



*misión alianza*

**MISIÓN ALIANZA DE NORUEGA  
EN BOLIVIA**

**HIV/AIDS PROJECT**

**FINAL REPORT  
EXTERNAL EVALUATION**

**La Paz, Bolivia**

**15 June 2009**

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## ABBREVIATIONS

AIDS – Acquired Immunodeficiency Syndrome  
AOP – Annual Operational Plan  
CDVIR – Departmental Centre for Surveillance, Information and Referral (*Centro Departamental de Vigilancia, Información y Referencia*)  
CI – Confidence Interval  
CIES – Centre for Research, Education and Services in Sexual and Reproductive Health (*Centro de Investigación, Educación y Servicios en Salud Sexual y Reproductiva*)  
CNPV – National Population and Housing Census (*Censo Nacional de Población y Vivienda*)  
CRA – Out-patient Referral Centre (*Centro de Referencia Ambulatoria*)  
CRVIR – Regional Centre for Surveillance, Information and Referral (*Centro Regional de Vigilancia, Información y Referencia*)  
DILOS – Local Health Direction (*Directorio Local de Salud*)  
ENDSA 2003 – National Demography and Health Survey (*Encuesta Nacional de Demografía y Salud*), 2003  
EU – Educational Unit  
GLT – Gays, Lesbians and Transvestites  
HIV – Human Immunodeficiency Virus  
ID – Institute for Development  
IEC – Information, Education and Communication  
INE – National Statistics Bureau (*Instituto Nacional de Estadísticas*)  
MAN-B – Misión Alianza de Noruega en Bolivia  
MEA – Maximum Executive Authority  
MHG – Mutual Help Group  
MSD – Bolivian Ministry of Health and Sports (*Ministerio de Salud y Deportes*)  
MSM – Men having Sex with Men  
NGO – Non Governmental Organisation  
OR – Odds Ratio  
PAN – Plan Alto Norte  
PES – Strategic Health Plan (*Plan Estratégico de Salud*)  
PLWHA – Person Living with HIV/AIDS  
SEDES – Departmental Health Service (*Servicio Departamental de Salud*)  
SERES – Regional Health Service (*Servicio Regional de Salud*)  
SRH – Sexual and Reproductive Health  
SSG – Self Support Group  
STI – Sexually Transmitted Infection  
UNAIDS – United Nations Joint Programme on HIV/AIDS  
UNESCO – United Nations Educational, Scientific and Cultural Organisation

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## EXECUTIVE SUMMARY

From 1 May to 15 June 2009, an evaluation team made up of national professionals and one international professional conducted the evaluation of the STIs-HIV/AIDS Project developed by Misión Alianza de Noruega in the city of El Alto, Bolivia.

The evaluation covered years 2005 to 2008. The evaluation was based on 1,180 surveys among students, 819 (69.4%) of whom from Educational Units covered in the intervention and 361 (30.6%) from Educational Units from outside the intervention, as a control group. On the other hand, there were focal groups and interviews with students, principals of the Educational Units, teachers, healthcare personnel and PLWHAs, aimed at identifying their perception of the Project. A revision was made of the diversity of instructive/educational materials produced and distributed in the population. Moreover, the administrative and financial performance was analysed and assessed.

The evaluation of the different project components yielded the following results:

- *Institutional Strengthening of the Departmental STIs-HIV/AIDS Programme of SEDES La Paz.*- In the context of this component, visits were paid to the CDVIR of La Paz and the CRVIR of El Alto, interviews were conducted with health personnel, the produced materials for dissemination were revised and a visit was paid to the new CRVIR building being built in El Alto. The perception gathered from the interviews is that although there are other institutions working on this topic, there is not one that works systematically in the Educational Units, which other programmes consider to be a complementary activity. On the other hand, the education and information materials produced in conjunction with the project are important to reach the population in general, besides benefiting the health workers.

The future office of the CRVIR El Alto has not yet been concluded, although the Project has disbursed its complete financial contribution. Though the construction works have not been suspended, progress is slow.

- *Strengthening of organisations of Persons Living With HIV/AIDS (PLWHAs) and of Support Networks.*- As regards this component, the evaluation work consisted of a meeting with three members of the organisation “Una Luz en el Camino” (A Light on the Road) and a meeting with five participants of the Handicrafts Workshop. The perception of both groups is that the project has strengthened the groups of PLWHAs, through development of the workshops, confraternity meetings, participation in radio programmes and the production of information for the PLWHAs. Still, they mention that there continue to be weaknesses, which is why it is necessary to work on the empowerment of these groups with the Departmental Programme. On the other hand, they consider that implementation of the nutritional service and construction of the new CRVIR building in El Alto contribute to an improvement of integrated PLWHA care.

