for the feeding of newborns being developed at the national level by the Maternal and Child Health Division of the Ministry of health; Wellstart Associates established and formalized a Breastfeeding Clinic at Hospital del Niño (La Paz) which is run by COTALMA members at the hospital; COTALMA initiated a community outreach program in El Alto; and Wellstart Associates have carried out research regarding knowledge, attitudes, and practices in nearly two dozen health care agencies in eight cities.

COTALMA's future plans include:

1. Strengthen organization's infrastructure
2. Elaborate a strategy of defusion and marketing of COTALMA services: training, resource center, community outreach, research, out-patient consultation, monitoring - supervision - evaluation, technical assistance and interinstitutional organization
3. Develop a proposal with UNICEF to continue implementing BFHI training and assessment services
4. Develop materials that complement the training curriculum
5. Become a member of PROCOSI in February 1998

Proposed collaboration with LINKAGES:

1. LINKAGES could use COTALMA as in-country resource for team teaching in lactation management and BFHI training with UNICEF, especially now that there will be more coverage due to the Maternal Child Health Insurance which includes free deliveries in facilities
2. Technical review of documents and materials
3. Address quality of service issues - the 10 steps to quality; (this could be practiced through the use and implementation of MADLAC)

Meetings with organizations trained by IRH and working in LAM

Georgetown University's Institute for Reproductive Health (IRH) has been active in Bolivia since 1995. The goal of IRH was to help institutions active in family planning to incorporate LAM into their services. The IRH provided training-of-trainers in LAM for selected service providers of public and private institutions involved in reproductive health including the Ministry of Health (SNS), Caja Nacional de Salud - CNS (Social Security), PVOs and local NGOs (see Annex 7). The IRH worked with Population Communications Services (PCS) to develop LAM materials. LAM is listed officially as one of the services offered by SNS and CNS and is incorporated into the curriculum of the national strategy of reproductive health. LAM is also in the process of being incorporated into the National Information System.

IRH worked with 18 organizations in La Paz and Cochabamba. The PVOs which attended LAM training were identified through PROCOSI and USAID. The following worked with IRH and have expressed interest in further LAM work and expanded BCM.

a. *Universidad Catolica Boliviana (UCB)/Elizabeth Seton*

The Faculty of Nursing "Elizabeth Seton" of UCB in Cochabamba, began a five year nursing degree program in 1975. Presently there are 280 students, 25-30 of whom graduate yearly. These graduates go on to head services at hospitals, in public health and at the "Caja Nacional de Salud" - Social Security. UCB has implemented a participatory methodology of learning, replacing the traditional vertical approach. Lic. Adela T. de Angulo attended a LAM workshop which was later replicated for other faculty members. LAM has been added to the curriculum of the fourth year students. It is the belief of the directorship of "Elizabeth Seton" that the nurse is the most constant figure in the health care system, the person with the most contact with the mother, the one who is best skilled in

counseling and for these reasons her training is extremely important. In summary, the directorship feels that a program whose purpose is to reduce infant morbi-mortality and which includes breastfeeding and LAM has been implemented in the faculty of Nursing. Proposed collaboration with LINKAGES:

1. A 2 hour training session in use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS
2. Technical review of the teaching modules for LAM developed by UCB/Seton following the IRH training in order to strengthen breastfeeding and LAM components in pre-service curriculum
3. Technical assistance in integrating complementary feeding and maternal nutrition into nursing curriculum

b. *Asociación de Proyectos de Salud Rural (APSAR)*

APSAR is a Bolivian NGO (with a staff of 25 and a coverage of 16,000) affiliated with the Methodist Church that works in the rural areas near Cochabamba. APSAR manages a hospital in Mallcorrancho, presently works in 11 communities and has plans to expand its work to 18 other communities. The hospital in Mallcorrancho has 15 - 20 deliveries per month and through its services is self-sufficient. The infant mortality rate has been reduced to 30% in this area. APSAR's strengths are in community organization, development and education at the primary school level. Their community organization begins with a family member being designated as "watch person" within each family. These family "watch persons" form the base of the community structure to which is added the educator and then the technical advisor in development. APSAR relies on community groups and trains members in each community. LAM training and replication of in-house training has been completed for a total of 16 trained staff. Since the program began in February of this year, APSAR has 43 LAM users, 6 of whom have gone on to other modern methods of contraception. APSAR is a member of PROCOSI, has collaborated with Andean Rural Health Care (ARHC), worked with radio mass media communication in health nutrition and has received a grant from MotherCare for improving reproductive health activities. Proposed collaboration with LINKAGES:

1. A 2 hour training session in use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS
2. Development of a training program in BCM for the educators at the community level
3. Production of educational materials related to BCM

c. *Escuela Técnica de Salud (ETS)*

ETS is a government Technical School with programs in auxiliary nursing, nutrition, environmental health, medical statistics, radiology, and laboratory technology. They specialize in training auxiliary nurses who work in the rural areas. Sixty percent of all services in the rural areas are covered by auxiliary nurses. There are presently 16 students in the nutrition program. The 16 month nutrition program prepares them for work in a variety of settings including the NGO, PVO community. ETS has focused on blending both training and services. With MotherCare, ETS has designed a curriculum for the auxiliary nurses: *Hacia una Atención Integral y Humanizada de la Mujer - An Integrated and Humanistic Approach to Women*. ETS has worked with the Population Council,

GTZ, Development Associates, OPS and JHU/PCS. Eighty percent of all faculty of ETS have been trained in LAM. Proposed collaboration with LINKAGES:

1. A 2 hour training session in use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS
2. Technical review of the teaching modules for LAM developed by ETS following the IRH training in order to strengthen breastfeeding and LAM components in pre-service curriculum
3. Production of educational materials related to BCM
4. Technical assistance to address:
 - a) the working mother: breastfeeding and LAM
 - b) the restraints to breastfeeding
5. Instruments and follow-up for supervision of ETS students
6. LINKAGES to explore specific needs of the nutrition program

d. Comisión Boliviana de Acción Social Evangélica (COMBASE)

COMBASE operates a hospital (17 beds) and 5 clinics in the peri-urban areas of Cochabamba and works through a system of promoters. Thirty-six of the eighty staff are physicians. During last year the hospital attended 35,000 clients and the 5 clinics had a total of 44,000 out-patients. MotherCare has provided COMBASE with technical assistance in the areas of diagnostic support and health education. COMBASE's program includes adolescent education in the schools. Outreach to the community has been facilitated through churches, Mother's Groups, Working Girls and other institutions in the communities. LAM is believed to have a future because it is culturally accepted. Thirty-two staff have received training in LAM including doctors, nurses, auxiliary nurses and health promoters. The personnel are very motivated in breastfeeding and LAM and utilize the Manual for Breastfeeding Counselors as well as poster drawings of the reflexive cloth posters developed by La Leche League of Guatemala. COMBASE is awaiting the results of an evaluation conducted in January of this year to determine if the hospital will be certified as "Baby Friendly". The directorship has plans for construction of a 12 bed pediatric ward and a new hospital of 60 beds. COMBASE is interested in continued LAM supervision and collaboration but feels restraints in economic resources and time. Proposed collaboration with LINKAGES:

- A 2 hour training session in use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS

e. Project Concern International (PCI)

PCI works in the peri-urban areas of Cochabamba in 3 centers, each one covering 6 areas reaching a total population of 84,000. Staff includes doctors, registered nurses, auxiliary nurses and health promoters. Seventy miles away in the rural area there are 25 community based volunteer promoters each working with a community of 200 persons. Training of staff in MCH nutrition is done by a *Licenciada* -college graduate- in Nutrition and a *Licenciada* in Nursing who both speak Quechua. LAM training and in-house training was completed in February 1997. PROCOSI has provided PCI with technical assistance in reproductive health services (Jenny Romero). In March 1997, PCI began a PL480 Title II program in 3 provinces reaching 116,000 clients. This program includes growth monitoring, maternal and child infant nutrition, pre-natal care and safe delivery. Title II foods are used as an incentive to bring people into the health services. These foods include: corn flour, wheat

flour, corn flour with soya, bulger, oil, sugar and iodized salt. PCI has worked with PROSANA (GTZ) and CCH. Proposed collaboration with LINKAGES:

1. A 2 hour training session in use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS
2. Improve nutrition education component for children from 6 -24 months

Meetings with other organizations and LINKAGES partners

(Annex 8 summarizes USAID and Other Donor Health, Nutrition and Family Planning Programs in Bolivia and Annex 9 summarizes LINKAGES partners working in Bolivia)

Secretaria Nacional de Salud (SNS)

The National Committee for Breastfeeding is made up of UNICEF, OPS, SNS, IBFAN, COTALMA, La Leche League of Bolivia (LLLB), Colegio de Enfermeras and the *Caja Nacional de Salud* (CNS). From May 1, 1997, SNS has provided LLLB with space in their central offices to hold breastfeeding consultations and Mother-to-Mother Support Groups. SNS has assumed the responsibility to formalize the supervision of the BFHI training, training which they believe should be provided at the regional level. Proposed collaboration with LINKAGES:

1. Continuation of the training and supervision of BFHI through COTALMA
2. Emphasis on training and incorporation of IMCI into the health system
3. Technical assistance in measuring the impact of training and evaluating the teaching effectiveness of the trainers
4. Technical assistance in the use and implementation of MADLAC - a program based on user satisfaction to improve a facilities's breastfeeding practices
5. Utilization of mass communication including television and videos to use in out-patient clinics
6. Educational materials for community out-reach
7. Breastfeeding training at the *Caja Nacional de Salud* (CNS) which will include: LAM, complementary feeding and maternal nutrition.

UNICEF

The Baby Friendly Hospital Initiative was launched in Bolivia in 1991 with UNICEF support. SNS and UNICEF are actively involved in the initiative and COTALMA members have provided lactation management training to hospital personnel. To date, 17 hospitals have been designated as "Baby Friendly".

UNICEF/SNS is considering a Mother Baby Friendly Municipality Initiative which would be more integrated and more comprehensive than the facility based. This initiative includes a manual for health workers on infant health and feeding, with a strong emphasis on complementary feeding. The manual also includes a section on child development. UNICEF requested technical assistance from LINKAGES in the review of this manual. There is an interest in revising the SNS health card for mothers, making it more practical and operational to include drawings and counseling skills. Also,

a poster for monitoring is being planned. The SNS/UNICEF municipality initiative includes coordination with IMCI involving 83 municipalities from these regions.

The SNS/UNICEF work plan was to be presented to key groups (PROCOSI, BASICS, COTALMA etc.) during the week of May 12, 1997. The plan includes the system of supervision followed by COTALMA. COTALMA works with UNICEF in the technical review and comment of materials and work plan, and will be involved in the Municipality Initiative in the 4 regions of Potosi, Oruro, Beni, and Chuquesa. It was suggested that LINKAGES use COTALMA to continue to provide technical support and training. UNICEF believes that COTALMA could contribute to implementing the 10 steps related to quality of service including MADLAC training.

UNICEF agrees that social marketing of iron/folic acid is an excellent idea. UNICEF has obtained a commitment from the municipalities to test a packaged oil supplement for children from 6 - 24 months in order to increase calories in the diet. The child who is between 6 - 11 months will receive 10 gms of oil a day, given in 2 sachet packets and the child between 12-24 months will receive 15 gms of oil a day (3 packets). This oil is to be added to the solid foods. Studies are being done to determine the feasibility of adding Vitamin A to the oil. Proposed collaboration with LINKAGES:

1. Interest in working with LINKAGES on complementary feeding
2. Technical assistance in the use of MADLAC

BASICS

BASICS provides technical assistance to and works through the Community and Child Health (CCH) Project (Annex 11) in rural districts of Bolivia: 2 in the Department of Santa Cruz and one in the Department of La Paz. BASICS is focusing on testing IMCI in these districts. With technical assistance from Manoff, BASICS completed training in the adaptation of the IMCI Food Box. Using the Designing by Dialogue method, BASICS is developing a Health Card that includes infant feeding recommendations for children from 0 to over 2 years of age, specific to the regions of the Altiplano, Cochabamba and Santa Cruz (Annex 12). These recommendations will take into account food availability and problems specific to that region. Another tool to be completed is a flip chart on Nutrition messages. With PAHO, UNICEF and SNS, BASICS is working on a cost study of this pilot IMCI program looking at nominal costs of each component of IMCI and the cost benefit.

BASICS is also developing a radio soap opera series. It will be geared to 20 different behaviors grouped under prenatal care (number of prenatal visits, number of times mother will eat per day during pregnancy, breastfeeding, etc.). Proposed collaboration with LINKAGES:

1. BASICS recommends that LINKAGES works through the municipalities since the municipal unit has budgets for health care and training
2. LINKAGES will collaborate with BASICS by providing technical assistance in the development of BCM messages for the radio soap opera series
3. The mission requested that any work LINKAGES might do with CCH should be done through BASICS

MotherCare

Bolivia is a focus country for MotherCare which is working on safe motherhood issues in addition to anemia prevention.

MotherCare works with SNS through 113 Health Centers and is training the community health workers (*Responsables de Salud*) to provide services to pregnant women because use of prenatal care services is so low. These workers will distribute iron/folic acid to women in their homes. MotherCare is completing an anemia study the data of which will be analyzed within a month and shared with LINKAGES. SNS supplies iron folate tablets to pregnant women through its health centers, but problems exist in stock, distribution, and marketing. Proposed collaboration with LINKAGES:

1. Interest was expressed in exploring the social marketing of iron folic acid
2. MotherCare is interested in having the LAM component continue in 2 future reproductive health training courses. (Technical assistance in LAM was provided by IRH in 2 previous reproductive health training courses)
3. MotherCare requests follow-up of the LAM training participants (10 days per course) and follow-up in the revision of the evaluation instrument
4. MotherCare wants to share educational materials with LINKAGES

OMNI

OMNI has coordinated with the SNS, private industry and Community and Child Health (CCH). There have been three main activities that OMNI has been involved with:

1. Fortification of sugar with vitamin A (known as *Vitazucar*)
2. Community based interventions to increase use of iron/folic acid supplements by pregnant women through distribution by Community Health Workers (CHWs) in coordination with MotherCare
3. Technical support for the fortification of wheat with iron

Vitamin A Fortification of Sugar: A pilot program to have one sugar company fortify sugar with vitamin A has been functioning since August, 1996. Both OMNI and UNICEF provided support for an IEC campaign that accompanied the marketing of *Vitazucar*. However, a new UNICEF representative has now decided to stop supporting this effort and instead work towards legislation for the fortification of all sugar with vitamin A. The project still has many problems associated with the distribution of the fortified sugar, and it is still not widely available. However the five sugar factories have a great deal of power and enforced fortification may be difficult to obtain.

