Country Case Study No 1

Bolivia: How a Group of Technical Experts Became an Institution

Overview

Bolivia's COTALMA (Technical Committee to Support Breastfeeding) began as a loosely associated group of health professionals with a common interest in breastfeeding promotion. In less than a decade, the members of this NGO have developed a strong and well-respected organization with a training and resource center where more than 30 members are serving as technical experts.

COTALMA has helped to form 12 local breastfeeding committees throughout Bolivia that focus on education and training with an emphasis on community outreach. The group's Training and Resource Center (CCR) and five subnational "mini-centers" are now a technical support network for breastfeeding promotion at both the institutional and community levels throughout Bolivia and nearby countries.

The success of this membership organization and its training center demonstrates that a high-quality sustainable program can be established with minimal funding by developing the leadership and organizational capabilities of a committed group of professionals. Local empowerment through appropriate ongoing technical and administrative assistance is as crucial to sustainability as financial support.

Leadership Development

Critical Mass as a Starting Point In 1986, two pediatricians from La Paz entered Wellstart's Lactation Management Education (LME) Program. In 1989, after 14 more health professionals had attended the LME Program entry course, this group of Wellstart Associates formed COTALMA. Since then, one
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additional Wellstart Associate and a growing number of health professionals not affiliated with Wellstart have also become COTALMA members.

**Ongoing Capacity Building** Wellstart has provided co-faculty and technical support for training of trainers (TOT) courses, scientific and clinical updates, assistance with planning, and contributions in a variety of areas including program evaluation, community outreach, and institutional development. Wellstart faculty have made eight field visits to provide various types of technical assistance. In addition, various collaborative opportunities have provided further technical strengthening and experience for COTALMA members. For example:

- COTALMA members were asked to play a leadership role in the national breastfeeding assessment conducted by MotherCare/Manoff and COTALMA in 1991.
- In 1991-92, two Wellstart Associates returned to San Diego as Advanced Study Fellows and worked on a center proposal and plan for community outreach.
- In 1992, two senior Associates participated in the WHO/UNICEF/Wellstart sponsored Baby Friendly Hospital Initiative (BFHI) Master Trainer/Assessor Workshop.
- In 1996-97, COTALMA and the CCR participated in a joint Wellstart/Management Sciences for Health (MSH) Institutional Strengthening Initiative for four centers in three Latin American countries.
- Associates have been sponsored by Wellstart and others to participate in regional or international workshops/meetings (WABA Global Forum, International Pediatrics Congress, International Conference on Nutrition, subregional meeting on preservice curricula, etc) and to serve as technical experts on international consultancies.

**Building the Team**

**Membership of the Team** COTALMA members are highly motivated, skilled, and committed to sharing their technical expertise and experience throughout Bolivia and the region. They are multi-disciplinary (pediatricians, obstetricians, public health physicians, nurses, nutritionists, etc) and they represent a variety of institutions (clinical, teaching, programmatic, policy-oriented, governmental and nongovernmental, private and public sector, etc). The membership includes high-level and well-placed personnel whose connections with complementary networks also contribute to the strength of the organization. For example, the current Minister of Health is a COTALMA member.

**Strategies for Strengthening Group Cohesiveness** Each field-based follow-up visit has provided an impetus for all COTALMA members to come together for joint work on planning, technical updates, and sociopolitical interaction. In addition, the Wellstart Latin American Regional Congress held in Oaxaca, Mexico in
1992, provided a unique opportunity for COTALMA's founding members to work for the first time with key representatives of the MOH and PROCOSI (the Bolivian PVO umbrella organization) on national program and center planning.

Networking and Coordination  Much of COTALMA's success has been the result of the development of COTALMA's coordinating abilities, including the development of effective working relationships with key organizations and individuals at all levels, such as the MOH, UNICEF, PAHO, LLLI, PROCOSI, other NGOs, Social Security Institute, hospitals, schools, and professional societies. Over the years, COTALMA has found a technical niche within the complex array of NGOs, collaborating agencies, and funding organizations such as UNICEF and USAID. This has contributed to the perception of COTALMA as a credible technical resource for Bolivia and the region.

Strategic Funding and Institutionalization of the Team  Two types of funding have been provided for the COTALMA Center: operational (Wellstart and PL-480) and programmatic (PL-480, UNICEF, Ministry of Health, Social Security Institute, USAID-funded projects, etc.). With fairly limited, yet diversified, funding, COTALMA has managed to leverage and combine funding with volunteerism and in-kind contributions to maintain the Center's slow yet steady growth and development. COTALMA has had to strengthen its administrative structure and capabilities, but with perseverance and technical assistance from their own members, PROCOSI, and Wellstart, its reputation now with USAID, PL-480, PROCOSI, and the broader health care community in Bolivia is becoming stronger. COTALMA has recently become "accredited" to receive funding directly from PL-480 (rather than indirectly through another "accredited" body such as PROCOSI), an indication of its success as an independent, non-profit organization.