- *Information, Education and Communication (IEC) in STIs-HIV/AIDS.*- According to the student surveys, statistically significant and very important differences were found between the two groups; in other words, the students from the Educational Units that were part of the intervention have more knowledge of STIs-HIV/AIDS and the prevention thereof. As regards the indicators proposed for measuring the impact of the intervention, the following results were found: “70% of the population is informed on HIV/AIDS” – the result found is 96.8%; “30% of the sexually active population uses condoms” – the result found was 72.2%. The only indicator not accomplished was “80% of the 35,000 trained students know 3 ways of infection with HIV/AIDS” - with an actual achievement of 32%. Maybe this last indicator was overestimated. A fact worth underlining is that 45.1% of the students from the Educational Units covered by the project know three ways of transmission, as opposed to 20% ( $p=0.00$ ) in the control group. On the other hand, these students say they more often display an attitude of solidarity with PLWHAs (96.3% versus 79.7%, value of  $p=0.00$ ).

The students’ perception of the Project is positive, because thanks to the information they were given on STIs-HIV/AIDS, they learned about prevention and about taking care of their body. They mention that the information must be detailed and broad, including also issues like drugs and alcoholism.

As regards the teachers and principals, in the meeting they said that the Project is effective as it informs youth of STIs-HIV/AIDS, though they think parents should be involved as well. In this sense, it would be necessary to produce the information in the native language. They also think the project should reach out to other districts.

The administrative-financial analysis shows that quantitative compliance of the activities in the different components is highly satisfactory, except for construction of the CRVIR in El Alto. The annual per capita cost by component is considered adequate (around USD 8.00 for PLWHAs and USD 11.00 for the IEC Projects in EUs, including 50% of all operational expenses) and the cost-benefit ratio is highly remarkable, considering the cost for AIDS treatment. However, Project sustainability is still weak in the years covered by the evaluation.

The indicators proposed for measuring the impact of the intervention are favourable and the results of the interviews show that the teachers, principals, health workers and PLWHAs are deeply satisfied with the Project and have great expectations as regards continuity and extension of the intervention area. The outputs reported as accomplished have been fully confirmed by the team of consultants and so we can conclude that Project implementation was characterised by a high degree of seriousness and transparency.

In view of its findings, the evaluation team recommends continuing with the Project and turning each component into a project with broader action lines. As regards the IEC component, the teacher training activities and the informative talks for students should be widened to other districts. This means that more teachers should be trained, more instructive/educational materials should be developed for dissemination, and part of the material should be written in the native language so as to reach the parents. Within this

point, we recommend insisting on the application of Law 3729, dated 8 August 2007, which provides for the inclusion of STIs-HIV/AIDS in school curricula.

As regards the strengthening and support for PLWHAs, we recommend coordinating the work for empowerment of the PLWHAs with the Departmental Programme, fomenting the identification, care and support for PLWHAs in hospital and in jail. On the other hand, with a view to income generation for the PLWHAs, business projects with an income-generating perspective should be proposed and developed, considering the PLWHAs' work as a matching contribution. As in the groups of PLWHAs, there is a need for the children exposed to HIV (children of mothers with HIV) to consume milk until they are two years old, strategic alliances could be entered into with institutions that can supply this input. An alternative source could be the productive projects involving PLWHAs, part of the income of which could be used to buy milk.

In the component for institutional strengthening of the Departmental STIs-HIV/AIDS Programme of SEDES La Paz, follow-up is required for concluding construction of the CRVIR in El Alto. Local authorities should sign a commitment in which they undertake to use the building solely for the ends agreed upon. Activities could be coordinated with the Programme regarding the development of strategies to improve epidemiological HIV/AIDS surveillance.

The evaluation team considers that Project success is chiefly the result of the accumulated experience, devotion, seriousness and transparency of the implementing team, under the leadership, the humanitarian vision and the solidarity of its tireless and dedicated coordinator, besides the support and assistance from the central office administration. In this regard, the work of MAN-B in El Alto stands out as an oasis in the desert, a point of light in the darkness. There is no doubt whatsoever as regards the positive impact of the Project in this community. The project should continue and be expanded.

# 1. INTRODUCTION

HIV continues to be an infection impacting and affecting thousands of persons throughout the world.

The most recent statistics on the global HIV/AIDS epidemic were published by UNAIDS/WHO in July 2008, and covered data as at the end of 2007.

The number of persons living with HIV has increased from approximately 8 million in 1990 to almost 33 million at the moment, and it is increasing further. Around 67% of the persons living with HIV live in Sub-Saharan Africa. Africa has 11.6 million orphans as a result of AIDS.

More than 25 million persons have died of AIDS since 1981.