Community based interventions to increase iron/folic acid consumption: MotherCare and OMNI have closely collaborated on this activity. OMNI conducted a qualitative survey of the attitudes of pregnant women about birth practices and use of iron/folic acid and MotherCare conducted a quantitative survey in 6200 households in five districts on pregnancy and use of iron/folic acid which will be analyzed in the US by MACRO (Sydney Stanton and Kate Stewart).

The SNS has just published norms for iron for women and children. Pregnant women are to take 200 mg ferrous sulfate (60 mg iron) plus 250 ug folic acid per day, "one half hour after a meal ideally with citrus fruit juice" during 120 days of pregnancy. If the first prenatal care visit does not occur until the 3rd trimester, she is to take 2 tablets daily. Children ages 6 months to 2 years are to be given iron drops daily. The plan appears to have UNICEF purchase iron/folic acid which would then be packaged by local industry. Carmen de la Roca is the PAHO consultant who is working with the SNS on this issue.

Fortification of Flour with Iron: OMNI has supported several consultants to help the government develop its flour fortification program. Recently Omar Daly (from INCAP) was in Bolivia to help them decide on the type of fortificant. It appears that ferrous sulfate will be used.

Jere Haas from Cornell University was in Bolivia in February, 1997 working with OMNI to design a nationally representative survey to assess iron status in women and young children and to determine the levels of consumption of wheat flour. This is to help set iron levels for the fortification of wheat flour which is to begin by this summer.

USAID is also supporting a mini-DHS this summer (coordinated by Luis Ochoa of MACRO) to help them obtain information to measure their strategic objectives.

PL 480 Title II & III

PL 480 Title II resources represent a major component of the assistance targeted to achieve USAID's family health strategic objective. The PL 480 Title II maternal and child health program provides supplementary feeding, oral rehydration therapy, nutrition education and other services to approximately 17,000 lactating and pregnant mothers and 36,000 pre-school children in the most food insecure areas of the country. This program has been successful in reducing infant mortality and morbidity of children under five. Title II has increased agricultural production in 400-500 rural communities a year, while Title III has provided agricultural production credit to 65,000 families. Title III has saved the GOB an average of \$18 million a year in foreign exchange; added an average of 118-214 calories per person per day to the Bolivian diet; tripled wheat production, raising local production to more than 17.4% of total national consumption; increased agricultural production and sales for over 100,000 farm families; encouraged a new legal structure for land ownership that would remove constraints to agricultural growth; and achieved more sustainable use of natural resources.

The Title II Program in Bolivia has a budget of \$20 - \$23 million per year and 4 sponsors: CARITAS (with 40-45% of budget), ADRA, Food for the Hungry (CRECER) and PCI. Title II programs include three components: MCH, sanitation and water, and agricultural implementation. One of the fundamental questions of the Title II programs is how to move from the "Mother's Club mentality" to a development context. The question of targeting the malnourished child is very difficult since some of the sponsors consider themselves charitable organizations. It is believed that there is no holistic approach to the Title II programs. Proposed collaboration with LINKAGES:

1. A needs assessment with the sponsor Title II PVOs in order to determine individual interests
2. Involvement of CARITAS be enlisted (as the largest sponsor) in order to study their needs and to integrate any of the following components into their programs: breastfeeding, LAM, complementary feeding and maternal nutrition

La Leche League of Bolivia

There are 6 LLL Leaders in Bolivia. In Cochabamba LLLB belongs to the Regional Committee for Breastfeeding Support (CORAL). The National Committee for Breastfeeding recommends that each region form their own regional committee. LLLB facilitates Mother-to-Mother Support Groups. In La Paz, LLLB does a one and one half hour radio show per week with 5 different testimonials aired twice each day. LLLB is waiting to hear if the Dutch Mission will fund this radio program for 8 months at \$300.00 per month. A weekly 15 minute television presentation by LLLB is also aired at no cost. LLLB has participated in trainings for BFHI, optimal practices in breastfeeding, trainings for nutritionists and counseling. LLL is interested and willing to work with LINKAGES. Proposed collaboration with LINKAGES:

- LINKAGES could access LLL expertise for activities such as PVO training; Mother-to-Mother Support; materials development, review and testing; and advocacy.

CARE

CARE's country program provides both Child Health and Reproductive Health Services. The El Alto Child Survival Program serves 60,000 women and 15,000 children under 24 months. CARE's child survival grant for El Alto has just been renewed for 5 years. The areas that they are working in include: family planning, maternal health and high risk obstetrics, collaborating with CEIS and Save the Children "Warmi" (Aymara word for woman) model. CARE commented that iron folate distribution needs to be combined with education. Proposed collaboration with LINKAGES:

1. Assistance in staff training in breastfeeding, LAM, complementary feeding and maternal nutrition
2. Assistance in developing MCH nutrition indicators (indicators tool kit sent to CARE, Bolivia)
3. Participating in technical workshops with multiple CAs with individual follow-up

Catholic Relief Services (CRS)

CRS works with local NGOs, the government and the church. It implements its activities in 3 areas: health, agriculture and small businesses. A draft of guidelines for applying for possible small grants was given to CRS Director. Proposed collaboration with LINKAGES:

- Technical Assistance (TA) from LINKAGES on strengthening and incorporating breastfeeding, LAM, complementary feeding and maternal nutrition into their programs

FOCUS

The emphasis of FOCUS in Bolivia is to work with SNS in establishing political norms which will protect and promote the well-being of the adolescent. FOCUS is open to work with gender related programs, education of the girl child, sports related programs, reproductive health and family planning. Their aim is to establish channels and act as a catalyst for improving the conditions of the adolescent. Proposed collaboration with LINKAGES:

- Interest was expressed in collaborating with LINKAGES on the breastfeeding and nutrition components of their training module

V. RECOMMENDATIONS

The team met with numerous organizations that clearly are interested in working with LINKAGES. The task was to define the LINKAGES scope of work for Bolivia in a way that helps USAID/Bolivia meet its strategic objective to "Improve Family Health in Bolivia" through population, health and nutrition programs and fits with the LINKAGES mandate of improving breastfeeding, LAM and related complementary feeding and maternal dietary practices.

The activities proposed by the LINKAGES team were selected based on the following: a) the institutional strength and capacity of potential partners, b) feasibility of a fast start up phase, c) ability to achieve measurable impact, d) ability to build on the work of other USAID central Cooperating Agencies such as the Institute for Reproductive Health, Wellstart, OMNI, MotherCare, PCS, and BASICS, e) the "fit" with the Linkages approach of mainstreaming breastfeeding, LAM, maternal and child nutrition into ongoing programs, and d) LINKAGES interest in exploring the use of the private sector to deliver nutrition products.

Three key initiatives also influenced the choice of activities for LINKAGES: a) Popular Participation and Decentralization laws which provide a budget to each municipality to develop its own health care delivery and includes mandatory health education. The implication of these laws has prompted the municipalities to hire NGOs and PROSALUD to implement their health programs and services in their jurisdiction. b) A national anemia policy includes upcoming iron fortification of wheat and emphasis on iron supplements through health clinics. This national awareness provides a climate conducive to an interest in and demand for iron supplements, giving validity to the social marketing of iron supplements to women. c) The government policy of free facility deliveries for pregnant women is expected to increase the numbers of attended births. For this reason it is important that the Baby Friendly Hospitals continue to be monitored and evaluated in order to promote, protect and support breastfeeding.

Based on discussions with the public and private sectors, other Cooperating Agencies and the USAID Mission, the team recommends the following five activities be pursued. The initial activities for FY 97 will form the basis for future decisions about LINKAGES work in Bolivia over the next four years.

1. PROCOSI NETWORK

The PROCOSI network provides access to 24 international and Bolivian NGOs working in the isolated rural areas where the nutrition and maternal and child health status is the lowest in the country. PROCOSI members implement 51 child survival projects covering a population of over 500,000. They also implement 17 reproductive health projects reaching 131,000 potential beneficiaries. Their work is in 17 of the 22 priority provinces of the country with 55% projects in the poorest provinces. Through PROCOSI, LINKAGES will have the opportunity to work with the entire NGO network or with selected organizations. The breadth of the potential work with the NGOs ranges from MCH service delivery approaches to social marketing, IEC, community based health worker, and Title II Food for Work or MCH programs.

PROCOSI has the institutional capability to recruit personnel, manage small grants and contracts, organize workshops/training, and provide technical assistance in child survival and reproductive health. PROCOSI has a resource center, open to all members, that serves as a center for educational materials as well as technical documents, and an information dissemination component.

PROCOSI as an administrative organization can provide personnel and technical services management support to LINKAGES. PROCOSI currently has child survival and reproductive health advisors on staff. Instead of setting up a separate LINKAGES office in Bolivia, a staff person can be placed at the PROCOSI office and can manage not only the PROCOSI/LINKAGES activities there but other LINKAGES work as well.

Through PROCOSI, LINKAGES has the potential to reach 51 service delivery programs which work in the needy rural areas and have a coverage of over 600,000. The programs of PROCOSI's members are implemented in coordination with the *Secretaria Nacional de Salud* (SNS) - the Ministry of Health, meeting the challenge of LINKAGES to mainstream BCM into the public sector.

The team recommends that LINKAGES initiate their activities by working with PROCOSI.

FY 97

- a. Contract with PROCOSI to recruit a LINKAGES resident advisor within PROCOSI office space to manage PROCOSI/LINKAGES activities as well as other LINKAGES work.
- b. Work with resident advisor and PROCOSI staff to determine the scope of potential collaboration between LINKAGES and the PROCOSI member network.
 - Contract with PROCOSI to do a situational assessment of needs and current resources available in BCM with PROCOSI members
 - Design and complete NGO needs and resource assessment analysis
 - Define regional or organizational approach to mainstreaming BCM, including strategies for Child Survival, Reproductive Health and Integrated Health Programs
 - Design program interventions, time line through FY 99, indicators and appropriate action plans with member organizations

The resident advisor will be the on-site LINKAGES spokesperson. Responsibilities include: coordinate the design and analysis of the needs and resource assessment; develop program strategies; and coordinate the program interventions, indicators and action plans.

FY 98 and 99

Implementation of program interventions which might include:

- Work with NGO groups to define program/educational needs/materials with PCS
- Technical assistance to selected NGOs: training, program design, indicators, action plans
- Develop strategies for improving complementary feeding from 6 - 24 months and adolescent/maternal nutrition
- Develop communication strategies to encourage LAM users to choose another method of contraception at 6 months post-partum or when menses return
- Assist USAID/Bolivia in the development of the new child survival strategy

2. Social Marketing of Iron Supplements for Women

LINKAGES and its subcontractor, PSI, plan to undertake studies in several counties on the feasibility of social marketing iron supplements to women. There is a high interest in selecting Bolivia as one site. Anemia in women has become a major public health issue brought to recognition in part through the work of MotherCare and OMNI but also through the LAC First Ladies Conference held in Bolivia last fall. The wife of the past president took on anemia as a major initiative which included not only recognition of the problem but a plan to improve the situation through iron fortification of wheat. MotherCare and OMNI are working on better ways to promote iron supplements through health service delivery systems. Anemia control is an area that fits well into the USAID broader scope for improving reproductive health. The political and public health environment is right to test the feasibility of social marketing iron supplements to women of reproductive health age or during pregnancy.

USAID Bolivia encourages LINKAGES and PSI to undertake a feasibility study in-country.

FY 97

- Feasibility study with PSI on social marketing of iron/folic acid for pregnant women or iron tablet for women of reproductive to be completed by the end of FY 97 or early FY 98.

FY 98 and 99

- Launch social marketing of iron supplements to women
- Conduct follow-up survey to assess changes in consumption of supplements by women of reproductive age

3. Institute for Reproductive Health (IRH), Georgetown University Follow-up

IRH has been active in Bolivia since 1995. The goal of IRH was to help family planning programs integrate LAM into services. The IRH provided training for PVOs and local NGOs, the Ministry of Health (SNS) and *Caja Nacional de Salud* - CNS (Social Security, Annex 13) in Cochabamba and La Paz. IRH worked with Population Communication Services (PCS) to develop LAM education materials.

Because the IRH agreement with USAID was not extended, the final training in the use of education materials and follow up was not completed. **The team proposes that LINKAGES complete the remaining IRH close out activities by contracting Dr. Maria Lorencikova, an IRH Fellow and former consultant.** The cost of completing the work is minimal and doing so provides LINKAGES with immediate contacts to the PVO community, and a resource person in country who can maintain communication with PCS, MotherCare, and PROCOSI members. Maintaining the momentum for the LAM work in Bolivia will be important for future expansion.

FY 97

Dr. María Lorencikova, has coordinated LAM activities, provided training of trainers as well as technical support to trained providers, and has monitored service delivery. As a LINKAGES consultant, she will be responsible for carrying out the following activities during the period June 15 - September 30, 1997.

1. In La Paz and vicinity, organize and teach a 2-hour training session with PROSALUD (15 Centers/15 sessions), CRS (2 sessions), *Caja Nacional de Salud* (CNS) and San Gabriel in the use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS: 19 sessions in total.
2. Two months later, make follow-up visits to 15 sites of PROSALUD and 1 site each for CRS, *Caja Nacional de Salud* and San Gabriel. The purpose is to monitor LAM activities: services and counseling offered to LAM acceptors, integration of LAM into the information system, the use of educational materials; and to further strengthen knowledge of LAM.