Summary of Results

Education and Training  COTALMA started by conducting a large amount of direct training in lactation management (by 1995, more than 50% of the health personnel from urban hospitals had received training). The more recent focus is on training of trainers and establishing subnational centers that function as a national network for training and technical assistance. Regional breastfeeding committees have been formed in 12 regions, and subnational centers have been formed in 5 key cities to provide echo training, follow-up, and supervision within their respective regions. The national COTALMA Center, established in 1993, provides ongoing education, training, technical support, follow-up, and supervision for the network. Training in program planning and evaluation, in addition to lactation management, is offered. Between 1993 and 1996, the COTALMA Center provided a total of 32 courses, reaching 1129 participants from 127 institutions. The Center also coordinated...
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The provision of 48 courses at its subnational centers in 1996, reaching 1630 participants from 10 institutions representing 7 regions.

Supervisory and follow-up visits are provided to approximately 20 hospitals each year in 12 regions. Out of 16 hospitals in 8 regions receiving follow-up supervisory visits in 1996, 13 had established breastfeeding committees and 11 had fully or partially implemented their work plans. Five of the hospitals had trained 100% of their personnel, 4 had trained 90-95% of their personnel, and 2 had trained 70-80% of their personnel. There was insufficient information about the remaining 5 hospitals. Though monitoring, evaluation, and supervision has been relatively weak, there is a growing awareness of its importance.

One of the most important outcomes, though difficult to measure, is the shift in the way that Wellstart and COTALMA are viewed. In 1992-93, when the COTALMA Center was just initiated, the MOH wanted to enter subnational teams into the LME Program in San Diego. Instead, Wellstart facilitated the use of the Center as an appropriate resource for training and follow-up. Currently, teams from all parts of Bolivia are interested in entering COTALMA's training program and becoming subnational centers in the same way that in 1992 these teams wanted to come to San Diego. Clearly COTALMA is now viewed as having the leadership, credibility, and desirability that previously was only reserved for Wellstart — while Wellstart is seen as being uniquely qualified to provide the necessary ongoing leadership development, technical assistance, and related support for COTALMA.

**Community Outreach** COTALMA has worked to incorporate community-based training and outreach into its activities and has provided national-level coordination of breastfeeding promotion efforts at the community level. For example, promotion, training, and assessment of Step 10 of the BFHI (fostering mothers' support groups) have led to better coordination between health facilities and community-based support networks. Groups of health promoters have been formed and mother volunteers have been organized in several communities. Increasing levels of training have been provided in rural and remote regions of Bolivia, and policy and research work has focused on improving breastfeeding promotion and training at the community level.

Current emphasis areas for COTALMA include integrated primary health care quality of care and expanded community participation with an emphasis on strengthening key rural hospitals and their surrounding communities. Now that the government will be providing free health services, institutional births will probably become more common and COTALMA's unique combination of health services and community experience will be even more useful.
COTALMA as a Technical Resource  COTALMA has been instrumental in the implementation of the Bolivian BFHI. At the request of UNICEF and the Bolivian government, COTALMA has provided training, assessment, and related technical support for the Initiative as a whole and for all 30 of the participating hospitals (11 of which have received designation, including the first Baby Friendly Hospital in all of Latin America and the first rural hospital designated).

COTALMA is regularly asked to review technical and IEC materials produced by NGOs, UNICEF, the Social Security Institute, and the government. The organization also provides technical support to its members (both individual and institutional) and their respective organizations.

A library of reference articles, textbooks, videos, and teaching slides are available at the Center for use by COTALMA members and others, and a set of teaching materials is also provided to each of COTALMA's participating institutional teams. The Center is used on a daily basis, with members and colleagues coming into the offices to use the information resources, ask for advice, or discuss strategies. Important meetings such as the National Breastfeeding Committee meetings are often held at the Center.

COTALMA has also been utilized as a training and technical resource for other countries in the Latin American and Caribbean region. For example, UNICEF supported COTALMA in holding a regional BFHI training and assessors course in 1993, and in 1994 COTALMA collaborated with Georgetown University on regional Lactational Amenorrhea Method (LAM) training. Also in 1993 and 1994, two courses were provided for health personnel from Paraguay to launch and reinforce BFHI in that country. Currently COTALMA is exploring mechanisms to increase its capacity to serve as a truly international training and technical support center through the Wellstart Affiliate Network Program.

Lessons Learned and Challenges for the Future

Institutional Development

- It is essential that a leadership team of dedicated, knowledgeable, and well-connected health professionals be organized and nurtured. The technical quality, credibility, and complementary contributions of such a group create a whole greater than the sum of its parts. Ongoing attention is required to maintain the sense of belonging to a viable team.
The process of building a team and developing capability and institutionalization takes time. The process must evolve from within the team itself and cannot be rushed. Though COTALMA has come a long way, further strengthening (both administrative and technical) will be required to help the team reach its full potential. Regular contact, social and otherwise, is also important for maintaining effective group interactions and momentum. Facilitation and mediation may be required to minimize the damage of divisiveness and turf battles.

It is important to start small and build from there. For example, the COTALMA Center chose to begin by doing what it knew best (providing relatively short training courses for health workers in La Paz), then moved to a TOT program with follow-up and supervision of the teams in areas outside of La Paz. Next, it expanded its offerings to provide more community-level training, as well as outreach to neighboring countries with a more comprehensive education and training program.