**Table Nº 1**  
**Cases of HIV/AIDS at the end of 2007 according to UNAIDS estimates**

	<b>Estimate</b>	<b>Range</b>
Persons living with HIV/AIDS	33.0 million	30.3-36.1 million
Adults living with HIV/AIDS	30.8 million	28.2-34.0 million
Women living with HIV/AIDS	15.5 million	14.2-16.9 million
Children living with HIV/AIDS	2.0 million	1.9-2.3 million
Persons recently infected	2.7 million	2.2-3.2 million
Children recently infected	0.37 million	0.33-0.41 million
Deaths due to AIDS in 2007	2.0 million	1.8-2.3 million
Child deaths due to AIDS in 2007	0.27 million	0.25-0.29 million

Source: UNAIDS, Report on the global AIDS epidemic, 2008

At the end of 2007, women accounted for 50% of all adults living with HIV in the entire world and 59% in Sub-Saharan Africa.

Young people (under 25) account for half of all recent HIV infections in the world.

In developing countries and countries in transition, 9.7 million persons have an immediate need for AIDS medication so as to save their lives; of them, only 2.99 million (31%) are receiving this medication.

**Table Nº 2**  
**Estimated Prevalence of HIV/AIDS and AIDS deaths in 2007**

Country	Persons living with HIV/AIDS		AIDS deaths in 2007
	All persons	Adults (15-49) in %	
Argentina	120,000	0.6	5,400
Belize	3,600	2.1	<200
<b>Bolivia</b>	<b>8,100</b>	<b>0.2</b>	<b>&lt;500</b>
Brazil	730,000	0.6	15,000
Chile	31,000	0.3	<1,000
Colombia	170,000	0.6	9,800
Costa Rica	9,700	0.4	<200
Ecuador	26,000	0.3	1,200
El Salvador	35,000	0.8	1,700
Guatemala	59,000	0.8	3,900
Guyana	13,000	2.5	<1,000
Honduras	28,000	0.7	1,800
México	200,000	0.3	11,000
Nicaragua	7,700	0.2	<500
Panama	20,000	1.0	<1,000
Paraguay	21,000	0.6	<1,000
Peru	76,000	0.5	3,300
Surinam	6,800	2.4	-
Uruguay	10,000	0.6	<500
Venezuela	-	-	-
<b>Total</b>	<b>1,700,000</b>	<b>0.5</b>	<b>63,000</b>

Source: UNAIDS, Report on the global AIDS epidemic, 2008

Estimates are that by the end of 2007, in Latin America 1,700,000 persons lived with HIV/AIDS. Of this total number, 140,000 were infected in 2007. In that same year, estimates are that 63,000 persons died of AIDS.

### **Ways of transmission**

In most South American countries, intravenous drug use and sex among men are the most important ways of HIV transmission. From there, the virus is transmitted to other sexual partners. In Central America, drug use is less important and most infections seem to be through sexual transmission (both heterosexual and among men).

Unsafe sex among men having sex with men (MSM) is common in the whole region. A study covering ten countries in Central America has revealed a HIV prevalence of between 9% and 18% among these men. Studies in the Andean region have further underscored this problem. In Bogotá, Colombia, the rate of prevalence among MSM is 18%; a second survey found that very few MSM in this city regularly use condoms. In Lima, Peru, one tenth of the men said they had sex with other men; of these men, 9 out of every 10 said they also had sex with women. The prevalence of HIV among MSM in Lima was measured to be 22%. In Bolivia, the study on HIV prevalence among MSM is in its last phase.

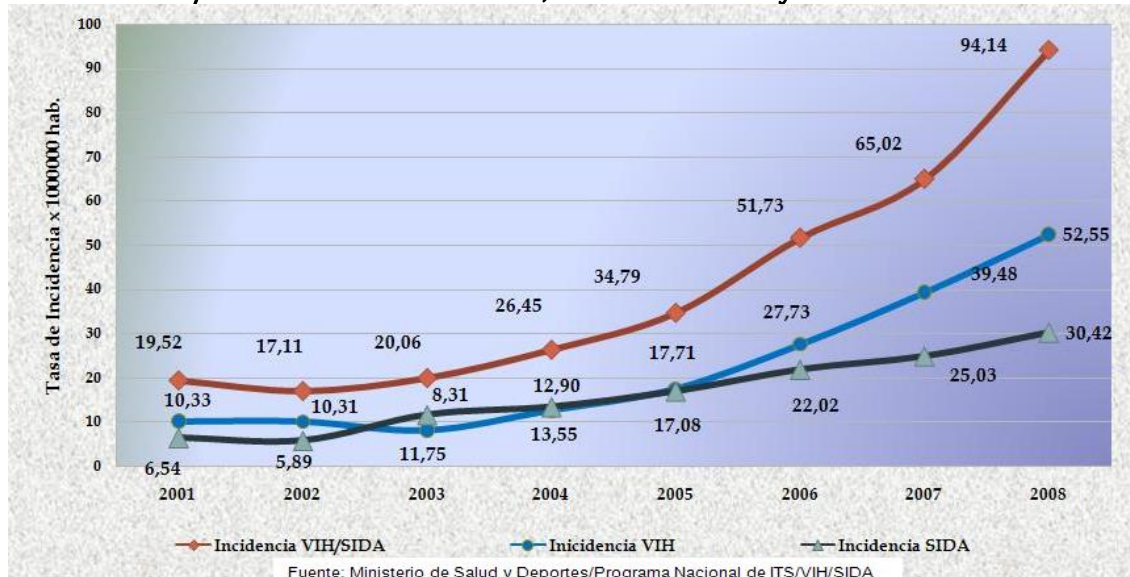
The propagation of HIV as a result of sharing devices to inject drugs is growingly alarming in various countries, most notably in Argentina, Brazil, Chile, Paraguay, Uruguay and the north of Mexico. In 2002, estimates were that intravenous drug use accounted for 40% of the new infections in Argentina and 28% in Uruguay. A survey conducted in 2003 found a national prevalence of 9.5% among intravenous drug users in Uruguay.