Follow-up activities include:

- Coordinate and plan the monitoring and evaluation meetings with the 4 institutions trained in LAM (activity #1)
- Monitor the performance of the health providers trained in the LINKAGES training of trainers on the use of LAM flip chart and client follow-up cards
- Review information systems during visits to selected centers within each institution,
- Collect and analyze LAM service data
- Provide feedback on performance related to counseling and MIS

The consultant will work with AED quality assurance staff Valerie Uccelani to develop and fine-tune a monitoring tool. The follow-up supervision will be conducted in collaboration

with the supervisors from the organizations that normally supervise the health providers that LINKAGES will train. The objective is to familiarize them with the new duties and skills of their staff so they can continue supervision.

3. In Cochabamba coordinate and teach a 2 hour training session with APSAR, COMBASE, CRECER, the Municipal Government, PCI (3 sessions), *Universidad Catolica Boliviana* (UCB/Seton) and *Escuela Técnica de Salud* (ETS) in use of the LAM flip-chart and client follow-up cards elaborated in coordination with PCS: 9 sessions in total.
4. Two months later, follow-up visits (to all except UCB and ETS) to monitor LAM activities: services and counseling offered to LAM acceptors, integration of LAM into the information system, the use of educational materials; and provision of feedback on ways to improve performance. The follow-up activities (like those described above in activity #2) will be conducted jointly with the supervisors from these organizations.
5. Technical review of the teaching modules for LAM developed by UCB/Seton and ETS following the IRH training in order to strengthen breastfeeding and LAM components in pre-service curriculum. Work with UCB/Seton and ETS to incorporate any suggested modifications.

4. COTALMA

COTALMA has become the lead technical NGO for breastfeeding in Bolivia. Through collaboration with Wellstart, COTALMA has developed into a national training center and technical assistance mechanism serving the Ministry of Health, the PVO/NGO community, schools of higher education, public and private hospitals, UNICEF, PAHO, and USAID. Although, COTALMA is experiencing some "organizational growth" at this time, there are staff and consultants available to provide technical/consulting services for LINKAGES.

COTALMA has worked with UNICEF on all of the BFHI training, assessments and certifications in Bolivia. They have done extensive training of hospital staff and have a clear understanding of issues related to implementation of and sustaining Baby Friendly Hospital status.

UNICEF and the Ministry of Health (SNS) are interested in LINKAGES collaboration on maintaining BFHI momentum in Bolivia particularly working on Step 10, community support, and quality assurance through the use of the MADLAC tool. Wellstart helped develop this tool and field tested it in Honduras. Wellstart, as a LINKAGES partner, could help implement this activity.

The team recommends that LINKAGES work with COTALMA (and SNS/UNICEF) on implementing the MADLAC tool in the existing 17 Baby Friendly Hospitals. This effort would include training in the use of the tool and follow up analysis and evaluation. This would be a low cost activity with high potential impact and would provide LINKAGES an entry point to the

breastfeeding community in Bolivia, support to the momentum generated for BFHI by SNS and UNICEF, and establish a working relationship between LINKAGES and the SNS and UNICEF for future actions.

FY 97

Wellstart, a LINKAGES subcontractor and COTALMA to develop an implementation plan with SNS and UNICEF to introduce MADLAC into the current Baby Friendly Hospitals in the PROCOSI coverage area and assure monitoring and evaluation.

FY 98 and 99

Expand MADLAC training and incorporation to all certified Baby Friendly Hospitals

5. PROSALUD

PROSALUD is the prime private health care organization in Bolivia providing services in urban and peri-urban areas. PROSALUD has the potential to reach 500,000 clients, is working in 4 regions. It presently consists of a network of 28 community health centers: Santa Cruz with 13 health centers, La Paz - 13 health centers, Riberalta - one center and Tarija - one center. PROSALUD is becoming a key organization in the Popular Participation and Decentralization laws. Increasingly, municipalities are contracting with PROSALUD to provide their local health services. In association with municipalities and Departmental Health Directorates, PROSALUD is expanding its national network to other areas of the country and by the end of 1998 will have formed 10 new centers. PROSALUD has an excellent management information system in place for monitoring and evaluation. Working with PROSALUD provides an opportunity to move LAM into services quickly through an efficient program with well trained staff. LINKAGES can provide technical assistance in LAM but PROSALUD has the institutional structure and strength to incorporate the method and continue without LINKAGES support.

The team recommends working with PROSALUD to integrate LAM within the family planning service delivery system and in promoting iron supplements to women through social marketing.

FY 97-98

1. Develop an action plan to incorporate LAM into PROSALUD family planning services and MIS in four regions: Santa Cruz, La Paz, Tarija and Riberalta

Visit the 4 regional offices to promote consensus building about breastfeeding and LAM training

Organize an informational workshop on LAM for the 4 Directors, Coordinators, and Supervisors of each region, and the Manager of Product Marketing

Organize and implement with PROSALUD a technical training of trainers workshop with 15-20 participants from the four regions

2. Explore the possibility of working with PROSALUD to include breastfeeding, complementary feeding and maternal nutrition to other components of the organization

FY 99

Possible Operations Research on continuation rates of modern contraception of LAM users

FY 00

There are several other organizations that may be appropriate for LINKAGES collaboration at a later date. If the activities proposed above are well advanced, feasible, well within the manageable interest and ability of LINKAGES to complete, then other initiatives may be considered such as:

1. Pre-service curriculum development, collaboration with the Reproductive Health Training Centers and Technical Schools
2. Collaboration with the *Caja Nacional de Salud* (CNS) on the integration of BCM into the institution's programs
3. Development of a strategy to approach the family planning community
4. Integration of LAM into the CIES/IPPF Affiliate's family planning programs

These activities all have the potential for impacting a large population size but will need to be worked out over a long term basis and require separate strategies reflecting each organizations' unique character.

**ANNEX 1. DEMOGRAPHIC, BREASTFEEDING AND NUTRITION PROFILE -
BOLIVIA**

Annex 1. Demographic, Breastfeeding and Nutrition Profile - Bolivia			
Population		7.2 million (1994) - 57% Urban, 43% Rural	
Infant Mortality Rate		75/1000 live births (1994, DHS)	
Child Mortality Rate		116/1000 children <5 years (1994, DHS)	
Malnutrition 1994: (<2SD)	Weight-for-age	3- 5 months	1.2%
		6-11 months	12.8%
		12-23 months	20.6%
		24-35 months	16.6%
	Height-for- age	3- 5 months	5.0%
		6-11 months	16.2%
		12-24 months	38.2%
		25-35 months	31.7%
	Weight-for-height	3-5 months	2.4%
		6-11 months	3.9%
		12-23 months	5.1%
		24-35 months	4.4%
Breastfeeding	% Ever Breastfed Exclusively breastfed	Urban=96%	Rural=97%
		0-1 month	61.4%
		2-3 months	47.8%
		4-5 months	27.3%
		6-7 months	5.2%
		8-9 months	2.8%
	Median Duration	17.5 months (prevalence/incidence)	
Complementary Feeding (Water and solids)	0-1 month	35.2%	
	2-3 months	48.0%	
	4-5 months	66.2%	
	6-7 months	80.7%	
	8-9 months	87.5%	
Maternal Health and Nutrition			
Total Fertility Rate (15-44)		4.8 (Urban: 3.8; Rural: 6.3)	
Contraceptive Prevalence Rate		18% (modern)	
% with birth intervals < 24 mo.		18% (women 15 - 40+)	
Height		Mean= 151cm (S.D 5.9 cm)	< 145 cm = 13%
Weight		Mean= 55.3kg (S.D 9.6 kg)	<50 kg = 30.3%
W/H		Mean= 24.3 (S.D. 3.7)	<18.5 = 2.4%
Arm Circumference		Mean= cm (S.D.= cm);	< 23 cm = %
Anemia		Non-pregnant women Pregnant women: 50.5%	

All data from DHS, 1994

ANNEX 2. BOLIVIA 1997 R4 INDICATORS

Annex 2. Bolivia 1997 R4 Indicators

C. Improved Family Health Throughout Bolivia

1. Performance Analysis.¹

USAID-supported primary health care providers have increased coverage. PROSALUD now covers nearly 25% of the urban population of La Paz, El Alto, and Santa Cruz and has expanded to four other cities. Births in clinics rose nearly 20% to 5,300. Immunizations reduce infant mortality and demonstrate contact with health care providers who provide other preventive care. Table 1a shows that the Community and Child Health Project (CCH), a USAID-supported GOB child survival activity, provided 79% of children under one year of age with the third dose of DPT in 1996, compared to the 1995 coverage rate of 77%. This level of coverage virtually meets the World Health Organization goal of 80%, which is the level of coverage where transmission rates drop significantly. CCH covers about 20% of the rural population.

A proxy indicator for the under-five mortality rate (Tables 2 and 2a) shows that PROCOSI members (a federation of 24 primarily rural health private voluntary organizations) achieved 65% coverage of children under five years of age with diarrhea who were treated with Oral Rehydration Salts (ORS), recommended home fluids or increased fluids. Other data also support improvements in under-five mortality. Food for the Hungry International for example, reduced malnutrition among under-five children from 24% in 1993 to 21% in 1996 with P.L. 480 Title II food.

CCH increased the percent of births attended by a trained birth attendant (Table 3a) from 24% to 34%, which represents a 40% increase from 1995 to 1996. All USAID-supported service providers increased clinic births in 1996. In the absence of DHS data for 1996, we are using births attended by trained birth attendants as a proxy indicator for maternal mortality.

In 1990 USAID began introduction of family planning in Cochabamba, Bolivia's third largest metropolitan area. A recent study in Cochabamba showed a 35% modern contraceptive prevalence rate, an increase of 40% over 1994 DHS levels and nearly 60% over 1989 (Table 4). This significant growth was achieved by the public sector and small NGOs.

Average monthly sales of contraceptives quadrupled in 1996 from 1995 levels, according to our partner's (Population Services International) sales reports. PROSALUD increased new users of modern family planning methods by 60% in 1996. New acceptors of modern methods of contraception at USAID-assisted facilities increased by 17% in 1996 over 1995

¹ Because the 1997 interim Demographic and Health Survey (DHS) will update data for four out of the eight indicators, this R4 uses proxy indicators to show progress towards the planned targets. The 1989 DHS covered 1984-89, except for child, infant, and maternal mortality, which extended from 1979-89 or specific years as noted in individual tables. The 1994 DHS covered 1989-94. The 1997 interim DHS will cover 1994-1996.

and exceeded the target by 61 % (Table 6). Couple years of protection at USAID-assisted facilities increased 28 % in 1996 compared to 1995, and more than 100 % over the planned target (Table 7). These dramatic results largely can be attributed to two factors: (1) outstanding performance of USAID-funded service providers and (2) increased receptivity and demand created by mass media and education programs. Besides improved performance of USAID-supported clinics, the contraceptive social marketing program exceeded its ambitious targets due to creative activities to increase demand, partly in rural areas for the first time.

Finally, as Table 8 indicates, nutritional status, measured by the percent of malnourished children 3-36 months, did not improve from 1989-1994. In response to the lack of progress in this area, USAID has developed the Title II Nutrition program, which directly addresses this issue. Because this program is new, we do not yet have data on its impact. However, we have developed a series of intermediate result level indicators for this new activity which will enable us to monitor results in program areas, recently targeted to the poorest and most food insecure areas of rural Bolivia. In addition, national level data will be available from the 1997 Interim DHS.

2. Expected Progress through FY 1999 and Management Actions

We fully expect to achieve the results and ambitious targets we have established through FY 1999, with two exceptions. First, we found the GOB Plan Vida indicators reported as targets in earlier years to be too ambitious as we finalized our new Strategic Plan. Therefore, these targets have been revised in the FYs 1998-2002 Strategic Plan. Second, certain indicators will no longer be tracked because they do not adequately measure the impact of our new health strategy. For more detail on measures, see USAID's FYs 1998-2002 Strategic Plan.

3. Performance Data Table for the Health SO

Table 1 (Health)			
STRATEGIC OBJECTIVE: Improved family health throughout Bolivia APPROVED: April 1992 COUNTRY/ORGANIZATION: USAID BOLIVIA			
INDICATOR: Infant Mortality Rate			
UNIT OF MEASURE: Ones per thousand	YEAR	PLANNED	ACTUAL
SOURCE: Demographic Health Survey (DHS), 1989 and 1994, UNICEF Encuesta Nacional de Múltiples Indicadores 1996	1989	--	105
	1994(B)*	--	75
INDICATOR DESCRIPTION: Number of deaths of infants 0 through 11 months per thousand live births.*			
<p>COMMENTS: *Actual figure for 1989 is based on time series calculations made in the 1989 DHS and represents the infant mortality rate for the period 1979-1989. Actual figure for 1994 is based on time series calculations made in the 1994 DHS and represents the infant mortality rate for the period 1989-1994. Representative midpoints for these two DHS surveys were considered to be 1984 and 1991. However, the data reported can not be considered to be indicative of any particular year within the survey period.</p> <p>* This figure represents data collected by UNICEF for the period 1992-1996. Although the survey represents national level data, the sample size used was significantly smaller than that used in the collection of DHS data and may underestimate the actual rate. The target of 52.5 for 1997 is the ambitious official GOB "Plan Vida" target. Planned estimates are updated in the FYs 1998-2002 Strategic Plan.</p> <p>New, retrospective data for the years 1995 - 1997 of this population based indicator will be available from the 1997 interim DHS.</p> <p>This indicator will continue to be reported in future R4s against our FYs 1998-2002 Strategic Plan.</p>	1995	72	
	1996	70	59*
	1997	52.5	

Table 1A - Proxy Indicator for Table 1 (Health)

STRATEGIC OBJECTIVE: Improved family health throughout Bolivia

APPROVED: MAY 30, 1996 COUNTRY/ORGANIZATION: USAID Bolivia

INDICATOR: Infant Mortality Rate

PROXY INDICATOR: The percent of Infants 0-11 months who received three doses of DPT in CCH activity sites.

UNIT OF MEASURE: Percent

YEAR

PLANNED

ACTUAL

SOURCE: Community Child Health Project (CCH)

1995

77

COMMENTS: This indicator is being used as a proxy for infant mortality rate because immunizations against communicable diseases reduce deaths both from the diseases they protect against, as well as stimulate the immune system to fight against other diseases. Moreover, this indicator may also be indicative of improved health seeking behaviors by parents for children in this age group.

