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PROGRESS REPORTS ON APPROVED PROJECTS

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PROJECT BOLIVIA 2801 (Exp.1)

Primary health assistance to areas affected by Chagas' disease

Total food cost	9 124 500 dollars
Total cost to WFP	13 584 852 dollars
Date approved by CFA	27 May 1991
Date plan of operations signed	1 April 1992
Date notification of readiness accepted	30 June 1992
Date of first distribution	1 September 1993
Duration of WFP assistance	Five years
Duration of project as at 30 November 1995	Two years and three months

All monetary values are expressed in United States dollars, unless otherwise stated. One United States dollar equalled 4.86 bolivianos in November 1995.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for consideration to the Executive Board.

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

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PURPOSE OF THE PROJECT AND OF WFP ASSISTANCE

1. The project aims to:
 - a) contribute to better sanitation and the prevention and control of Chagas' disease through the improvement of housing combined with community education;
 - b) increase the availability of potable water and sanitation facilities to the beneficiary communities;
 - c) encourage regular attendance of expectant and nursing mothers and malnourished children under three years of age at the health institutions and community primary health centres so that they benefit from the provision of integrated health services, including prenatal care, immunization, basic medical care and oral rehydration therapy. Instruction given at the centres will improve women's awareness of good health practices; and
 - d) contribute to the reduction of iodine deficiency and the prevalence of goiter in the project areas.

IMPLEMENTATION

2. The project covers 25 provinces out of a total of 63, in which Chagas' disease is endemic. These are distributed in six of the nine Departments of the national territory.
3. The project operates at two levels, a central normative level, and a regional operational one. At the central level, it has a National Director and an Administrative Assistant. The Epidemiology Director - with the technical staff - is responsible for the norms for the National Programme for the Control of Chagas' Disease. At the regional level, under the Departmental Directorates of Health, there are seven individuals in charge and seven administrators, one of each per region. Sixty-five technical personnel were assigned to the seven regions where the project operates.
4. The Directors of the Mother and Child Component and the Food and Nutrition Policy Unit (UPAN) of the Ministry of Health, with their respective technical personnel, are responsible for the mother and child component, which was implemented gradually. The main objective of the National Health Secretariat, through the "Plan Vida", is the accelerated reduction of mother and child morbidity and mortality. For this reason, the project's incorporation within the new health model has maximum priority. To accomplish this transformation, the Health Directorate is relying on two basic foundations: the Law of Popular Participation and the Law of Administrative Decentralization.
5. Community participation plays a key role in achieving the project's objectives. This is evident through the following actions:



- a) the selection of two leaders from each community, one of whom is a woman. The gender focus was initiated in November 1995 by training regional leaders and technicians.
 - b) The family participates actively, depending on the nature of the activities performed and the component. In the case of housing improvement, the majority of participants are male. Women contribute with other important activities such as cleaning and minor home repairs, mixing mud to line the walls, and cooking food for the family.
 - c) Expectant mothers participate in training activities and in providing support to the development of prevention programmes. Their participation is decisive in preventing the major causes of morbidity and mortality.
6. All project components are strengthened through training, mainly of community leaders, which allows the community to participate actively in project execution. Project sustainability is ensured, through the transfer of skills and techniques.

FOOD MANAGEMENT

7. WFP's supply performance from outside Bolivia has been slow. Annex I shows the commodities supplied, including local purchases. Of these, 9,711 tons were received from abroad and 11,699 purchased locally. WFP monetized 6,143.7 tons of wheat, generating 1,087,450 dollars, to which it added 1,053,245 dollars transferred from the first phase of project Bolivia 2801. These funds were used for:
- a) the purchase of 10,000 litres of Deltametrine, an insecticide used to control the vector (a blood-sucking beetle species, the "vinchuca");
 - b) local food purchases;
 - c) a contribution to the Chagas' Disease Control Unit (UNGECH);
 - d) monitoring and evaluation. As at 30 November 1995, there was a balance of 280,500 dollars.
8. WFP ships commodities to the extended delivery points. The Regional Health Secretariats, community leaders and those responsible at the community health centres are in charge of food distribution. Food deliveries have suffered numerous interruptions, caused by delays in deliveries, inadequate keeping of food records, untimely submission of food movement reports and insufficient counterpart funds. Starting January 1997, the logistic responsibility of food deliveries will rest with the Prefectures, as set forth by the Administrative Decentralization Law; these will be assisted by a structure for food storage and distribution set up by WFP and the Government.



GOVERNMENT'S CONTRIBUTION

9. In general, the Government's contribution of counterpart funds has been behind schedule. Until December 1994, the Bolivian Government disbursed a total of 119,593 dollars which were used to cover operating costs. A sum of 153,628 dollars should be added to this figure; it represents payments to professional staff (both administrative and technical), consisting of eight part-time professional staff, eight administrators, 55 technicians, seven regional staff in charge of the mother and child component and 25 auxiliary nurses.
10. For the year 1995, the Government approved a budget of 400,000 dollars from the AID and IDB assistance, which is managed by the External Financing and Monetization Directorate, earmarked to cover operating costs; 260,000 dollars were earmarked for the purchase of insecticide. Contributions from the Regional Development Corporations of Chuquisaca, Potosí and Santa Cruz totalled 400,000 dollars. In April 1996 the Secretary-General of Health and Minister of Human Development reiterated in writing the Government's support for the future years of the project.

