Empowered women from rural areas of Bolivia promote community development

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Abstract: The United States Agency for Development in Bolivia (USAID/Bolivia) created a Health Project in September 2002, with the overall aim of improving the health of the Bolivian population to be implemented by PROSALUD, a Bolivian NGO who has been working in the health sector since 1986. The project is entitled Partners for Development (PfD), which comprises three components: small grants, technical assistance and database system management. Through the small grants scheme, the PfD supported a Community Participation Strategy (CPS) project over a three year period. The project involved the rural areas of six Bolivian departments and suburban areas of three Bolivian cities. The main objective was to increase health service utilization with a particular emphasis on empowerment of women, strengthening of local organizations and increasing the demand for health services. The total contribution to this project by USAID/PfD was US $ 280,000.

What is this initiative about?

The United States Agency for International Development in Bolivia (USAID/Bolivia) created a Health Project in September 2002, with the overall aim of improving the health of the Bolivian population to be implemented by PROSALUD, a Bolivian NGO who has been working in the health sector since 1986. The project is entitled Partners for Development (PfD), which comprises three components: small grants, technical assistance, and management of data base systems. The small grants component is designed to benefit the public sector, NGOs and grass-root community organizations through a competitive process.

In the beginning (2003), USAID/Bolivia through the Integral Health Project PROSIN, and since 2005 through the PfD via its small grants component, supported a Community Participation Strategy (CPS) project over a three year period (April 2003 – June 2006) in 35 municipalities as follows:

<table>
<thead>
<tr>
<th>Department</th>
<th>Rural Municipalities</th>
<th>Sub-urban</th>
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</thead>
<tbody>
<tr>
<td>Bení</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Chuquisaca</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>La Paz</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Pando</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Potosí</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Tarija</td>
<td>3</td>
<td>1</td>
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</tbody>
</table>

The project was led by a psychologist with expertise in working with communities and was implemented by 15 nurses. The project aims to increase health service utilization with a particular emphasis on empowerment of women, strengthening of local organizations and increasing the healthy practices and demand for health services. The total contribution to this project by USAID/PfD was US $ 280,000.

What is the approach used for?

The Community Participation Strategy has been implemented in the first stage through 73 community based educational sub-projects including basic project manager training to selected women, some office furniture and materials, basic kitchen tools for community based organizations and equipment for strengthening health services.

Each sub-project comprises two five-day workshops to train women health promoters as cascade trainers. Then, the health promoters replicate the knowledge in 19 sessions three hours each to the women in community workshops. The training is related to reproductive health and family planning in the following themes: contraception, pregnancy and delivery, sexual organs infections, women reproductive and sexual rights, self-esteem among others. Women from indigenous cultures, like Aymara, Quechua and others were involved in this process.

As an output, 219 women from community based organizations have been trained in basic project management; another 1080 women have been trained as health promoters, which in cascade replicated what have learned to about 30,000 women of the communities who have received training in reproductive health and family planning (RH/FP).

In relation of the educative materials, the ones developed by the NGO “Manuela Ramos” (Lima, Perú) served as the tools of intervention for this project; these were adapted to the local setting and validated.

In the second stage, as three new sub-projects, the Community Participation Strategy trained the women health promoters, in different but related themes as a continuation of first stage, including leadership, negotiation, small projects management, advocacy and community participation.

As another result, six active networks of women health promoters have been established as well as committees of sexual and reproductive rights defenders; these networks and committees gained insight into community needs, negotiated community requests with respective municipalities’ governments and developed conjoint action plans for quality of health services improvement.

Success story: The women health promoters’ network of sub-urban area in Bermejo, Tarija (38,000 people municipality) negotiated with the local Municipal Government in November 2005, the young people orientation center implementation, which is giving today orientation in RH/FP in coordination with local health services. In average, every month around 80 young people seek the services of the orientation cen-

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ter. In addition, women health promoters offer orientation in contraception and sexual/reproductive rights to the post delivery women at local hospital services.

After the project ended, the promoters of the CPS are also raising funds from different donors for the implementation of new local development project, which result in local capacity building.

How are we doing this?

This project employs participatory methodologies for the empowerment of women in decision making and builds their capacity in the entire project process: from problem analysis and identification to the design and implementation of local solutions. Specific areas of focus include: situational analysis, communities’ selection for intervention, self diagnosis, project proposal elaboration, management and evaluation. This enables an understanding of the whole process of community project management and its instruments.

What are we learning?

Implementation of the project has enabled an understanding of community health promotion in a specific setting. The experience shows that it is important to work with formally established community based organizations and strengthen leadership within them. The results of such an intervention are directly proportional to the capacity of the promoters; however, better results can be gained if promoters speak and write native languages, when motivation amongst women is higher, when sub-projects are designed to be responsive to day to day necessities identified by communities, when health services are culturally suitable and with the participation of grass-root community organizations, particularly women have better skills negotiating with local authorities.

How do we know we are making the difference?

A quantitative, qualitative and cost related study to evaluate the effectiveness and empowerment of CPS was conducted in 2005. Results of the qualitative component of the study showed an increase in ante natal care, PAP screening and family planning methods provision, and decrease in the gap between the health services and communities, having in mind sexual and reproductive rights for women. Results also showed that the local authorities were more likely to provide financial support to implement the process. In addition, a visible change was observed in knowledge, attitude and practice of couples with respect to negotiating for and exercising human/reproductive rights.

The quantitative component of the evaluation yielded the following results:

- Effectiveness average of 37%\(^{\text{iii}}\) with the following variables: 73.5% of the woman showed willingness to use RH services, 11% women accepted and used family planning methods (FP), 11.8% assisted antenatal care and delivery services, 27.6% reported gender equity relationships with their couples, and 55.8% reported gender and family relations without violence.
- Empowerment average of 31.4% with the following variables: 50.9% realized healthy practices, 39% had knowledge about prevention of intra-family violence, 27.6% referred to improving communication with their couples; in addition, the demand for RH services have increased by 9.7% in relation to the previous year (2004).
- The average training cost in this project per woman was US $ 24.

Implications for broader application

The two phases of the CPS strategy include training (including the selection of project intervention areas), advocacy and local activities and consolidation; the latter also includes strategies to establish financial sustainability. Consolidation of the RH/FP component of the program also provides an opportunity to integrate other elements such as environmental interventions. The methodology has shown modest success in Bolivia and can be adapted to other settings, with careful attention to specific characteristics of each country, such as, cultural and working practices, health services accessibility, and the regulatory environment.

Notes

1. The Aymara are a native ethnic group in the Andes and Altiplano regions of South America; about 2.3 million live in Bolivia, Peru, Northern Chile, and Northeastern Argentina (in particular in Salta Province). They lived in the region for many centuries before becoming a subject people of the Inca, and later of the Spanish in the 16th century. (Wikipedia, free internet encyclopedia).
2. Quechua (Runa Simi; Kichwa in Ecuador) is a Native American language of South America. It was the language of the Inca Empire, and is today spoken in various dialects by some 10 million people (Quechua) throughout South America, including Peru, South-western Bolivia, southern Colombia and Ecuador, north-western Argentina and northern Chile. It is the most widely spoken of all the languages of the Indigenous peoples of the Americas. (Wikipedia, free internet encyclopedia).
3. By means of Net Aggregation Method: % Effectiveness = ((% measured in ex post evaluation - % base line) / (100 - % base line))\(^{100}\).