1996

79

Although we will continue to track this indicator, IR level indicators which represent a larger proportion of the population are being developed and will be included in subsequent R4s. In addition, national level data for the infant mortality rate will be available from the 1997 interim DHS.

1997

80*

*The planned estimate of 80% is the World Health Organization target which yields a sufficient level of community protection to significantly reduce the chance of transmission of these communicable diseases.

Table 2 (Health)			
STRATEGIC OBJECTIVE: Improved family health throughout Bolivia APPROVED: April 1992 COUNTRY/ORGANIZATION: USAID Bolivia			
INDICATOR: Under-Five Mortality Rate *			
UNIT OF MEASURE: Ones per thousand	YEAR	PLANNED	ACTUAL
SOURCE: 1994 DHS, UNICEF Encuesta Nacional de Múltiples Indicadores 1996	1984	--	142
	1994(B)	--	116
INDICATOR DESCRIPTION: Number of deaths of children 0 through 4 years old per thousand live births.			
<p>COMMENTS: Actual baseline figure for 1984 is based on time series calculations made in the 1989 DHS and represents the child mortality rate for 1979-1989. Planned figures are derived from time series analyses based on the DHS.</p> <p>* This figure represents national level data collected by UNICEF for the period 1991-1996. Although these are high quality data, the sample size was much smaller than that used in the DHS, and may underestimate the actual figure. The target of 78 for 1997 is the ambitious official GOB Plan Vida target. USAID does not believe GOB targets are realistic and new targets will be developed based on results of the 1997 interim DHS.</p> <p>This indicator will continue to be reported in future R4s against our FYs 1998-2002 Strategic Plan.</p>	1995	90	
	1996	84	81 ⁺
	1997	78	
* Wording changed based on LAC/PHN Issues on FYs 1995-1998 R4 for Bolivia dated April 3, 1996			

Table 3 (Health)			
STRATEGIC OBJECTIVE: Improved family health throughout Bolivia. APPROVED: April 1992 COUNTRY/ORGANIZATION: USAID Bolivia			
INDICATOR: Maternal Mortality			
UNIT OF MEASURE: Ones per hundred thousand	YEAR	PLANNED	ACTUAL
SOURCE: DHS, 1989, 1994	1982	--	480
	1994(B)	--	390
INDICATOR DESCRIPTION: Number of maternal deaths per hundred thousand live births.			
<p>COMMENTS: The early 1982 baseline was taken from the 1989 DHS and was based on urban hospital data in only one locality. The 1994 DHS contained a nationwide representative maternal mortality survey, the first of its kind in Bolivia.</p> <p>The 1997 target is the ambitious GOB Plan Vida target and was estimated from limited hospital data at the time and we feel overly optimistic. For this reason, revised planned estimates are included in the FYs 1998-2002 Strategic Plan.</p>	1996		
	1997	171	

Table 3A - Proxy Indicator for Table 3 (Health)

STRATEGIC OBJECTIVE: Improved family health throughout Bolivia.

APPROVED: MAY 30, 1996 COUNTRY/ORGANIZATION: USAID Bolivia

INDICATOR: Maternal Mortality

PROXY INDICATOR: Percent of births attended by a trained birth attendant

UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: Sistema Nacional de Información de Salud (SNIS)	1994(B)	--	28
INDICATOR DESCRIPTION: Trained birth attendants include midwives, auxiliaries, nurses and physicians	1995		32
<p>COMMENTS: Planned estimate for this indicator was calculated based on the average rate of change from 1994-1996.</p> <p>This indicator is being used as a proxy for maternal mortality because births by appropriately trained health personnel have been shown to reduce the risk of maternal deaths from obstetrical complications. Bolivian women have been reticent to seek trained health care providers to deliver their children because of the prejudice shown toward them. USAID addresses this issue through the commitment of USAID-supported providers to high quality, customer-oriented service.</p> <p>Although we will continue to track this indicator, IR level indicators which represent a larger proportion of the population are being developed and will be included in subsequent R4s. National level data on maternal mortality will be available from the 1999 DHS.</p>	1996		36
	1997	39	

Table 4 (Health)			
STRATEGIC OBJECTIVE: Improved family health throughout Bolivia. APPROVED: April 1992 COUNTRY/ORGANIZATION: USAID Bolivia			
INDICATOR: Contraceptive prevalence rate - modern (CPR-M)			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: DHS, 1989, 1994	1989 1994(B)	-----	12.2 18
INDICATOR DESCRIPTION: The proportion of women 15-49 who are using a modern contraceptive method. In Bolivia modern methods include oral contraceptives, IUDs, foams and creams, injectables, Norplant and condoms.	1995	20	
COMMENTS: Actual figures for 1989 and 1994 are for those years only and do not represent the five years previous to the survey. Planned figures are based on the predicted rate of change for couple years of protection because these two indicators are often closely linked. * Although national level data for this indicator will not be available until the 1997 DHS is completed, data for Cochabamba, a city where USAID has supported family planning activities, indicate that the CPR-M there is approximately 35%. This indicator will continue to be reported in future R4s against our FYs 1998-2002 Strategic Plan.	1996	22	35*
	1997	24	

Table 5 (Health)			
STRATEGIC OBJECTIVE: Improved Family Health Throughout Bolivia APPROVED: April 1992 COUNTRY/ORGANIZATION: USAID Bolivia			
INDICATOR: Contraceptive prevalence - total *			
UNIT OF MEASURE: Percent	YEAR	PLANNED	ACTUAL
SOURCE: DHS, 1989, 1994	1989(B)	---	30.3
INDICATOR DESCRIPTION: The proportion of women 15-49 who are using a modern or traditional (such as the rhythm and Billings' methods) contraceptive method.	1995 4	48.5	45.0
	1996	50.5	
COMMENTS: Actual baseline data for 1989 are from the 1989 DHS which covers the five year period prior to and including 1989. Planned figures were derived through time series analysis based on 1989/1994 DHS. The 1997 target is the GOB Plan Vida target. Planned figures were revised beginning 1995 based on 1994 DHS. Actual data will be available from the 1997 interim DHS.	1997	52	

Table 6 (Health)

STRATEGIC OBJECTIVE: Improved family health throughout Bolivia.
APPROVED: MAY 30, 1996 COUNTRY/ORGANIZATION: USAID Bolivia

INDICATOR: Number of new acceptors of modern methods of contraception at USAID-assisted facilities per year

UNIT OF MEASURE: Ones	YEAR	PLANNED	ACTUAL
SOURCE: Pathfinder Service Statistics	1994(B)	---	76,188
INDICATOR DESCRIPTION: Modern methods include oral contraceptives, IUDs, foams and creams, injectables, Norplant, and condoms.			
<p>COMMENTS: This indicator was added for FY 1995. Planned figures are estimated from that base. Revised planned estimates are included in the FYs 1998-2002 Strategic Plan.</p> <p>Baseline data for this indicator was changed from the original Quipus system because it had too many "bugs" that made it inaccessible to most users. The Pathfinder system is simple, user-friendly, and backed by local technical support.</p> <p>This indicator will continue to be reported in future R4s against our FYs 1998-2002 Strategic Plan.</p>	1995	78,000	110,142
	1996	80,000	128,433
	1997	82,000	

Table 7 (Health)

STRATEGIC OBJECTIVE: Improved Family Health Throughout Bolivia
APPROVED: April 1992 COUNTRY/ORGANIZATION:USAID Bolivia

INDICATOR: Couple years of protection at USAID-assisted facilities

UNIT OF MEASURE: Ones	YEAR	PLANNED	ACTUAL
SOURCE: Pathfinder Service Statistics	1994(B)	---	89,587
<p>INDICATOR DESCRIPTION: The estimated protection provided by family planning services during a one year period.</p> <p>COMMENTS: This indicator was added for FY 1995. Planned figures are estimated from that base, and revised planned estimates are included in the FYs 1998-2002 Strategic Plan.</p> <p>* This number was updated from the FYs 1995-1998R4 to include data from the National Secretariat of Health, and reflect improvements in the monitoring system.</p> <p>This indicator will continue to be reported in future R4s against our FYs 1998-2002 Strategic Plan.</p>	1995	94,962	158,289 *
	1996	100,660	202,193
	1997	106,660	

Table 8 (Health)

STRATEGIC OBJECTIVE: Improved family health throughout Bolivia.
 APPROVED: April 1992 COUNTRY/ORGANIZATION: USAID Bolivia

INDICATOR: Adequate Nutritional Status. *Chy's*

UNIT OF MEASURE: Percent

YEAR

Planned

ACTUAL

SOURCE: "Maternal & Child Health in Source Bolivia", a secondary analysis of 1989 DHS.

1989(B)

13.3

INDICATOR DESCRIPTION: children 3-36 months old with 2 or more standard deviations below median weight for age

COMMENTS: Actual baseline data for 1989 is from the 1989 DHS and represents the previous five year period from 1984-1989. The 1997 target value is the target adopted by the GOB. Actual data will be available from the 1997 interim DHS.

1994

15.7

Secondary analyses of the 1994 DHS indicated 15.7% of the study participants 3-36 months of age were below the median weight for age in the five year period preceding the DHS, implying that the percent of undernourished children is on the rise. In response to the lack of progress in this area, USAID has developed the Title II Nutrition program, which directly addresses this issue. Because the Title II program is new, we do not yet have data on its impact. However, we have developed a series of IR level indicators for this new activity which will enable us to monitor results in program areas. In addition, national level data will be available from the 1999 DHS.

1995

10.1

1996

9.5

1997(T)

9.0

Indicators for Intermediate Results I

IR1: Improved Child Survival (CS) and Reproductive and Sexual Health (RSH) Practices by Bolivian Men, Women, Adolescents and Children

- 1) Total number of CYPs provided by USAID-funded activities

- 2) Number of pregnant women who have at least one prenatal visit before the 5th month of pregnancy

Total number of pregnant women with at least one prenatal visit during pregnancy

- ✓ 3) Number of infants less than 6 months old who were breastfed exclusively during the last 24 hours

Total number of infants less than 6 months old

- 4) Number of children less than 5 years of age who had diarrhea in last two weeks treated with ORS, recommended home fluids, or increased fluids

Total number of children less than 5 years of age who had diarrhea in the last two weeks

- 5) Number of persons in high-risk group who participate in USAID-funded STD/HIV prevention trainings who report using a barrier method in their last sexual encounter

Total number of persons in high-risk group who participate in USAID-funded STD/HIV prevention training

- ✓ 6) Percentage of children aged 24 to 60 months, by sex, with chronic malnutrition as measured by height for age

Total number of children aged 24 to 60 months, by sex

IR1.1: Increased Dissemination and Use of Culturally Accessible CS and RSH messages and Social Marketing Products for Defined Populations

Messages

- 1) Number of target audience, by sex, age & ethnicity, who recognize a key program message of IEC campaign, based on respondent recall

Number of target audience exposed to program message

- 2) Number of RSH/FP or CS educational materials* funded by USAID that were validated through a standard approved methodology including clients of different sex, age & SES

Total number of RSH/FP educational materials* funded by USAID

* To be defined

Social Marketing Products

- 3) Number of CYPs generated by USAID-funded social marketing contraceptive distribution networks

IR1.2: Increased Knowledge and Broadened Participation by Women, Men and Adolescents in CS and RSH activities

Knowledge

- 1) Number of participants, from the general population, in USAID-funded RSH/FP workshops, seminars and "charlas" who can identify at least 2 variables related to the correct use of a modern contraceptive methods

Total number of participants, from the general population, in USAID-funded RSH/FP workshops, seminars and "charlas"

- 2) Number of participants, from the general and high-risk populations, in USAID-funded STD/HIV prevention workshops, seminars and "charlas" who can identify at least two different signs & symptoms associated with STDs

Total number of participants, from the general and high-risk populations, in USAID-funded STD/HIV prevention workshops, seminars and "charlas"

- 3) Number of participants, from the general population, in USAID-funded RSH trainings who can recognize at least two signs of high risk pregnancy
-

Total number of participants, from the general population, in USAID-funded RSH trainings

Broadened Participation

- 4) Number of CYPs generated by USAID-funded non-social marketing activities (e.g. USAID contraceptive donations, surgical interventions)

- 5) Number of pregnant women who have at least one prenatal visit before 5th month of pregnancy at USAID-funded service
-

Total number of pregnant women with at least one prenatal visit during pregnancy at USAID-funded service

- 6) Number of infants less than 6 months of age living in USAID-funded target area who were breastfed exclusively during the last 24 hours
-

Total number of infants less than 6 months of age living in USAID-funded target area

- 7a) Number of children less than 2 years old (0-23 months) in USAID-funded growth monitoring program who gained weight in the last 3 months
-

Total number of children less than 2 years old (0-23 months) in USAID-funded growth monitoring program

- 7b) Number of children 2-4 years old (24-59 months) in USAID-funded growth monitoring program who gained weight in the last 3 months
-

Total number of children 2-4 years old (24-59 months) in USAID-funded growth monitoring program

- 8) Number of children under 5 years old living in USAID-funded target area who had diarrhea in the last two weeks treated with ORS, recommended home fluids or increased fluids
-

Total number of children under 5 years old living in USAID-funded target area who had diarrhea in the last two weeks

- 9) Number of health-related activities, implemented by USAID-funded cooperating agencies, that broaden and sustain community participation in preventive and primary health care, by type:
1. Meetings with local officials to develop community health plans & strategies
 2. CAI meetings
 3. Interactive health educational meetings
 4. Health fairs

Indicators of Intermediate Results II

IR2: Improved Quality and Increased Coverage of Community Health Care by Local Governments and NGOs

- 1) Number of women of reproductive age currently using a modern contraceptive method
-

Total number of women of reproductive age

- 2) Number of births attended by trained birth attendant
-

Total number of births expected in a year

- 3) Number of pregnant women with four or more prenatal visits
-

Total number of pregnant women enrolled in prenatal programs

- 4) Number of infants less than one year of age that have received third dose of DPT
-