#### **The current HIV/AIDS situation in Bolivia**

According to data of the Ministry of Health and Sports, between 1984 and September 2008, 3,588 persons living with HIV/AIDS were notified in Bolivia, i.e. 2,424 with HIV and 1,164 with AIDS. However, UNAIDS estimates that 8,100 persons are affected in the country as at the end of 2007.

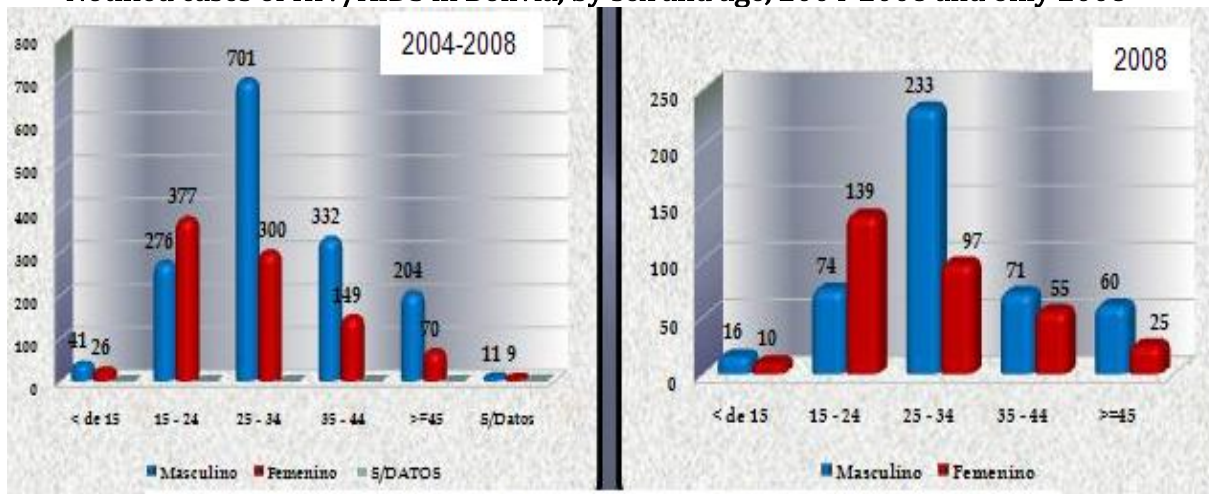
The graphs below show the annual incidence of HIV/AIDS in Bolivia; as well as the notified cases by age group and sex and the sexual orientation of the notified cases. It is worth underlining that in the age group of 15-24 years old, the number of cases among women is 25% higher than among men in years 1984-2008. In 2008, the ratio men/women was 1/6. Two thirds of all cases are heterosexuals.