EXTERNAL ASSISTANCE

11. The Dutch Cooperation Agency contributed 270,000 dollars for the purchase of materials for the construction of water systems, which enabled the construction of 13 such systems. PAHO/WHO contributed 30,000 dollars to finance consultancy and training activities. The Canadian Commercial Corporation (CCC) assumed a commitment with WFP in the amount of 171,274.40 dollars to provide water pumps, accessories and spare parts for the year 1996, these will be used to construct the water systems. The NGOs participating in Chagas' Disease Control contributed resources for project operations, consisting in inputs and funding for the central office. Different NGOs participate in each region.

ASSESSMENT

12. After two years and three months of execution, the project has achieved 79 percent of established prorated targets with respect to housing improvement and 77 percent in community education. The results achieved under the mother and child and basic sanitation components were lower than the prorated targets because of several factors which affected negatively the overall performance, such as:
 - a) in March 1994, the Chagas Management Unit responsible for project implementation, was reorganized, and its staff was reduced from a national project director, one epidemiologist, two programmers, one appropriate technologies consultant, one administrative assistant and three technical supervisors to one acting project director and one administrative assistant. By order of the National Health Secretariat, the project was transferred within the Ministry to the National Directorate of Epidemiology, Disease Management and Control.



- b) This situation of scarcity of personnel persisted until February 1995, when a project director and an administrative assistant were appointed. However, there was no budget allocation for the payment of their salaries, a situation which persisted to mid-1996. The Government has now allocated sufficient funds, available from July 1996.
 - c) The building materials required for the construction of latrines, which should have been provided by the Regional Development Corporations, Municipalities and the NGOs, were not made available except in the case of the Regional Development Corporation of Chuquisaca. This is being corrected through agreements signed with the municipalities and the Social Investment Fund (SIF).
13. Based on agreements signed with UNICEF, it was possible to impart training to 25 technicians and 600 community leaders for the implementation of the National Programme for the Control of Chagas' Disease in northern Potosí. The national project director and the representative of the Regional Chuquisaca Office attended a training course in project management conducted in Arequipa, Peru.

CONCLUSIONS AND RECOMMENDATIONS

14. Baseline surveys carried out before project activities began were useful in determining project impact. In 1993 and 1995, 75 percent of 48,000 houses in the project area were found to be infested with the vector and 100 percent of the 800 communities sampled in the project areas were infested. In the key component of housing sanitation and improvement, studies showed that one year after spraying the dwellings with the insecticide PIRETROID, infestation indexes decreased from the initial 75 to 100 percent to under one percent. Structural rehabilitation of the dwellings assisted the sustainability of the spraying effect. A full exercise of sampling in the same communities where spraying was done will be carried out from December 1996.
15. Government professionals were able to overcome various limitations to the achievement of project goals, including under-staffing and limited personnel.
16. Training activities carried out with food rations were a key success factor in mobilizing community participation.
17. Handbooks with norms and procedures prepared by the project's professional staff provided a solid technical basis for project implementation.
18. The infrastructure activities in housing and sanitation had a positive effect beyond the limitation of the Chagas vector.
19. Baseline surveys were conducted in 1995 on the mother and child health component. It is recommended that these areas be surveyed again to determine progress in the pilot centres of Cochabamba, Santa Cruz and Tupiza.
20. The project should be continued during the WFP Country Programme cycle 1997 – 2001, provided that improved logistics and government funding are available, together



with proper coordination of all the donor agencies involved.



ANNEX I

UTILIZATION OF FOOD INCLUDING LOCAL PURCHASES (to 30 November 1995)
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Product	Total Commitment	Supplied	Loans to other projects	Utilized	Losses	Balance
				(tons)		
Wheat ¹	18 400	6 238	-	6 238	-	0
Wheat Flour ¹	11 550	2 281	52.8	2 201	27.2	0
Canned Meat ¹	1 680	774	97	575	1.5	100.5
Vegetal oil ¹	1 180	418	41.4	375	1.6	0
Rice ²	5 921	1 499	4.5	1 477.1	3.9	13.5
Maize ²	3 290	1 219	-	1 180.8	1.7	36.5
Api ² (Corn meal)	686	160	12.5	80.3	-	67.2
Sugar ²	185	9	-	1.4	-	7.6
Salt ²	474	133	-	103	0.1	29.9
Corn-soya blend ^{2,3}	1 143	304	-	179.4	3.2	121.4

¹ Shipped by WFP.

² Local purchase.

³ Substitutes quinoa.



ANNEX II

CUMULATIVE ACHIEVEMENT IN RELATION TO PROPOSED PRO-R

INDICATORS	DECEMBER, 1994			DECEN	
	Pro-rated Target	Actual	Percentage Achieved	Pro-rated Target	Ac
Houses improved	43 705	23 002	53	54 565	
Training (person-days)	298	234	78	357	
Assistance to pregnant women (persons assisted)	10 788	4 250	39	13 136	
Assistance to children below five (children assisted)	1 619	763	47	1 972	
Water Systems (Units)	35	6	17	42	
Latrines (Units)	30 282	1 720	6	38 436	