Total number of infants less than one year of age that have received at least one dose of DPT

- 5) Number of children less than 5 years of age with a cough &/or labored breathing in the past two weeks who were taken to a health center or health provider
-

Total number of children less than 3 years of age with a cough &/or labored breathing in the past two weeks

- 6) Number of satisfied users that receive USAID-funded RSH and CS services
-

Total number of users* that receive USAID-funded RSH and CS services

* First consultations per year

IR2.1: Improved Technical, Normative and Sociocultural Skills of Health Care Providers and Administrative Staffs at All Levels

- 1) Number of providers, by sex, trained in nationally approved reproductive health and child survival clinical protocols at USAID-funded institutions

Total number of providers in reproductive health and child survival at USAID-funded institutions

- 2) Number of providers, by sex, trained in nationally approved reproductive health and child survival clinical protocols who are applying protocols in clinical practice at USAID-funded institutions

Total number of providers, by sex, trained in nationally approved reproductive health and child survival clinical protocols at USAID-funded institutions

- 3) Number of institutions, funded by USAID, that have developed guidelines &/or instruments for incorporating a gender-based focus into standardized RSH clinical protocols

Total number of institutions, funded by USAID, that provide RSH services

- 4) Number of institutions, funded by USAID, that apply standardized RSH clinical protocols with a gender-based focus

Total number of institutions, funded by USAID, that provide RSH services

IR2.2: Improved Capacity of NGOs, Communities, Municipalities and Departments to Plan, Finance, Administer and Sustain Culturally Acceptable Health Care Services

- 1) Number of institutions, funded by USAID, in compliance with USAID's nine elements of Strategic Planning (See below)
-

Total number of USAID-funded organizations

USAID Strategic Planning Elements:

- * Defined Mission
- * Defined objectives
- * Strategic Plan
- * Measurable goals
- * Monitoring and evaluation plans
- * Budget
- * Annual operational plan
- * Organizational plan
- * Annual institutional assessment
(e.g. SWOT, political map)

- 2) Number of new family planning users *, by sex, that accept a modern contraceptive from a USAID-funded institution

* New user is defined as "new to the FP service" although this definition has not yet been accepted by all FP providers. This indicator will be monitored and adjusted as needed.

- 3) Number of births assisted by trained birth attendant in USAID targeted areas
-

Total number of expected births in USAID targeted areas

- 4) Number of pregnant women with four or more prenatal visits at USAID-funded services
-

Total number of pregnant women enrolled in prenatal program (with at least one prenatal visit) at USAID-funded service

- 5) Number of children less than 1 year old that have received a third dose of DPT at USAID-funded service
-

Total number of children less than 1 year old that have received at least one dose of DPT at USAID-funded service

- 6a) Number of children less than two years old (0-23 months) with more than 1 visit to a Growth and Development Program in a given year at a USAID-funded service
-

Total number of children less than two years old (0-23 months) with a new visit to a Growth and Development Program in a given year at a USAID-funded service

* This indicator will be monitored for feasibility because it differs from the SNIS.

** USAID will attempt to influence a revision in the SNIS to collect data by sex

- 6b) Number of children 2-4 years old (24-59 months) with more than 1 visit to a Growth and Development Program in a given year at a USAID-funded service
-

Total number of children 2-4 years old (24-59 months) with a new visit to a Growth and Development Program in a given year at a USAID-funded service

- 7) Number of children less than 5 years of age with a cough &/or labored breathing in the past two weeks who were taken to a USAID-funded health service
-

Total number of children less than 5 years of age with a cough &/or labored breathing in the past two weeks living in a USAID targeted area

- 8) Number of organizations, funded by USAID, that incorporate results of client satisfaction studies in annual plans
-

Total number of organizations, funded by USAID, that provide reproductive health and child survival services

Indicators for Intermediate III

IR3: Timely, Sustained Support for Policies which Enable a Decentralized and Participatory National Health System

- 1) Number of municipalities executing formal agreements with a USAID-funded NGO, and percent of those agreements that include cash or in-kind counterpart funding from the municipality
- 2) Sets of comprehensive technical norms and protocols disseminated to municipalities in USAID's area of influence
- 3) Percentage of CAIs in USAID's area of influence using SNIS regularly

IR3.1: Improved Normative and Coordinating Capacity of the Health Care System

- 1) Sets of comprehensive technical norms and protocols developed in collaboration with the GOB
- 2) Regular coordination meetings of RSH committees held at national and departmental levels

IR3.2: Options for Increased Financial Sustainability of the Health Care System

- 1) Sustainable health financing models developed and tested
- 2) Number of health financing analysis, addressing issues of financial sustainability produced and disseminated

IR3.3: Stronger Technical Support and Development of Tools at the National Level for a More Efficient Implementation of a Decentralized Participatory Health System

- 1) Number of Demographic and Health Surveys published and disseminated
- 2) Comprehensive SNIS with well defined implementation plan for different subsystems, designed and implemented
- 3) Number of resource materials disseminated which support efficient implementation of decentralized, participatory health policies

ANNEX 3. PROCOSI

PROCOSI

Background Information:

PROCOSI (Programa de Coordinacion en Salud Integral) is a network of 24 non-governmental, private volunteer organizations providing health care services. Financed and promoted by USAID since 1988, PROCOSI's mission is to improve the health of Bolivia's rural families living in poverty through increased coverage and quality of the health delivery system. The network coordinates innovative health interventions and strengthens the institutional capacity of member NGOs to advocate and support improved national health policies.

In 1995, the network developed a Sexual and Reproductive Health Program which targets 500,000 women of reproductive age. The program: 1) promotes and motivates community participation in local reproductive health issues and services, 2) implements education and information campaigns on reproductive health topics, 3) offers access to quality reproductive health services, and 4) strengthens the capabilities of the local and national public health systems to deliver reproductive health services and products.

Through health interventions which seek to respond to Bolivia's cultural diversity, language differences, adverse geographical conditions and scarcity of rural public health services, PROCOSI has contributed to a 25% reduction in child mortality, a 40% reduction in maternal mortality and an increase of 25% in the number of safe deliveries attended by trained personnel in its areas of intervention.

PROCOSI has achieved the following in its target population:

- * Coordination of primary health care programs in 103 municipalities and in 1,500 rural and peri-urban communities;
- * Increased access to primary health care information, education and services to more than 500,000 persons including 350,000 women of reproductive age and 150,000 children under 5 years of age;
- * 70% immunization rate for children under 2 and support of breast feeding for 60% of all infants 0-6 months;
- * 60% of women of reproductive age with the 3rd dose of tetanus vaccine;

January 1997

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49

ANNEX 4. MEMBER ORGANIZATIONS OF PROCOSI



Annex 4. Member organizations of PROCOSI

PROCOSI
PROGRAMA DE COORDINACION EN SUPERVIVENCIA INFANTIL
ORGANIZACIONES NO GUBERNAMENTALES
 Secretaría Ejecutiva

ORGANIZACIONES MIEMBROS DE LA RED "PROCOSI"

ORGANIZACION	DIRECTOR	DIRECCION	TELEFONOS	FAX-CASILLA
<i>PROCOSI</i>	<i>BERTHA POOLEY</i>	<i>AV. 20 DE OCTUBRE # 2164 SOPOCACHI</i>	<i>315212-374104 416061-392481</i>	<i>314188 9432</i>
CARE NACIONAL	Kirsten Johnson	Edif. San Ignacio de Loyola Calle 12	787471 - 783695	783698 6034
CARE SANTA CRUZ	Manuel Diez Canseco	Plaza Obrajes c. Nordestiul 208	783695 - 784095 370607 - 366446	336446 - 341184
CARE POTOSI	Freddy Chavez	c. Ingavi # 184	(062) 22350	(062) 24361 76
CARE-SUCRE	Catherine Plume	c. La Paz # 585 entre Bolívar y Perez	(064) 61223 - 61300	(064) 61533 354
CARE-TARIJA	Saleg Eid Villagomez	Av. Las Américas-Suarez/n	(066) 45888 - 45410	45410
CARITAS	Roberto Barja	Fichincha Esq. Ingavi # 730	341767 - 390894	390992 475
PROYECTO CONCERN INTERNACIONAL	Dudley Conneely	c. Ecuador # 2147 entre Aspiazu y Guachalla-Sopoc.	353483 - 326611 417028	417036 4678
PCI-COCHABAMBA	Evaristo Maida	C. Cap. Arzabe s/n Esq. Mejilloes QUILLACOLLO	(042) 61356 - 60503 (042)61179	(042) 60503 2192
PCI-POTOSI	Oscar Velasco	Cámara de Minería Piso 3	(062) 22691	(062) 23031 96
PCI-ORURO	Grisel de Bellot	6 de Octubre # 2150 esq. San Felipe	(052) 60854 - 54783	(052) 60854
CONSEJO DE SALUD RURAL ANDINO	Nathan Robison	c. Crespo # 2224 Sopocachi	412495 413977	415752 13387
CSRA/MONTERO	Dardo Chavez	Plaza Villa Cochabamba	(092) 20686	20686 28
CATHOLIC RELIEF SERVICES	José Maguiña	Jacinto Benavente # 2190 - Sopocachi	323335 352993	392228 2561
FUNDACION CONTRA ELHAMBRE INT.	Buck Deynes	Av. Heroes del Pacifico 1330 Miraflores	229425 - 229426 202242	225300 5671
FIIH/LA PAZ	Luis Carretero	Av. Juan Pablo II Esq. Lisboa -ElAlto	840458 - 841547	840458
FIIH/ORURO/CBBA.	Adolfo Reyna	c. Ayacucho Edif. Imprenta Veloz, 2º Piso-ORURO	(052) 52529	(052) 52529
FIIH/POTOSI	Gerardo Wayar	c. Calama # 124 Potosi	(062) 28332	(062) 28332
FREEDOM FROM HUNGER CRECER LA PAZ	María del Carmen Sahonero	Av. 6 de agosto # 2460	325560	325560
FFH/CRECER COCHABAMBA	Edson Gutierrez	C. Colombia esq Tumusla Oeste-0426	(042) 58384	(042) 58384 69
PLAN INT. BOLIVIA	James Byrne	c. J.J. Perez 275	372616 - 374731	392802 6181
PLAN INT. ALTIP.	James Selph	c. J.J. Perez 275	341462 - 374731	311147
PLAN INT. SUCRE	Charles Winkler	c. M. Morales Z. # 266	(064) 41001-31974	(064) 60475 424
PLAN INT. TARIJA	Equipo Gerencial	c. Ingavi # 886	(066) 45675	(066) 44414 500
PLAN INT. SANTA CRUZ	Equipo Gerencial	Antig. Carretera a Coba Km 10 (Letrero grande)	(03) 529766 526886	(03) 526886 1729
ESPERANZA-BOLIVIA	J. Palmira Villarroel	c. Ballivian # 725 entre Bolívar y D. Paz	(066) 30891 (066)34352	(066) 43134 425
SAVE THE CHILDREN DJC	Richard Embry	Crespo # 2031 Entre Aspiazu y Chaco Alto Sopocachi	413011 412839	412455 15120

QUIPUS	Peter McFarren	c. Jáuregui # 2248 Sopocachi	391796 340062	390700 1696
QUIPUS-SUCRE	José Cabanach	c. Iturricha # 281	(064) 40299	(064) 40299 826
APROSAR-ORURO	Anastacio Choque	Villa Challacollo s/n frente al cerro	(052) 54783	(052) 54783
APSAR-COCHABAMBA MALLCO RANCHO	Adela Asbun - Orlando Taja	Av. W. Ballivian # 0148 Quillacollo	(042) 61651 - 61170 (092) 60688	(042) 61651 2656
CANSAVE- COCHABAMBA	Patricia Erb D.	Av. Santa Cruz 1936 zona Queru Queru	(042) 84534 - 49011	(042) 48283 304
CIES-NACIONAL	Iván Prudencio Pol	c. Héroes del Acre 1778 y conchitas	361645 - 361668 361609	361614 9935
CIES-LA PAZ	Malena Morales	Arturo Costa de la Torre # 1322	314408	
CIES-COCHABAMBA	Eufemia Pacheco	C. 25 de Mayo 673 entre L. Cabrera y Uruguay	(042) 31670	
CIES-SUCRE	Rosario Sánchez	c. Junin # 411 (pje. Peatonal)	(064) 40561 41187	(064) 41187
CIES-ORURO	Rosario Cortez	c. Adolfo Mier # 447	(052) 50623	(052) 50623
CIES-POTOSI	Ernesto Castro	c. Oruro y Av. Camacho (Mercado Gremial)	(062) 22319	
CIES-TARIJA	Victor Llanos	c. D'orbini # 1262 (Fed. Constructores)	(066) 34546	
CIES-SANTA CRUZ	Edith Loma	Av. Grigotá # 395 (Frente de la Ramada)	(03) 541883	09-112010
CIES-EL ALTO	Alfredo Machicao	c. Gutierrez # 2909 (Zona 16 de Julio)	841241	
SERVIR LA PAZ	Patricia Ballivian	Obrajes Calle 17 No. 640	786313	2712
SERVIR CARANAVI	Javier Palacios	Villa Yara Frente Cementerio	(0823) 2293	(0823) 2293
UNIVERSIDAD NUR	Manoucherh Shoaie	Av. Banzer #100 SANTA CRUZ (Postgrado)	(03) 363939 - 347972 338625	(03) 331850 3273
SACOA	Segundino Pelaez	Jesus Parada #180 3 Anillo y Virgen de Cotoca SANTA CRUZ	(03) 472002	(03) 472002 1164
CEPAC	Widen Abastoflor	B. Ramafa c. Curuyuyqui # 130 STA CRUZ	(03) 537331	(03) 524419 3488
PROSALUD NACIONAL	Carlos Javier Cuellar	Av. Isabel la Católica # 810	(03) 529477	(03) 526823 1231
PROSALUD SANTA CRUZ	Luis Santa Cruz	Idem anterior	(03) 529477	(03) 526823
PROSALUD LA PAZ	Jack Antelo	C. Jorge Saenz # 1382 Miraflores	222663 - 222664 222430	229479 M-10112
PROSALUD TARIJA	Julio Pizarro	C. Ballivian # 536	(066) 37459	(066) 37459 70
FUNDACION SAN GABRIEL	José V. Barragán Gladys Pozo	Nuñez del Prado esq. P. Villamil (V. Copacaba.)	231109 230661	231109 4093
C E M S E	Prof. Antonio Arandia	c. Pichincha # 750	350713 - 343894	350713 283
P E R	Emilio Oros	c. Conchitas # 150	342209	412252 4867
PROMUJER	Carmen Velasco	Av. 20 de Octubre # 2668	329448 - 433893	433893 7338
PROMUJER EL ALTO	Mónica Mendizabal	Av. J. Pablo 2do Calle 5 N. 856	840581 - 840199	840581
PROMUJER CBBA	José Antonio Quirogal	C. I. Murguía No. 1468	(042) 46394	(042) 46394
PROMUJER SUCRE	Gianina Irusta	C. Pilinco No. 226	(064) 60891	(064) 60891
PROMUJER TARIJA	Freddy Flores	C. Ballivian esq. Chavez s/n	(066) 34788	(066) 34788