**Graph N° 1**  
**HIV/AIDS incidence in Bolivia, cases notified in years 2001-2008**



Source: Ministry of Health and Sports/National STIs-HIV/AIDS Programme

**Graph N° 2**  
**Notified cases of HIV/AIDS in Bolivia, by sex and age, 2004-2008 and only 2008**

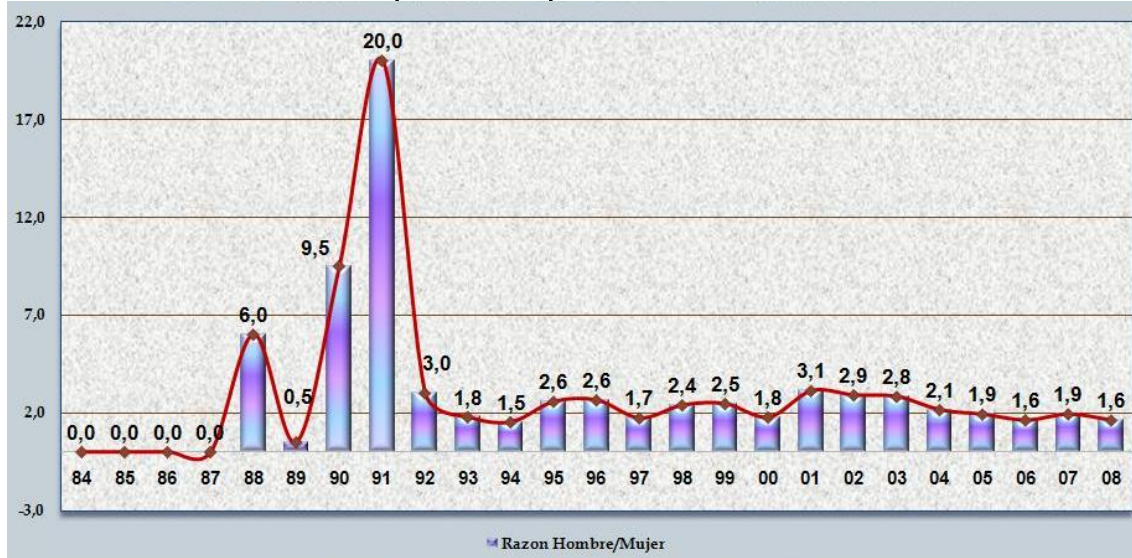


Fuente: Ministerio de Salud y Deportes/Programa Nacional de ITS/VIH/SIDA

Source: Ministry of Health and Sports/National STIs-HIV/AIDS Programme



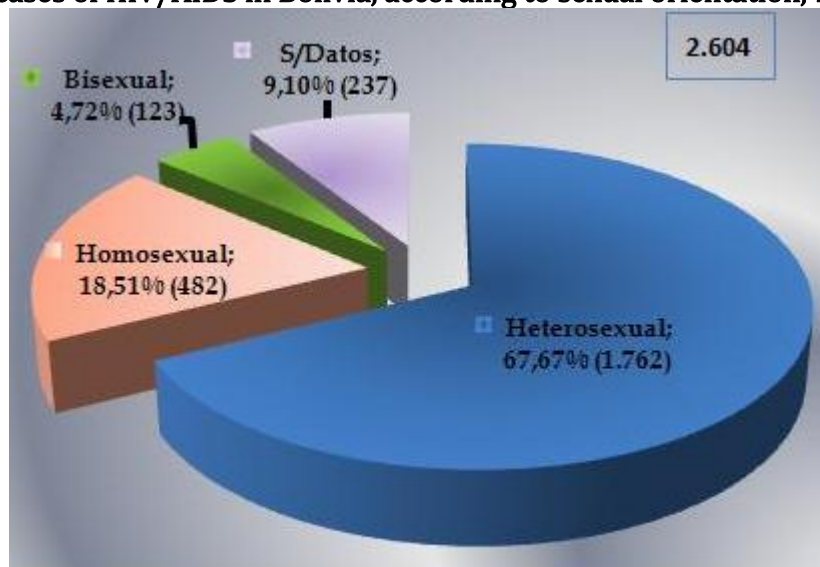
**Graph N° 3**  
**Notified cases of HIV/AIDS, men/women ratio in Bolivia, 1984-2008**



Fuente: Ministerio de Salud y Deportes/Programa Nacional de ITS/VIH/SIDA

Source: Ministry of Health and Sports/National STIs-HIV/AIDS Programme

**Graph N° 4**  
**Notified cases of HIV/AIDS in Bolivia, according to sexual orientation, 1984-2008**



Fuente: Ministerio de Salud y Deportes/  
 Programa Nacional de ITS/VIH/SIDA

Source: Ministry of Health and Sports/National STIs-HIV/AIDS Programme

## City of El Alto

El Alto is the fourth municipal section of the province of Murillo in the department of La Paz, which was created by Law on 6 March 1985. Geographically speaking, it is located next to the city of La Paz, the administrative capital city of Bolivia.