A growing organization needs to be open to new recruits who bring additional energy and enthusiasm, and yet maintain its quality and credibility. COTALMA is currently working to find the right balance between opening up its membership and keeping it limited to those meeting strict criteria. One idea it has for achieving this balance is through the governance structure, which provides “founding members” and those meeting strict criteria with greater influence. “Elitism” is actually a powerful motivator for improvement, although care must be taken to provide mechanisms for less qualified but committed members to contribute as well. Reaching agreement early on these and other basic values is critical to avoiding chronic conflict and confusion.

Education and Training

Training of trainers is a successful, cost-effective way to reach large numbers of key health workers in a relatively short period of time. COTALMA's network of hospitals, committees, and centers very effectively illustrates the power of the cascade effect. However, TOT courses alone are not sufficient. Ongoing supervision, documentation, and follow-up, as well as continuing education, help to ensure the quality of the network.

Preservice education reform is an essential component of any national program or center. It is imperative that preservice education now be added to the repertoire of COTALMA activities. Among the membership there are several key representatives of major universities or professional groups, whose influence over professional curricula should be cultivated. UNICEF and the team that participated in the subregional meeting in Paraguay on preservice curricula in 1993 should also be involved so that a national Mother-Baby Friendly University Initiative can be successfully launched.
Building on existing initiatives such as the BFHI is extremely valuable. COTALMA has certainly benefited from the work it has done with UNICEF and the MOH on training, assessing, and maintaining quality related to the BFHI. The resources and political will that enabled much of COTALMA’s work would not have been possible without the BFHI and COTALMA, in turn, has contributed greatly to the Initiative’s success.

The development and maintenance of a collection of technical and teaching materials is an essential resource for a training center requiring a great deal of time and financial support. Continued attention is necessary to update and maintain the quality of materials housed at the Center. Although materials should be readily accessible, a level of security is required so that the collection is not decimated over time.

Community Outreach

National training and resource centers can play an important role in the development and implementation of community-based initiatives. COTALMA has realized that it, and the institutions it serves, are actually part of the community. COTALMA’s connections and credibility enable the group to facilitate strategic planning involving key governmental and non-governmental organizations involved in MCH and nutrition at the community level. In addition to providing technical expertise, a credible, multidisciplinary organization such as COTALMA can also serve as a strong local resource for follow-through and ongoing coordination and communication.

Health professionals do not automatically have the experience and expertise required for effective community participation. Targeted membership recruitment, strategic alliances, and experiential learning through trial and error can help bridge the gap.

Funding and Financial Management

It is important to develop and implement practical funding strategies. Such strategies for COTALMA should include cost recovery activities such as market surveys, development of fee structures, proposal development, entry into key networks (such as the PROCOSI network of PVOs), accreditation as a USAID funding-eligible PVO, establishment of an overhead rates, etc. A focus on starting small and building on available funding opportunities, rather than trying to obtain full funding from a single source, will likely be more successful.

Growth in the area of financial management is essential, and not necessarily automatic. COTALMA has grown from a group of technical experts to an institution with increasing experience in the development of financial systems, policies, and procedures. Further growth in the areas of more advanced financial management, including strategic planning, monitoring, and the use of data for decision-making is needed.
Further Institutional Growth

- **The free standing, NGO-based training and technical support center model has advantages and drawbacks** For example, COTALMA is not directly impacted by the ups and downs of governmental changes. However, it must cover its own expenses and cannot rely on the support from a larger organization as a strategy for weathering fluctuations in the funding environment.

- **Volunteerism is an important part of the organizational development process, but care should be taken to identify all costs so they can eventually be covered** Though volunteerism has been a major part of COTALMA’s history, there is the need now to identify all costs and increasingly cover as many as possible. For example, identifying the cost of COTALMA members’ donated time as guest faculty will help avoid undervaluation and ensure that eventually such costs are covered by some other source(s).

- **As an organization grows, the structure, leadership styles, and approaches need to change** Leadership and decision making must evolve from personal to institutional. Appropriate checks and balances on power and influence should be incorporated into systems and structure. Periodic review and analysis of the growth and development of the leadership structure, bylaws, board, etc., is needed to ensure that they keep adequate pace with the changing organization and environment.

- **Documentation of impact and public relations are important elements of any development strategy** Technical reputation alone is not enough for an organization to be considered valuable and receive sufficient funding. Public and strategic sharing of approaches, lessons learned, and results must take place. Strategic alliances, memberships, collaborative relationships, etc., must be valued and actively cultivated if the organization is to grow and prosper.

- **COTALMA’s organizational structure and identity should be broader than any one project or funding mechanism** Even if there is no significant funding for the organization at large, it is important for COTALMA, its members, and its collaborators to differentiate between projects (the CCR) and the organization (COTALMA). Organizational funding (overhead, unrestricted fund balance, etc.) should be an ongoing goal.

*This case study was developed in coordination with Dr. Luis Montañó COTALMA Center Director and Dr. Carmen Casanovas former President of COTALMA*