(*) Datos Actualizados al 20/03/97

52

**ONGs DE LA RED PROCOSI SEGUN INTERVENCIONES
(LINKAGES) QUE EJECUTAN EN SUS PROYECTOS**

SUPERVIVENCIA INFANTIL

ONG	DEPTO / MUNICIPIO	POBLACION BENEFIC. DIRECTA	INICIO / FIN	INTERVENCIONES				OBS
				Lac.Mat	MELA	Nut. Mat.	A.Compl	
CRS/sacoa	Santa Cruz San Julian	4.571 MEF 4.817 <5 años	23/01/95 22/12/97			✓	✓	FESO4 Vit. A
CEPAC	Santa Cruz Yapacani	1.723 MEF 1.118 <5 años	01/10/95 29/02/97				✓	FESO4
CANSAVE	Santa Cruz Cochabamba Potosí	15.426.-	07/05/96 06/05/98				✓	
F.S.G	La Paz Murillo	23.309 MEF 13.489 <5 años	10/08/95 09/08/96				✓	
SERVIR	La Paz Caranavi	2.160 MEF 1.260 < 5 años	10/08/95 09/08/96	✓	✓	✓	✓	
CIES	Chuquisaca Boeto, Tomina	4.800 Madres 4.800 < 5 años	07/05/96 06/11/98				✓	
ProSALUD	Santa Cruz Ciudad	2.099 MEF 1.992 < 5 años	07/06/96 06/06/97				✓	
SACOA	Santa Cruz San Julian	1.313 < 5 años 8.136 otros	07/05/96 06/06/98	✓		✓	✓	
PER	La Paz Murillo Urb	360	07/05/96 06/06/97				✓	
CRECER	La Paz Cochabamba Oruro	15.120 mujeres	12/06/96 11/06/98	✓	✓		✓	
CEMSE	La Paz Murillo Urb	4.650 MEF 2.300 < 5 años	01/07/96 30/06/97	✓		✓	✓	
U. NUR	Santa Cruz O. Satiestev	2.150 mujeres	01/07/96 30/06/97	✓			✓	
CRS	Beni Vaca Diez	695 MEF 579 < 5 años	01/10/96 30/09/99					FESO4 Ac. Folic

ONGs DE LA RED PROCOSI SEGUN INTERVENCIONES
(LINKAGES) QUE EJECUTAN EN SUS PROYECTOS

SALUD INTEGRAL

ONG	DEPTO / MUNICIPIO	POBLACION BENEFIC. DIRECTA	INICIO / FIN	INTERVENCIONES				OBS.
				Lac.Mat	MELA	Nut. Mat.	A.Compl.	
Esperanza	CHUGUISACA Camargo y San Lucas	8338 < 5 años 10213 MEF		X				
CARE	POTOSI Puna, Caiza D	4000 MEF 2375 HEF 5250 < 5 años		X	X		X	
UNIV. NUR	COCHABAM- BA, Cliza	3988 < 5 años 17509 hab.						
Fundación S. Gabriel	LA PAZ, ciudad,Dist.III	27127 MEF 14790 < 5 años		X				
DJC SAVE	ORURO Eucaliptus	4578 < 5 años 14102 H-MEF		X			X	
CEPAC	SANTA CRUZ Yapacani	1970 MEF 1248 < 5 años		X			X	
CSRA	SANTA CRUZ Montero	8367 habitantes		X		X	X	FeSO4
C.R.S.	CHUGUISACA BENI	11901 MEF 5371 < 5 años		X	X			FeSO4 A.Folico Vita A
P.C.I.	SANTA CRUZ POTOSI	54020 habitantes		X			X	
P.E.R.	L.PZ CBB ORU CHQ	15000 < 5 a 1000 otros					X	

54

PROGRAMA DE COORDINACION EN SALUD INTEGRAL
PROCOSI

INFORMACION DE PROYECTOS DE SALUD REPRODUCTIVA

O. N. G.	DEPTO.	MUNICIPIO	POBLAC. BEN DIRECTA-MEF	INICIO	FINALIZ	INTERVENCIONES QUE EJECUTA				
						LACT. MAT.	MELA	NUTRIC. MAT	ALIM. COMP.	OBSERVACIONES
APSAR	CBBA.	SIPE-SIPE VINTO	5060	12/03/9	11/09/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
C. R. S.	CBBA. CHUQ.	TOTORA	3423	01/06/9	31/01/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		MONTEAGUDO	6249			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	S.P. HUACARE		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
	MUYUPAMPA		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
	HUACAYAPA		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
	STA. CRUZ	MACHARETI	2010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	PANDO	CUEVO	3406	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
		PUERTO RICO		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
		PORVENIR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
CEPAC	STA. CRUZ	YAPACANI	2984	12/03/9	11/03/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		PAURITO	543	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
ESPERANZA	CHUQUISA	CAMARGO	7596	15/04/9	14/11/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			en CPN se da FESO4
		SAN LUCAS		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
FUND. HAMB	LA PAZ	COROCORO	1088	01/04/9	30/09/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			en CPN se da FESO4 y Ac. Folico
		RAVELO	1404			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			en CPN se da FESO4 y Ac. Folico
	OCURI		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			en CPN se da FESO4 y Ac. Folico	
	ANTEQUERA	4710	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			en CPN se da FESO4 y Ac. Folico	
	ORURO	BOLIVAR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				en CPN se da FESO4 y Ac. Folico	
FFH-CRECE	LA PAZ	COPACABANA	3000	01/07/9	31/12/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		S.P. TIQUINA				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		ACHACACHI				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		ANCORAIMES				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		DESAGUADER				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		LAJA				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		PUCARANI				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		BATALLAS				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		COMANCHE				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		NASACARA				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	AYO AYO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
	CBBA.	PATACAMAYA	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
		COLLANA	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
		MIZQUE	2500			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
		TARATA	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
PUNATA		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
	GLIZA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
	ARANI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
SACOA	STA. CRUZ	SAN JULIAN	5465	12/03/9	30/09/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

51

ANNEX 5. POPULATION SERVICES INTERNATIONAL (PSI)

Annex 5. Population Services International (PSI)

Population Services International

Population Services International (PSI) operates the Bolivia social Marketing project which has as its main objectives to increase demand for and access to modern contraceptive methods for couples who wish to practice birth spacing and for those populations at risk of STD/AIDS and unwanted pregnancies. PSI works directly with two local NGO partners, PROSALUD and CIES, to implement contraceptive social marketing campaigns. USAID-donated condoms and oral contraceptives are sold in attractive packages for prices that are affordable to low-income consumers. The Pantera and Protektor Deluxe condoms, at \$.10 and \$.12 apiece respectively, are the least expensive condoms on the commercial market. Noriday and Duofem oral contraceptives, at \$.67 and \$.38 a cycle respectively, are 4 to 20 times cheaper than other pills on the market. Pharmaceutical distributors sell these products in 1500 pharmacies throughout the country. In addition, project sales agents sell condoms in non-pharmaceutical outlets, such as motels, brothels, street vendors, liquor stores, discotheques, record shops, beauty parlors and other types of non-traditional outlets.

This extensive distribution system is complemented by continuous demand creation campaigns, consisting of both brand-name advertising and public education on reproductive health. For instance, Pantera condoms are advertised on billboards, in soccer stadiums, at beauty pageants and on sports jerseys for soccer, basketball, volleyball, cycling, motorcycling, boxing, and swimming teams. A television drama series sponsored by the project addresses themes of AIDS, unwanted pregnancies, sexually transmitted diseases and abortion. Educational brochures on family planning, and STD/AIDS prevention are distributed in clinics, pharmacies, universities, brothels, and street fairs.

USAID funds have allowed the Bolivia Social Marketing Project to increase outputs and achieve substantial impact over the last two years. Condom sales have increased by 300% between 1994 and 1995, and by 500% between 1994 and 1996. The project sold 580,000 condoms in 1994, 1,560,000 condoms in 1995, and 2,535,000 in 1996. Oral contraceptive sales have increased by 30% in the same period, with 270,000 cycles sold in 1994, 286,000 cycles in 1995, and 350,000 cycles in 1996. At the 1996 condom and oral contraceptive sales level, the Project is delivering 52,300 couple years of protection (CYPs) or, on other words, over 52,000 Bolivian couples are protecting themselves from unwanted pregnancies over an entire year using PSI's products. This represents a level of 1.5 condoms sold per sexually active male (SAM) and 0.23 cycles of oral contraceptives sold per married woman of reproductive age (MWRA), the principal beneficiary target group of the Project.

Apart from the above mentioned quantitative results, the Bolivian Social Marketing Project has accomplished other qualitative and

ANNEX 6. PROSALUD

PROSALUD

PROSALUD is a Bolivian non-profit Non-Governmental Organization (NGO), formed in 1985 with USAID support. Its programs have been so successful that PROSALUD now is entering into joint ventures with Municipal governments and Departmental Health Directorates to help administer primary health facilities transferred to Municipalities under the Popular Participation Law.

The Objective of PROSALUD is to provide sustainable, high quality, low cost, culturally acceptable primary and reproductive health care to low income urban and peri-urban communities.

PROSALUD presently consists of a network of 28 community health centers which serve approximately 350,000 people in four regions of Bolivia. PROSALUD operates one reference hospital and a child development center. It plans to expand services with 10 additional health centers by 1998. With the extension, PROSALUD will cover a target population of nearly 500,000 people.

PROSALUD's defining characteristic is its emphasis on providing high quality health care while treating often poor and mistreated clients with dignity and respect. Health centers offer an integrated package of services which include: general medical, pediatric and gynecological visits; prenatal, birth and postpartum services, family planning, well-child care, including vaccinations and growth monitoring; dental, pharmacy and laboratory services. Centers are open 24 hours a day and home visits are conducted regularly.

Each health center seeks self-sustainability by collecting small user fees for curative services. All basic preventive health services are free. Cross-subsidization is a fundamental part of the PROSALUD system: clinics located in better-off neighborhoods subsidize clinics in poorer locations; people who can afford to pay subsidize people who cannot; affluent regions will subsidize poorer ones in the future; and fees generated from curative services subsidize free preventive services.

PROSALUD has achieved a breakthrough in serving low income, urban populations. Through the use of re-engineering principals, PROSALUD has learned from experience, understands the concerns of its target population, and provides quality health services. With a grant from USAID Bolivia, PROSALUD is currently expanding services to other areas of the country. USAID plans to continue to support operating deficits of the organization for another five years, while at the same time creating an endowment to assure long term sustainability. This will bring total USAID support to over \$16 million from 1991 to 2001.

Key Official:

Dr. Carlos J. Cuellar - Executive Director. Dr. Cuellar holds degrees in Medicine, and Public Health. He is former employee of the Ministry of Health.

PROSALUD BOLIVIA
"YOUR HEALTH ABOVE ALL"

Bolivia has the highest maternal and infant mortality rates in Latin America. The utilization of existing health services is extremely low and less than 50% of women receive any type of medical attention during pregnancy or childbirth.

A severe economic crisis beginning in 1983 forced the Government of Bolivia to begin charging fees for health services. Between 1983 and 1988 employee salaries in the Ministry of Health (now the National Secretariat of Health, NHS) fell by an average of 43%, resulting in a high rate of absenteeism and tardiness, and an average annual staff turnover rate of 30%. Despite low salaries, 88% of the Secretariat's health care budget is spent on salaries which means that funds for supplies, drugs, medical equipment and maintenance are totally inadequate. The general result is that the quality of care is poor in Government facilities and the provision of health services is erratic.

Funded in 1985 by USAID, under a contract with Management Sciences for Health, the organization PROSALUD was created as a response to the inability of both the Secretariat of Health and the private sector to meet the primary health care needs of low-income urban and peri-urban populations in Bolivia. Two fundamentally important elements of the project, which play important roles in shaping the organization's philosophy and behavior, are the goals of self-financing (ie. recovering 100 percent of operating costs) and the provision of high quality care. PROSALUD is unique among primary care providers in that it provides high-quality/low-cost care to underserved and low-income populations and recovers a high percentage of its costs.

PROSALUD's National Management Support Unit is composed of 7 departments: Medical Services, Finances, Social Marketing, Project Development, Training, Logistics and Drug Supply, and Management Information. This unit is presently located in Santa Cruz and is financed by USAID.

PROSALUD's 13 primary health centers and a 25-bed reference clinic in Santa Cruz are currently serving the primary and reproductive health care needs of approximately one third of the estimated one million urban and peri-urban residents of Santa Cruz. The reference clinic provides outpatient, diagnostic, outreach and inpatient services, and serves as the referral center for high risk maternity and pediatric cases. It provides badly needed good quality low-cost hospital care for lower-income populations in Santa Cruz.

In Bolivia's capital of La Paz and in the neighboring city of El Alto, PROSALUD has developed a network of 13 centers operating in low-income neighborhoods, replicating the Santa Cruz model. This replication effort was implemented under a US\$ 6.5 million

Cooperative Agreement with USAID/Bolivia, which is ending in December 1996.