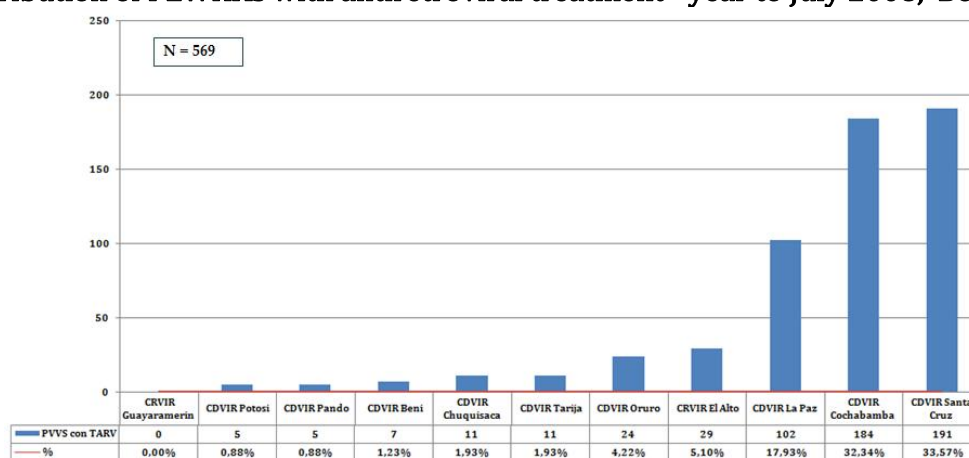
In 2008, according to estimates of the National Statistics Bureau (INE), the city of El Alto had 896,772 inhabitants.

According to the Population and Housing Census of 2001, El Alto displayed a population growth of 9.5 percent per year, which was qualified as a “demographic explosion”, with 93 percent of the inhabitants having Unsatisfied Basic Needs (UBN). At that time, 9.6% of the population of El Alto lived “on the poverty threshold”, another 48% in “moderate poverty”, 16.7% in “indigence” and another 0.5% were “marginal” citizens.

The city of El Alto has 562 neighbourhood councils or “neighbourhood units/grassroots neighbourhoods”. These councils or units are grouped in nine Municipal Districts.

According to verbal information provided by a health professional of the CRVIR, by June 2009, 105 PLWHAs were registered in the service and 52 are receiving antiretroviral treatment. Considering the number of persons with treatment and according to data of the MSD, El Alto ranks fourth in the country, as is shown in Graph Nº 5 below.

**Graph Nº 5**  
**Distribution of PLWHAs with antiretroviral treatment - year to July 2008, Bolivia**



Fuente: Ministerio de Salud y Deportes/Programa Nacional de ITS/VIH/SIDA

Source: Ministry of Health and Sports/National STIs-HIV/AIDS Programme

## 2. PROJECT RATIONALE

Figure Nº 1  
EU students who participated in the survey 2009



The HIV/AIDS Project of Misión Alianza de Noruega en Bolivia has the following three components:

1. Institutional Strengthening of the Departmental STIs-HIV/AIDS Programme of SEDES La Paz;
2. Strengthening of organisations of PLWHAs and of support networks;
3. Provide Information, Education and Communication (IEC) in STIs-HIV/AIDS, with an emphasis on adolescents from the North Zone of the city of El Alto, but also the population in general of El Alto and La Paz.

### **Institutional Strengthening of the STIs-HIV/AIDS Programme of SEDES La Paz**

Even though the efforts of the Ministry of Health and Sports for developing the STIs-HIV/AIDS Programme are remarkable for putting a halt to the HIV/AIDS epidemic, particularly in developing countries like Bolivia, a series of investments is required, not only of the government but also of Non Governmental Organisations and civil society as a whole.

Aware of this need, the Project of Misión Alianza de Noruega en Bolivia has contributed to and has occupied an important place in the Regional Departmental STIs-HIV/AIDS Programme regarding direct care for patients, fomenting the improvement of the services offering STIs-HIV/AIDS care (CDVIR and CRVIR) and offering different types of prevention. In this sense, it has supported the Municipal Government of El Alto for building the Regional Centre for Surveillance, Information and Referral in cases of STIs-HIV/AIDS. It is a modern and spacious three-floor building, which will have a laboratory, consulting rooms, a day hospital and even an auditorium for conferences, meetings and training courses.

**Figure N° 2**  
**Construction of the CRVIR headquarters in El Alto, June 2009**



Some other actions taken are: the purchase of furniture and equipment for the CRVIR auditorium in El Alto; the purchase of equipment for the nutritional service of the CDVIR La Paz; the purchase of equipment for the services; the promotion of training courses for professionals in health and education; the preparation and production of information/education manuals and materials; dissemination in the media on ways of transmission; measures for the prevention of STIs-HIV/AIDS; the fight against discrimination of PLWHAs targeting the population in general.

### **Strengthening of organisations of PLWHAs and of support networks**

Even though considerable progress has been made as regards the human rights of the persons living with HIV/AIDS, these persons are still evidently discriminated, which leads to social exclusion. The PLWHAs are extremely vulnerable from a social point of view. The impoverishment of these persons is the result of their limited opportunities on the employment market, especially in developing countries like Bolivia.

