

Bolivia – BASICS II Country Program

Located in the heart of the Andes, landlocked, and rugged, Bolivia remains one of the most impoverished countries in the hemisphere. For every 1,000 live births, 78 children die before age five, giving the country the highest child mortality rate in South America.¹ The country suffered strong social pressure during 2000 because of citizen dissatisfaction with the pace of democratic and economic development; loss of life and increased hardship for the poor resulted. The government is committed to confronting these difficulties, as evidenced by its Poverty Reduction Strategy Paper (PRSP). The government also recognizes the importance of efforts to decentralize services, giving more control and support to the populations they serve.

Child Survival Program

Overview

BASICS I began working in Bolivia in 1993 as a follow-on to activities under the PRITECH (Primary Technologies for Health) Project. In 1996, BASICS I conducted a child mortality study that found that caregivers of children who had died had been unable to recognize the symptoms of serious illness, and in most cases the children never reached a health facility. Those findings led government policy makers to support interventions at the community and household levels. The Project's role evolved from one of providing assistance to vertical programs (such as control of diarrheal disease and acute respiratory infections), to helping the country become the first in Latin America to implement the Integrated Management of Childhood Illness (IMCI) approach. BASICS II activities in Bolivia conclude in December 2002.

Technical Approach

The Project began collaborating with private voluntary organizations (PVOs) and non-governmental organizations (NGOs) to promote practices known to prevent childhood illness and to teach caregivers how to recognize when a child is ill, how to treat a sick child at home, and when and where to seek help.

BASICS II currently focuses on three areas of work in Bolivia: implementing IMCI at the community level, strengthening IMCI at the facility level, and implementing breastfeeding interventions at the facility level. The Project relies on its strong partnerships with other international, national, and local organizations, many of which have been partners since the Project's first phase in 1993. Interventions are carried out at the national level with the Ministry of Health (MOH) and PAHO (Pan-American Health Organization) and at the local level with PLAN International.

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Bolivia*.



As a result of the Project's success in Bolivia, field staff and consultants serve as resources for IMCI implementation throughout Latin America and across regions.

Interventions

IMCI at the Community Level

Expanding Integrated Management of Childhood Illness at the Community Level. BASICS II, the MOH, USAID, PAHO, PROCOSI (a network of NGOs-see Partners), and several PVO/NGO partners formed a national C-IMCI working group. This collaborative group plans to accelerate national expansion efforts, using a C-IMCI implementation framework developed by the group. BASICS II has been instrumental in developing training materials for child health workers and baseline, follow-up, and evaluation tools. The Project has also been key in developing proper indicators and generally facilitating relationships between the NGOs and the MOH.

BASICS II successfully advocated for the inclusion of child health in the National Basic Health Insurance (*Seguro Básico de Salud* or NBHI) program. Currently, IMCI is applied by all

BASICS II Intervention Area



Health Status Overview

Total population of Bolivia	8.3 million ^a
Under 5 mortality	77.9/1000 live births ^a
Infant Mortality (<1 year)	57/1000 ^a
Neonatal Mortality (<1 month)	33.8/1000 ^b
Low height for age <3 years (<2 SD)	18.9% ^b
DPT3 Coverage (among children 12–23 months)	89% ^c

a. PHNIP Country Health Statistical Report: Bolivia, March 2002 Reference Document.

b. Encuesta Nacional de Demografía y Salud, 1998.

c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

of the first level health facilities in the country. As an indication of the importance of this recognition, institutions working with IMCI/NBHI and IMCI at the community level now receive financial assistance from large donors. Additionally, BASICS II provided technical support to the MOH and PAHO for the development of neonatal IMCI to improve the under-five clinical IMCI program.

Key Partners

Ministry of Health: *key implementation partner at local and national levels*

- Leads the national IMCI Inter-agency Committee
- Unidad de Atención a las Personas, the Servicios Departamentales de Salud, and the health districts

International Organizations: *partners in the IMCI Inter-agency Committee*

- UNICEF
- PAHO
- World Bank: *TA for facility-based breastfeeding activity*

Private Voluntary Organizations, Non-governmental Organizations, and Bilateral Projects

- **PROCOSI:** PROCOSI organizations include: Asociación de Programas de Salud del Area Rural, CARE, Caritas International, Centro de Investigaciones y Estudios de la Salud, the Equitable Rural Economic Growth Project (CRECER), Catholic Relief Services, ESPERANZA, NUR Project, Pro Mujer, PROSALUD, Proyecto de Salud Rural Andino, SERVIR, Project Concern International
- **PLAN International:** *implementing C-IMCI*
- **Save the Children:** *partners with PROCOSI for C-IMCI*
- **Maternal and Neonatal Health Project (MNH) (USAID bilateral):** *implementation of maternal and neonatal health activities and for C-IMCI implementation*
- **PROSIN (Integrated Health Project):** *USAID bilateral partner*
- **COTALMA (Technical Breastfeeding Support Committee):** *TA in breastfeeding counseling*
- **LINKAGES Project (USAID):** *nutrition and breastfeeding expertise; educational material for C-IMCI*

Country Contact

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