In addition to its clinics and the Santa Cruz reference center, PROSALUD consists of two regional Management Support Units (MSUs), one in Santa Cruz and one in La Paz, each in charge of the day-to-day operations of its clinic network; and a National Office located in Santa Cruz that oversees all operations and the expansion to other areas of the country. PROSALUD has a National Board of Directors comprised of prominent civic and business leaders in Santa Cruz.

Taking advantage of the Popular Participation Law enacted by the Bolivian Government, whereby responsibility for the administration of health services is being transferred to Municipalities, PROSALUD in association with municipalities and Departmental Health Directorates is expanding its national network to other areas of the country. One health center started operations in January 1996 and another is being built in the southern city of Tarija, as well as one in Riberalta in the north. Plans are underway, with USAID support, to extend to other medium-sized cities such as Puerto Quijarro on the Brazilian border, and Bermejo and Yacuiba on the Argentinian border, plus the cities of Oruro in the Altiplano and Cochabamba in the central valleys for a total of 10 new centers by the end of 1998. This expansion is being financed by a US\$ 5.0 million USAID/B direct grant to PROSALUD under the Reproductive Health Services Project.

In response to consumer demand and the changing political climate in Bolivia, PROSALUD began an intensive family planning program in 1988. With support from Pathfinder International through the USAID funded Reproductive Health Services project, PROSALUD has developed a system of paid, full-time health assistants who promote and educate families regarding the benefits of family planning and provide important follow-up for clients in the community. These health assistants make regular home visits and are an important link between the community and the health centers. Between 1995 and 1996, PROSALUD has increased its new users of modern family planning contraceptive methods from 11,000 to 18,000 (third quarter of 1996).

In 1992, with support from The Futures Group SOMARC project, and again in 1996 with Population Services International (PSI), PROSALUD launched national TV campaigns to educate the Bolivian public in the areas of family planning methods and reproductive health topics such as high risk pregnancies and sexually transmitted diseases, including AIDS. The response to the campaigns was highly positive and PROSALUD started a nationwide contraceptive social marketing project through pharmacies. Today, with technical assistance of Population Services International (PSI), PROSALUD is broadening its social marketing efforts, launching other products in the market and expanding to non-formal outlets of distribution. Sales of contraceptives,

condoms and two types of oral contraceptives, have proven highly successful so far, having sold from January to July 1996 nearly 980,000 condoms and 209,975 oral cycles.

PROSALUD health centers offer an integrated package of services which include: general medical, pediatric and gynecological care; pre-natal, birth and postpartum care; family planning; well-child care, including vaccinations and growth and development; dental; pharmacy and laboratory services. The centers are open 24 hours a day, 7 days a week. A system of radio communication and an ambulance facilitate referrals and emergency cases. All basic preventive health care services such as vaccinations, prenatal care, well-child visits, growth monitoring and follow-up visits are free. Close to 60% of all the care PROSALUD provides is classified as preventive. The remaining 40% of curative services are provided for a fee paid by the patient. Approximately 10% of curative services throughout the national network are provided free of charge to indigent patients. Prices for services are the same or lower than the Health Secretariat's centers, the difference being the quality services provided by PROSALUD. An independent study comparing PROSALUD with Secretariat of Health health centers conducted by an international agency in 1992 showed that PROSALUD was providing 3 to 5 times more free curative services than the Secretariat. To date this situation might have reversed since the Health Secretariat, through new legislation implemented in July 1996, is providing free care at all its centers for pregnant women (birth related services) and children below five years of age (treatment of acute diarrhea and pneumonia).

PROSALUD is radically different from the "for profit" private sector in that the traditional private sector tries to maximize profits and charge the highest possible prices that the market will bear. PROSALUD's objective is to charge the lowest possible prices for health services consistent with cost-recovery. They are always looking for the balance between providing services at the lowest possible cost and the survival or self-sufficiency of the organization. To date, the levels of cost recovery attained by the PROSALUD network nationally, exclusive of its management units, is close to 70% in La Paz/El Alto and over 90% in Santa Cruz.

Cross subsidization is a fundamental key to the success of the PROSALUD model. Clinics in better off neighborhoods subsidize lower income neighborhood clinics. People who can afford to pay subsidize people who cannot afford to pay, and fees generated from curative services subsidize free preventive primary health care services.

PROSALUD has requested that USAID consider financing a \$5 million endowment. Investment income from the endowment would subsidize the operational deficits of PROSALUD in the long term and allow for further expansion in the future. While this endowment is being built up through incremental funding over a five year

period, USAID/Bolivia's Health Strategic Objective Team decided to grant PROSALUD an additional \$ 5 million, to allow it to continue its operations without having to increase patients' fees in order to preserve its target low income population.

What are the keys to PROSALUD'S SUCCESS?

1. PROSALUD uses an innovative, consumer and market-oriented approach to delivering health services. Patients' rather than providers' needs come first.
2. The survival of the organization depends on the willingness of patients to pay for services, therefore the quality has to be high and patients have to feel they are getting good value.
3. PROSALUD respects the culture, dignity and values of the communities.
4. PROSALUD takes care of families in their neighborhoods. The attention is personal and friendly. Patients rarely have to wait long to be seen.
5. PROSALUD offers a full range of integrated health care services. Patients' privacy is protected. This is especially important with family planning clients.
6. PROSALUD offers incentives to all of its employees, including economic incentives, educational opportunities and public recognition of a "job well-done."
7. PROSALUD teaches physicians how to be good managers as well as good doctors.
8. PROSALUD collaborates closely with the Health Secretariat to implement Secretariat's programs.
9. PROSALUD is not physician dominated. Its philosophy is that "Health care is far too serious a matter to be left only in the hands of physicians."

Doc.: h:\hhr\elba\prosalud
Date: 11/15/96

**ANNEX 7. LIST OF PUBLIC AND PRIVATE INSTITUTIONS WHICH RECEIVED
IRH LAM TRAINING**

Annex 7. List of Public and Private Institutions Which Received IRH Lam Training

1. **APSAR** *Asociación de Proyectos de Salud Rural*
Association of Rural Health Projects
2. **CARE**
3. **CARITAS**
4. **CIES** *Centro de Investigación, Educación y Servicios*
Center for Research, Education and Services (IPPF Affiliate)
5. **COMBASE** *Comisión Boliviana de Acción Social Evangélica*
Bolivian Commission on Social Evangelical Action
6. **CNS** *Caja Nacional de Salud - Social Security*
7. **CRS** Catholic Relief Services
8. **ETS** *Escuela Técnica de Salud - Technical School of Health*
9. **FFH CRECER** Freedom From Hunger (to grow)
10. **Fundación San Gabriel** The foundation of San Gabriel
11. **G.T.Z.** German Technical Assistance Agency
12. **MotherCare**
13. **Pastoral Familiar - Conferencia Episcopal** clinic network run by the Catholic Church
14. **SNS** *Secretaría Nacional de Salud - Ministry of Health*
15. **PCI** Project Concern International
16. **PROSALUD** for health
17. **SERVIR** to serve
18. **UCB, Facultad de Enfermería** Catholic University of Bolivia, Nursing Faculty

**ANNEX 8. USAID AND OTHER DONOR HEALTH, NUTRITION AND FAMILY
PLANNING PROGRAMS IN BOLIVIA**

Annex 8. USAID and Other Donor Health, Nutrition and Family Planning Programs in Bolivia

Type of Program	Organizations Involved
Improving women's health.	IPPF/CIES: \$5.3 million grant Bolivia's most important private sector FP agency: 46,143 consultations in 1996
Provide primary and reproductive health care services. MCH centered delivery system.	PROSALUD: \$4.4 million Agreements with the municipalities. 500,000 beneficiaries
Provide TA, administration and management support for Child Survival Programs in the rural areas.	PROCOSI: \$4.2 million grant Network of 24 national & international NGOs: 400,000 beneficiaries
Strengthen the Bolivian National Secretariat of Health (SNS) in the rural areas of La Paz, Santa Cruz and Cochabamba	CCH: bilateral financing, \$16 million from 1988 - 1998 850,000 beneficiaries: 20% of rural population
Social marketing of contraceptives. With UNICEF, SNS and commercial sector: social marketing of Vit. A fortified sugar and ORS (UNICEF jointly funded)	PSI: \$2.9 million grant Works directly with PROSALUD and CIES
Target at risk children and expand maternal and child health support. Complementary water and sanitation projects.	PL 480 Title II: 40% x \$18 million for MCH and water programs Expand to cover 80,000 pre-schoolers and 40,000 others: ADRA, CARITAS, Food for the Hungry and PCI
Reproductive Health Services: finance regional program supervisors, contraceptives, program costs	UNFPA PAHO
IMCI	PAHO BASICS
Improve the access, coverage and use of maternal neo-natal services in 113 SNS Health Centers. Iron deficiency anemia studies.	MotherCare

Annex 8. USAID and Other Donor Health, Nutrition and Family Planning Programs in Bolivia

Fortification of sugar with vitamin A, community based interventions to increase use of iron/folate supplements by pregnant women through distribution by CHW in coordination with MotherCare and technical support for the fortification of wheat with iron	OMNI
Establish channels and catalysts for the adolescent in reproductive health, family planning, education of the girl-child, sports and gender related programs	FOCUS
Radio and television spots featuring family planning, birth spacing, pre and postnatal care, breastfeeding and abortion-prevention messages	JHU/PCS

ANNEX 9. LINKAGES PARTNERS WORKING IN BOLIVIA

Annex 9. LINKAGES Partners Working in Bolivia

AED	
La Leche League International	La Paz and Cochabamba: Mother-to-Mother Support Groups BFHI technical assistance Weekly radio program in El Alto Reproduction of Materials
Wellstart International	COTALMA
Populations Service International	Social marketing in contraception. With UNICEF, SNS and commercial sector: social marketing of Vit. A fortified sugar and ORS. Works directly with PROSALUD and CIES
CARE	Child Survival Projects Reproductive health Projects
CRS	Child Survival Projects Agricultural Projects Small Business Projects
Pathfinder	CNS: provides services in short-term sickness, maternity and work related injuries to insured workers and families. CNS: receives funds through RHSP and Pathfinder. 850,000 beneficiaries: 12% of Bolivian population
Macro International	DHS studies 1989 and 1994 mini-DHS study in November 1997

**ANNEX 10. CENTER OF INVESTIGATION, EDUCATION, AND INVESTIGATION
(CIES)**

Annex 10. Center of Investigation, Education, and Investigation (CIES)

Background on the Center of Investigation, Education, and Investigation (CIES)

The Centro de Investigacion, Educacion, y Investigacion (CIES) is a USAID funded Bolivian non-governmental organization which has been providing Reproductive Health and Family Planning services in Bolivia since 1987. CIES's goal is to improve health conditions in poorer strata of the population, focusing on women, children and adolescents. It supports primary health care, community participation and equity between sexes.

CIES operates eight clinics in 8 major cities in Bolivia offering integrated health services with a family planning focus for women, children and adolescents. It also provides laboratory and sonogram services, and counselling in reproductive health issues.

In 1996, CIES health centers achieved a growth of 26% in Reproductive Health consultations with respect to the previous year, recording 46,143 total consultations. Through self-owned clinical services, community distribution and affiliated physicians it reached a growth of 42% in Family Planning, protecting a total of 31,254 couples per year. This makes CIES the largest private provider of family planning services in Bolivia. CIES also addresses the problem of sexually transmitted diseases and AIDS.

Additionally, CIES supports a network of affiliated community physicians to whom contraceptives and information, education and communication materials are provided. CIES also supports a community-based, contraceptive distribution network. Within its reproductive health activities, CIES also addresses the problem of sexually transmitted diseases and AIDS.

The USAID Reproductive Health Services Project (RHSP) has assisted CIES in its sustainability goals through a major grant funneled through IPPF/WHR. Through this grant, CIES has become Bolivia's IPPF affiliate and enjoys a continuing relationship and support from that international organization. This new support significantly strengthens CIES administration and management, and will allow them to extend their service network to other areas of the country.

Key Official:

Mr. Ivan Prudencio - Executive Director of CIES since 1992, Mr. Prudencio is an Economist with post-graduate studies in Sanitary Economy (Italy).

11

ANNEX 11. COMMUNITY AND CHILD HEALTH PROJECT (CCH)

Annex 11. Community and Child Health Project (CCH)

The Community and Child Health Project (CCH) is a bilateral Project aimed at strengthening the Bolivian National Secretariat of Health and improving the health of the Bolivian family with emphasis on reducing infant, child and maternal mortality in the periurban and rural areas. Total financing for the Project (1989-1998) is \$US 26.000.000.

CCH initiated its field activities in 1989 in the rural areas of La Paz, Cochabamba and Santa Cruz and currently is responsible for the health of approximately 850.000 people constituting about 20 % of the rural population of Bolivia. The health interventions are carried out through eleven health "districts" which coordinate activities with 73 municipalites (of a nationwide total of 311) which, under the popular participation law, provide resources and community supervision for the health programs.

The work outlined by the consolidate of 73 annual plans discussed by community leaders and CCH provides for joint funding of equipment, supplies and logistical support for health activities which concentrate on maternal and child health and include family planning interventions.

An important contribution of CCH has been the donation of more than 140 motorcycles, 170 two way radios, 40 vehicles and 35 computers to the health outposts with the purpose of improving communications, outreach activities, patient referrals, information and administrative systems.

The support of the local health systems includes training of the different levels of health workers including traditional birth attendants and community health workers. Health education coupled with a new social marketing strategy is expected to improve integrated quality health services and increase demand. Outreach activities, adequate use of information generated and administrative support for the health systems are some of many field activities carried out by CCH.

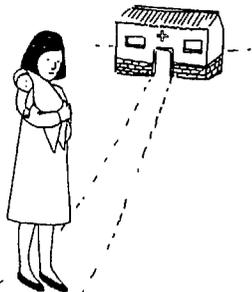
USAID through CCH and the National Interagency Coordination Committee (includes UNICEF, PAHO and Rotarians) has strengthened the Vaccination and Diarrheal and Cholera control Programs in all of the country by yearly provisions of either vaccines, syringes, oral rehydration salts, cold chain equipment and funds for vaccination and supervision activities. These yearly contributions have in some cases summed up to more than 30% of the countries specific requirements. The National Secretariat of Health has also benefitted from technical assistance in the National Health Information System and computer software aimed at improving accounting procedures nationwide. Though the Data for Decision Making Project CCH has given intense training to National Health Directors and Epidemiologist on epidemiology, administration and communication skills.

