MCHIP Country Brief: Bolivia

Selected Health and Demographic Data for Bolivia	
Maternal mortality ratio (deaths/100,000 live births)	180
Neonatal mortality rate (deaths/1,000 live births)	27
Under-five mortality (deaths/1,000 live births)	63
Infant mortality rate (deaths/1,000 live births)	50
Modern contraceptive prevalence rate	95.4
Total fertility rate	3.5
Skilled birth attendant coverage	71.1%
Antenatal care, 4+ visits	72.1%

Sources: World Bank; Bolivia 2008 Demographic and Health Survey; WHO; UNICEF.
*UNICEF <5 mortality ranking (1 = highest mortality rate).

Health Areas:

- Maternal Health
- Newborn Health
- Family Planning

Program Dates	October 1, 2009–May 2, 2013				
Total Mission Funding	Redacted				
Geographic Coverage	No. (%) of provinces	22%	No. of districts	21	No. of facilities	120
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INTRODUCTION

The MCHIP program in Bolivia began in 2009 with the goal of supporting the efforts of the national government to improve maternal and newborn health (MNH) and reproductive health (RH) services. MCHIP implemented a strategy developed to strengthen the capacity and competency of health care providers at various levels of care and enable them to apply evidence-based practices through clinical updates, training, and the institutionalization of evidence-based standards and best practices, thus contributing to significant reductions in maternal, newborn, and childhood mortality.

MCHIP focused on propelling Bolivia toward the accomplishment of Millennium Development Goals (MDGs) 4 and 5—to reduce child mortality by two-thirds and the maternal mortality (MM) ratio by three-quarters and to ensure universal access to RH services. To meet these goals, MCHIP worked to improve access to high-quality health care services, cultivate supervisory skills among health care administrators, and train health care providers on evidence-based clinical practices in MNH, including essential obstetric and newborn care (EONC) and emergency obstetric and newborn care (EmONC), family planning (FP), and postabortion care (PAC). The staff of the MCHIP Bolivia program collaborated with health network workers in target areas to improve the performance of and quality of RH and MNH services through the implementation and institutionalization of a quality improvement (QI) process that incorporated Jhpiego's Standards-Based Management and Recognition (SBM-R) approach.

In the last several decades, Bolivia has shown significant progress toward the achievement of MDGs 4 and 5; however, the most recent National Demographic and Health Survey (2008) and MDG Progress Report (2010) both indicated that Bolivia was far from reaching the MDG goals before the 2015 deadline.

In many Bolivian communities, maternal, perinatal, and neonatal fatalities occur so frequently that they have been accepted as natural, expected occurrences. Bolivia has the highest MM ratio in the region. Between 1994 and 2003, it was significantly reduced, from 390 to 229 maternal deaths per 100,000 live births. However, despite significant advances, Bolivia is still far from the MDG of reducing MM to 102 fatalities per 100,000 live births by 2015. Hemorrhage, infections during pregnancy, complications from abortion, hypertension, and prolonged labor cause 65% of MM; the other 34% is correlated with domestic violence, accidents, homicide, and suicide. Most maternal deaths (53%) occur at home in the highlands (*altiplano*) and are associated with rural settings, a high prevalence of anemia, and high vulnerability among the indigenous population. In addition, 37% of maternal deaths occur at health centers (INE, 2000) and are related to delays in accessing care and poor care. It is estimated that the use of skilled birth attendants could prevent seven of every 10 maternal deaths.

Bolivia has developed three strategies to reduce MM and neonatal mortality rates; they are aimed at increasing demand for and improving the quality of clinical care. First, *Seguro Universal Materno Infantil* (Universal Maternal-Infant Insurance, SUMI, est. 2003) provides free prenatal and postnatal care for women and free care for children under the age of five. Second, *Salud Familiar Comunitara Intercultural* (Intercultural Family Health Grassroots Outreach, SAFCI, est. 2006) represents a model for universal access to health care for families and the communities through holistic, intercultural services that emphasize prevention and health promotion. And finally, the more recent *Plan Estrategico Nacional para Mejorar la Saluc Materna, Perinatal y Neonatal* (National Strategic Plan to Improve Maternal, Perinatal and Neonatal Health, est. 2009–2015) aims to strengthen emergency obstetric and newborn care (EmONC) in Bolivia by applying evidence-based practices to improve maternal and newborn care.

KEY ACHIEVEMENTS

MCHIP supported programming in maternal, newborn, and child health, immunization, family planning, nutrition, malaria and HIV/AIDS, and encourages opportunities for integration of programs and services when feasible. In Bolivia, MCHIP worked to propel the achievement of MDGs 4 and 5. MCHIP focused on improving access to high-quality services and training health care providers on evidence-based clinical practices in MNH.

The MCHIP program in Bolivia addressed MNH needs in 19 health networks across five of nine departments: Santa Cruz, Beni, Tarija, Chuquisaca, and the most populous department, La Paz. Health Departments (SEDES) in these target locations were provided with financial support and technical assistance to initiate the QI process. During the period, MCHIP participated in two critically important USAID/Bolivia programs—*ENLACE en Salud* (Health Link) and *FORTALESSA*. These programs supported the national government, SEDES, and health centers in improving the health of women of reproductive age, pregnant women and newborns, and to reinforce the capacity of the health care system by transforming health networks into functional, responsive institutions.