Once again aware of this need, the Project of Misión Alianza de Noruega en Bolivia has occupied a growing space and has contributed, within the framework of solidarity and a constructive approach, to strengthening the PLWHAs in their fight against discrimination, by promoting the following actions in the organisations: training in specific topics, meetings on holidays (mother's day, the day of the child, Christmas); the production of information materials and activities for disseminating information, such as radio programmes, the promotion of handicraft workshops for fomenting moments of coexistence, mutual help and maybe to contribute to these persons' financial survival.

**Figure N° 3**  
**Handicraft workshops, the works of the PLWHAs, CDVIR La Paz, June 2009**



### **IEC in STIs—HIV/AIDS**

From the perspective of public health, early sexual activity of youngsters may have many negative consequences, among which an increased parity, unwanted pregnancies and STIs-HIV/AIDS. And especially adolescent pregnancies are associated to the risk of serious complications. In Bolivia, for example, 35% of the causes of morbidity in adolescents are related to perinatal complications.

There are also economic and educational effects, with early motherhood/fatherhood giving rise to fewer employment and income-generation options and school drop-out. In Bolivia, between 7% and 15% of the adolescents leave school because of a pregnancy or because they married very young.

Despite the progress made in strategies focusing sexual and reproductive health, many young people start their sexual relations with limited information, scarce and limited knowledge or no access to services. An example of this is that although most adolescents in Bolivia have references on modern contraception, there is a significant gap between the levels of knowledge and the actual use of contraception. According to data of the ENDSA 2003, 94% of the adolescents in Bolivia of 15 to 19 years old say they know or they have heard about traditional or modern methods, but only 15.3% uses them.

In some communities, there are no secondary schools and so there is a significant rate of student migration to nearby towns. At the same time, the recent mass migration flows of mothers and fathers to countries like Spain, Italy and Argentina has given rise to a lack of attention and control of the children and adolescents. On the other hand,

there is a remarkable proliferation of bars, clubs and discos, combined with the concentration of young people on their own, from different cities or municipalities. All these factors lead to risk behaviours, especially when drinking alcohol. Some of the risks are related to early sexual relations, promiscuity etc.

In adolescence, a period of transition from childhood to adult age, there is a process of physical, cognitive, emotional, moral, social and economic development. It is a time when youth tends to be independent, self-sufficient and exposed to risks. Therefore, this is when youngsters require more information. Moreover, they need to develop key capacities to control their own sexual life, based on self care (for example: safe sex if they decide to have sexual intercourse). Finally, the adolescents need access to SRH services that are appropriate for young persons, aimed at having a healthy, safe and enjoyable sexual and reproductive life.

UNESCO considers that exercising one's right to information, the freedom of expression, as well as the free access to information from infancy and youth are essential tools for young people to participate in the construction of democratic societies. According to the UNAIDS report 2008, the data of surveys conducted in 64 countries show that 40% of the men and 38% of the women of 15-24 years old have a precise and exhaustive knowledge of HIV and on how to avoid transmission. Even though this is an improvement, particularly among the women, compared to the knowledge levels in 2005 — when 37% of the men and 28% of the women had basic knowledge of HIV —, the levels of knowledge in 2007 continue to be much lower than the global target of ensuring that 95% of the young people have comprehensive information on HIV by 2010.

Specifically in the city of El Alto, according to the Youth Survey in Bolivia 2003, 44% and 36%, respectively, of the young persons started their sexual life at the age of 13 to 24 years old. Of these youngsters in El Alto, 40% were 17 years old or younger when they had their first sexual relation and 4% indicated that their first sexual relation was through rape. In this group, 7.4% of the women said their first sexual intercourse was forced.

Besides, it is important to take into account that the young people in precarious economic situations do not have access to quality information. Often, they are influenced by poorly designed TV and radio programmes in which sexuality is treated deficiently as regards the knowledge of these young people who are therefore more vulnerable to Sexually Transmitted Infections and HIV/AIDS.

It is necessary to make investments in these young people, prior to the start of their sexual activities, informing them on the ways in which STIs-HIV/AIDS are transmitted and can be prevented.

Therefore, the work developed in the educational units of the city of El Alto has an important social function and contributes fundamentally to the prevention of STIs-HIV/AIDS, considering the mentioned demographic and socioeconomic aspects.

### 3. PROJECT BACKGROUND

The IEC in HIV/AIDS Project is set within the framework of the Plan Alto Norte (PAN), in which MAN-B considers three basic programmes: 1) Human Development, 2) Economic Development and Environmental Management, and 3) Spiritual Development. In the Human Development programme, education is part of the school health component, with training in STIs-HIV/AIDS for the student population of schools in the district of La Paz and El Alto. The project finds its origins in the demands of social organisations and administrative committees linked to the Educational Units (EUs) that were mentioned during implementation of the PAN. Besides the active participation of SEDES La Paz and SERES El Alto, through the Departmental Programme and the Municipal District of El Alto, these activities are consistent with the Strategic Plan for the Prevention and Control of STIs-HIV/AIDS of the Ministry of Health and Sports (MSD).