ANNEX 12. CHILD HEALTH CARD

CUANDO DEBE VOLVER DE INMEDIATO



MINISTERIO DE DESARROLLO HUMANO
SECRETARIA NACIONAL DE SALUD
BOLIVIA



TRAER AL NIÑO O NIÑA ENFERMO



si no puede tomar el pecho y líquidos



si empeora (está decaído)



si tiene fiebre (calentura, temperatura)

TRAER AL NIÑO CON DIARREA



si la caca tiene sangre



si respira rápido (está agitado)



si tiene dificultad para respirar

TRAER AL NIÑO MENOR DE DOS MESES



dificultad para beber



si no toma el pecho



si tiene alguno de los signos anteriores

Nombre _____

Edad _____

Centro de salud _____

Fecha de consulta _____

Próxima consulta _____

LÍQUIDOS



Si su niño o niña está enfermo:

- Dele el pecho con más frecuencia y durante más tiempo cada vez
- Dele más líquidos, por ejemplo: Suero de la vida, sopa, caldos, agua de arroz, mates, agua de canela o jugos de fruta.

Si tiene diarrea

- Darle más líquidos puede salvar la vida del niño
- Dele más seguido en pequeños sorbos con una taza y cucharita:
 - sales de rehidratación (Suero de la vida)
 - sopa, caldos, agua de arroz, agua de canela.
 - Mates
- si el niño vomita, espere 10 minutos y continúe después pero más lentamente
- Continúe dándole el pecho

7/10

Región : ALTIPLANO

➤ RECOMENDACIONES PARA LA ALIMENTACIÓN DEL NIÑO (SANO O ENFERMO)

Menores de 6 meses de edad



- Dar el pecho las veces que el niño quiera (por lo menos 10 veces) de día y de noche, vaciar los dos senos en cada mamada.
- No darle nunca ninguna otra comida o líquidos.

6 a 11 meses



- Seguir con el pecho las veces que el niño quiera.
- Iniciar la alimentación complementaria después de la lactancia con papillas espesas o alimentos aplastados (zapallo, zanahoria, papa, haba, oca, tunta, plátano, mote, pan sopado), no caldos ni líquidos. Ir aumentando poco a poco.
- Desde los 8 meses dar alimentos de la comida familiar en trozos pequeños y antes de amamantar. Ej. huevo, queso, chuño, papa, habas, carne, arroz, fideo, pan.
- Dar alimento tres veces al día si el niño es amamantado y 5 veces al día si no recibe leche materna.
- Por lo menos dos comidas deben tener una cucharilla de aceite o grasa derretida.
- Servir 8 cucharas de alimento en cada comida en su propio plato.

12 meses a 2 años



- Darle 3 comidas al día, de lo mismo que se sirve la familia, con preferencia el segundo. Si se le da sopa, darle la parte espesa.
- Servir 10 cucharadas de alimento en cada comida, en su propio plato.
- Por lo menos dos comidas deben tener una cucharilla de aceite o grasa derretida.
- Darle dos entrecomidas al día. Ej. plátano u otra fruta de estación, pan, queso, mote.
- Dar el pecho las veces que el niño



Mayores de 2 años de edad



- Continuar con la alimentación familiar, tres veces al día, de preferencia el segundo. Si se le da sopa, darle la parte espesa.
- Darle la mitad de lo que come el adulto. A la comida que consume al momento puede agregarle por ej. una papa, un fideo, oca, haba o arveja seca, para alcanzar su requerimiento.
- Por lo menos dos comidas deben tener una cucharilla de aceite o grasa derretida
- Seguir dando dos entrecomidas.



ANNEX 13. SOCIAL SECURITY REPRODUCTIVE HEALTH SERVICES PROJECT

**Background on the Social Security
Reproductive Health Services Project,
Caja Nacional de Salud (CNS)**

The Caja Nacional de Salud (CNS) is a public institution whose purpose is to protect insured workers and their beneficiaries in short-term sickness, maternity and work related injuries. This service is provided throughout Bolivia. The total population beneficiary of this service is 12% of the Bolivian population or roughly 850,000 people. Since 1990, CNS, has received support from the Reproductive Health Services Project (RHSP) to improve the reproductive health care services offered to insured member participants.

Under the current RHSP, the (CNS) successfully provides reproductive health care services in three clinics in La Paz, through several family doctors at polyclinics in Cochabamba and Santa Cruz, and is in the process of expanding into Oruro, Sucre, and Tarija. The existing plan, which lasts through 1997, strives to cover at least 41 of the 115 CNS sites. The new GOB is strengthening this project by making reproductive health a service provided universally throughout the CNS. The RHSP provides additional funding for Pathfinder International, to give the CNS direct technical assistance regarding service delivery management of operating expenses. The CNS also conducts Information, Education and Communication (IEC) and training programs, which compliment the training conducted via the technical subcommissions of the project from which the CNS already benefits.

Key Official:

Mrs. Cristina Renteria - Project Coordinator. Ms. Renteria holds degrees in Obstetrics and Gynecology Doctor and in Statistical Sampling and Demographic Analysis and in Management.

ANNEX 14. AGENDA

Annex 14. Agenda

- April 26 Traveled from Washington, DC via Miami
- April 27 Arrived in La Paz, traveled to Cochabamba
- April 28 09:30 UCB/S
Sister María Angeles Gonzalez, Director
Lic. Adela T. De Angulo, Professor
Lic. Marcela A. De Saavedra, Professor
14:30 APSAR
Lic. Adela Asbun Alem, Director
Dr. Orlando Taja, General Advisor
Dr. Susana Sánchez, Reproductive Health
- April 29 08:30 ETS
Dr. Rosario Andre D., Director
Lic. María Luisa Fuentes, Professor
14:00 COMBASE
Dr. Jose Velasquez, Director
Visit to COMBASE periurban clinic in Jaihuayco
- April 30 Civil Strike in Cochabamba (No Transport)
Visits to health Centers “31 de octubre” and “Kausay” canceled
- May 1 10:00 PCI
Dr. Evaristo Maida T., Regional Director
Traveled from Cochabamba to La Paz
- May 2 09:00 USAID
Claudia Alders, LINKAGES Coordinator
Katherine Krebs, International Development Intern
Alana Back, Project Manager, PROCOSI & COTALMA
Deborah Caro, Reproductive Health Advisor
Ella Marched, PROSALUD Coordinator
10:30 USAID
CARE:
Jennifer Lana: Child Survival
14:30 BASICS
Dr. Ana María Aguilar, Representative
Dr. Carmen Casanovas, Technical Advisor
16:00 MotherCare
Dr. Guillermo (Willy) Seoane: Director

May 4 17:00 La Leche League, Bolivia
Dr. Carola Beck

May 5 08:30 USAID
Office of Agriculture and Rural Development (ARD)
Title II: Lawrence Rubey, Director - Food for Peace
Angel Vasquez, Coordinator

10:30 UNICEF
Lic. Sharon Slater, Health Officer
Lic. Magaly de Yale, Nutrition Officer

14:30 PROCOSI
Lic. Bertha Pooley, Director
Dr. Ignacio Careño, Child Survival Technical Advisor
Fernando Unzueto, Administrator
Alana Back, Project Manager, PROCOSI & COTALMA
Luis Montaña, Director CCR
Janine Schooley, Associate Director - Wellstart
Judith Selter, MSH

16:30 PSI
Dr. Judith Timyan: Program Director

18:00 Dirección Nacional de Salud y Nutrición de la Mujer
Y el Niño (DNSNMN)
Lic. Albina Torres, Division of Nutrition

May 6 08:30 USAID
Jorge Velasco, CCH Coordinator

10:30 PROCOSI
Dr. Ignacio Careño, Child Survival Technical Advisor
Fernando Unzueto, Administrator
Alana Back, Project Manager, PROCOSI & COTALMA
Janine Schooley, Associate Director - Wellstart

19:00 General Assembly of COTALMA

May 7 09:00 USAID - Debriefing
Claudia Alders, LINKAGES Coordinator
Katherine Krebs, International Development Intern
Alana Back, Project Manager, PROCOSI & COTALMA
Deborah Caro, Reproductive Health Advisor
Ella Marched, PROSALUD Coordinator

11:00 FOCUS
Dr. Gladys Pozo de Beizaga, Director
Dr. Alfredo Ariñez Herrera, Advisor
Dr. Alberto Ruizo, Consultant

12:00 USAID - Debriefing
Paul Ehmer, Director, Health and Human Resources Office
Katherine Krebs, International Development Intern
Alana Back, Project Manager, PROCOSI & COTALMA
19:00 COTALMA
General Meeting of Members

May 8

Traveled from La Paz to Santa Cruz

09:30 PROSALUD

Dr. Carlos Cuellar, National Director

Lic. Pilar Sebastián Abela, Co-Director

Lic. Martha E. Mérida S., Social Marketing Program Director

14:00 Dr. Luis Santa Cruz, Director of Santa Cruz

14:30 Visits to Health Centers: El Carmen and La Cuchilla

Visit to "Centro del Desarrollo Infantil" - Day Care Center

16:00 PSI

Phillipe Le May, Representative, Santa Cruz

May 9

Traveled from Santa Cruz to Washington, DC via Miami

ANNEX 15. CONTACTS IN BOLIVIA

Annex 15. Contacts in Bolivia

USAID Mission

Calle 9, No. 104

Obrajes, La Paz

Office of health and Human Resources (HHR) 3rd Floor

Tel: (591-2) 430551, 786583, 786768

Fax: (591-2) 782325

Paul Ehmer, Director, Health and Human Resources Office

Claudia Allers, LINKAGES Coordinator

Katherine Kreis, International Development Intern

Ileana Baca, Project Manager, PROCOSI & COTALMA

Deborah Caro, Reproductive Health Advisor

Elba Mercado, PROSALUD Coordinator

Jorge Velasco, CCH Coordinator

Title II

Lawrence Rubey, Director - Food for Peace

Angel Vasquez, Coordinator

Secretaria Nacional de Salud (SNS)

(Dirección de Salud y Nutrición de la Mujer y del Niño)

Capitán Ravelo No. 2992, La Paz

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Fax: (591-2) 392032

Albina Torres, Division of Nutrition

Asociación de Programas de Salud del Area Rural (APSAR)

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Fax: (042) 61651

Lic. Adela Asbun Alem, Director

Dr. Orlando Taja, General Advisor

Dr. Susana Sanchez, Reproductive Health

25

BASICS

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Casilla 14384, La Paz
Tel: (591-2) 376331
Fax: (591-2) 391503

Dr. Ana María Aguilar, Representative
Dr. Carmen Casanovas, Technical Advisor

CARE

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Calle 12 esq. Hector Ormachea (Obrajes)
Tel: (591-2) 783695, 784095
Fax: (591-2) 783698

Jennifer Luna, Project Manager

Comisión Boliviana de Acción Social Evangelica (COMBASE)

Av. 9 de Abril esq. Haiti
Casilla 869, Cochabamba
Tel: (042) 32767, 33043

Dr. Jose Velasquez, Director

COTALMA

Avenida Arce No. 2105
Edificio Venus, 5o Piso, Dpto. 5B, La Paz
Tel: (591-2) 378687, 350304

Dr. Luis Montaña, Director CCR

CRS

Jacinto Benavente No. 2190
2do. Piso, casilla Postal No. 2561, La Paz
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Lic. José Maguiña, Director
Murray C. Luft, Sub-Director

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Dr. Rosario Andre D., Director
Lic. María Luisa Fuentes, Professor

FOCUS

Dr. Gladys Pozo de Beizaga, Director
Dr. Alfredo Ariñez Herrera, Advisor

IRH Consultant

Dra. María Lorencikova
Casilla 14425 Correo Central, La Paz
Tel/Fax: (591-2) 37-0553

La Leche League

Casilla 3-12429
SM. Calacoto, La Paz
Tel: (591-2) 79-1699 (h)

Dr. Carola Beck, La Paz
Rosy Canedo, Cochabamba, Tel: (042) 90272

MotherCare/Bolivia

Calle Lisimaco Guterrez,
Pasaje No. 4,
(entre calle Sanchez Lima y Av. 20 de octubre) Sopocachi, La Paz
Tel: (591-2) 342509, 430949

Dr. Guillermo (Willy) Seoane, Director

OMNI/Bolivia

Calle Goitia No. 154, La Paz
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Licda. Andreina Soria, Resident Coordinator

Programa de Coordinación en Salud Integral (PROCOSI)

Ave. 20 de Octubre No. 2164
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Casilla Postal 9432, Sopocachi, La Paz
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Fax: (591-2) 314-188

Lic. Bertha Pooley, Director
Dr. Ignacio Careño, Child Survival Technical Advisor
Fernando Unzueto, Administrator

Project Concern International (PCI)

PCI Oficina Central: Calle Capitán Arzable No. 500
Casilla 2192, Cochabamba
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Fax: (042) 60503

Dr. Evaristo Maida T., Regional Director

PROSALUD

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Lic. Pilar Sebastián Abela, Co-Director
Lic. Martha E. Mérida S., Social Marketing Program Director

PSI

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E-mail: psibol@wara.bolnet.bo

Dr. Judith Timyan, Program Director
Phillipe LeMay, Representative - Santa Cruz



UNICEF

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Esq. Fuerza Naval

Calacoto, La Paz

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Fax: (591-2) 772101

E-mail: ssalter@unicef.bo

E-mail: myale@unicef.bo

Lic. Sharon Slater, Health Officer

Lic. Magaly de Yale, Nutrition Officer

Universidad Católica Boliviana (UCB)

Nursing Faculty "Elizabeth Seton"

Ave. Blanco Galindo Km 5, Cochabamba

Sister María Angeles Gonzalez, Director

Lic. Adela T. De Angulo, Professor

Lic. Marcela A. De Saavedra, Professor