Under *ENLACE en Salud*, MCHIP helped incorporate the SBM-R methodology into the "Implementation Guide for Functionally Integrated Maternal and Neonatal Health Networks," a written guide commissioned by the Bolivian government and USAID. In addition, MCHIP introduced the QI process in 71 health facilities, and with the support of Jhpiego's consultants and training materials, initiated the certification of 19 MNH master clinical trainers, who could replicate trainings for health network staff. MCHIP helped update and strengthen the supervisory skills of managers in the SEDES, health networks, and health care facilities to support this process. During the FORTALESSA program, MCHIP continued to introduce and implement the QI process to support the strengthening of health services in Chuquisaca and La Paz.

ENLACE EN SALUD
Objective 1: In collaboration with partners, separate the "Implementation Guide for Functionally Integrated Maternal and Neonatal Health Networks" into the components of MNH, FP, and PAC, applying the Guide in targeted health networks and departments
Objective 2: Improve the capacity and competencies of health care providers at various levels of care to apply evidence-based practices in maternal health (MH), FP, and PAC
Objective 3: Support the process of review and dissemination of national policies and norms in MH, FP, and PAC
Objective 4: Improve the availability and quality of MNH services with improved practices and services

FORTALESSA
Objective 1: Improve the availability and quality of MH, FP/RH, and PAC services in health facilities in the targeted high-need regions within the integrated health networks
Objective 2: Strengthen the capacity and competency of health care providers at various level of care to apply evidence-based practices in MH, FP, and PAC in the targeted high-need regions within the networks
Objective 3: Strengthen Skills Development Centers (*Centros de Desarollo de Capacidades,* or CDCs) in MH and FP/RH in hospitals in the targeted high-need regions within the departments

It was expected that, at this stage, a clinical training team would be formed to support the development of a National Training Center, expected to propel clinician training and the uptake of evidence-based best practices over the long term. However, USAID's departure from Bolivia at the request of the current government resulted in the sudden termination of MCHIP activities. The unforeseen and abrupt departure of MCHIP and USAID from Bolivia has terminated the flow of financial support and technical assistance to developing programs at a critical time, meaning that many programs will not have the ability to continue with capacity building and QI.

During the MCHIP program in Bolivia, MCHIP staff participated in several national campaigns to improve the health of women of reproductive age, pregnant women, and newborns. MCHIP played a key role in *ENLACE en Salud*, the Safe Motherhood and Birth Technical Working Group, and *FORTALESSA*. MCHIP also supported the review and dissemination of policies on MH, FP, and care for hemorrhage during the first half of pregnancy.

ENLACE en Salud was created to advance the utilization of the "Implementation Guide for Functionally Integrated Maternal and Neonatal Health Networks"; improve the capacity and competency of health care providers; disseminate national policies around maternal health (MH), FP, and PAC; and improve the availability and quality of MNH services.

During the first period of *ENLACE,* MCHIP collaborated on the design of the "Implementation Guide for Functionally Integrated Maternal and Neonatal Health Networks," based on national health policies, which included QI methodology and content from the SBM-R model; throughout the program, MCHIP trained 452 providers on SBM-R. MCHIP also trained 545 providers at 66 facilities in EONC and EmONC and 190 providers in FP best practices. MCHIP provided certification to 19 medical professionals as master trainers, who in turn replicated trainings for 977 participants.

MCHIP's objectives under *FORTALESSA* were to improve the availability and quality of MH, FP/RH, and PAC services; strengthen the capacity and competency of health care providers; and strengthen *Centros de Desarollo de Capacidades* (Skills Development Centers, or CDCs). Through *FORTALESSA,* MCHIP worked in 535 health facilities at three levels of care across 57 unique municipalities. In addition, MCHIP helped initiate a Training of Trainers program, which vastly increases the program's sustainability.

MCHIP participated in the Safe Motherhood and Birth Technical Working Group, which aimed to promote public health policies that reduce maternal, newborn, and child mortality through the provision of continuous care. MCHIP also collaborated on the development of national treatment standards for severe pre-eclampsia and eclampsia.

WAY FORWARD

From 2009-2013, MCHIP's goal was to sustainably improve access to high quality services and strengthen the capacity and competency of health care providers. During those four years MCHIP increased the capacity of more than 1,000 health care providers in MH, FP, and PAC, initiated and supported quality improvement processes in over 150 health facilities, and created a cadre of more than 100 qualified clinical MH trainers. Despite the sudden and unplanned end to the program in Bolivia, MCHIP is confident that its accomplishments remain, leaving behind an effective quality improvement approach and a skilled human resource base that the Bolivian government can build on to continue the work of improving the health of its people.

At the end of USAID's tenure in Bolivia, MCHIP worked closely with the Mission to develop a legacy report documenting USAID's history in Bolivia from 1961 to 2013. The report describes the accomplishments of its 50-year investment and commitment to the sustainable development of Bolivia. Although USAID closed its doors in Bolivia in 2013, there is hope for a renewed partnership in the future.