In the second half of year 2001, at the initiative of the pastoral office of MAN-B, project drafting started after a study in some EUs in which the students mentioned their wish to learn more about STIs, particularly HIV/AIDS.

With this background and the situation regarding HIV/AIDS in Bolivia, especially in the cities of La Paz and El Alto, where most people are young and have little access to information aimed at prevention, an agreement was reached on preparing this project, with the objective of taking information on STIs-HIV/AIDS to secondary school students from the EUs in Alto Norte.

The process starts in 2002, as a Community-based Project that depends on the Institute for Development (ID) in terms of technical assistance and personnel. Two half-time employees are assigned to the Project in the ID office. The more or less needed logistics and budget were approved for year 2002. And the pilot project covered six EUs in El Alto.

Later, another budget is approved to extend the project for two years (2003-2004), covering 42 EUs (the 6 EUs of the initial project and 36 new ones in the extended phase). This phase was monitored by two half-time employees: one from the ID (a missionary) and another one under a temporary labour contract (a doctor), both of whom worked from the ID, according to the ID technician's time availability.

In 2004, another technician (teacher) is hired as a supervisor of the facilitators, in view of the missionary leaving in May. Later, the team is complemented with an assistant (graduate student from Social Work Studies) and a missionary-doctor supports the different project activities as well.

In 2005, an evaluation was made of years 2002-2004. The evaluation team considered that the project and project continuity were extremely important. However, a series of recommendations was made, such as: the drafting of a manual with norms, routines, functions and procedures for all project levels; strengthening the project implementation team; expanding the project to students of 10-12 years old; including health at the local level; enhanced participation of the mothers and fathers in the project; and finding partners in the community; structuring a training model and widening the topics covered, including sexual violence, adolescent pregnancy and drug abuse, taking into account the continuing education model.

Many of the recommendations of the evaluation made in 2005 were incorporated in the years that are the object of this evaluation, among which the hiring of a new facilitator, the expanded coverage with educational/information material, the dissemination of information etc.



## **4. OVERVIEW OF THE PROJECT FROM 2002 UNTIL 2008**

The project “HIV/AIDS El Alto Town” was developed from 2002 until 2004 in public Educational Units, covering nearly one third of the secondary school population. The project considered training and information activities and the implementation of means to consolidate the Strategic Health Plan (PES) of the MSD, besides activities to strengthen the regular secondary school study plan of the Ministry of Education.

In this context, the project objective was to implement the knowledge, attitudes and practices of the student population in STIs-HIV/AIDS and to contribute to an improvement of the health situation in the Municipality of El Alto. The Project intends to reactivate the participation of students, teachers, parents and groups of young persons by implementing a training model in the healthcare services, consolidating a shared management structure regarding prevention and strengthening the local healthcare system.

The Project is organised in two action lines: project management, which refers to the organisation of a Technical Steering Team, made up of representatives of the public health sector and of MAN-B; and the training system, which consists of three subsystems: the structuring of work teams by levels, operation of the teams by level, and the logistics regarding the assigned and available materials and instruments. Within this framework, at the beginning the project was led by the Institute for Development.

In years 2002-2004, the project was implemented in the municipal section of El Alto. The target population was the students from 42 public secondary schools, teachers, parents, churches and other voluntary organisations.

### **Annual reports of the Project officers**

#### **Description year 2005**

In year 2005, the operational project activities suffered irregularities due to political difficulties; however, as regards IEC for students, the activities were fully implemented and concluded with ratification of the agreement with the District Education Direction of El Alto Norte, which enabled the participation of teachers from the 20 covered Educational Units. The project trained 40 facilitators and 9 principals to consolidate their knowledge.

The work with PLWHAs was through the organisation Más Vida, with which a two-year agreement was signed. This participatory organisation still exists and it received support with activities for strengthening. Six events were organised on planning and

four on project administration. Simultaneously, support was given with the printing of manuals for mutual help groups (MHGs) and self support groups (SSGs).

The work with the healthcare sector is based on an agreement signed with the Departmental STIs-HIV/AIDS Programme La Paz. Under this agreement, the programme equipment was strengthened with a data show, a computer and drug carrying equipment. This means that now the PLWHAs receive information through the Programme and that they manage their medication more adequately.

The novelty in this year is participation of the DILOS, with which an agreement is signed on infrastructure and implementation of the laboratory, aimed at improving the epidemiological surveillance of STIs and enhancing patient care.

Consequently, despite the political and social problems, progress was made in the strategy for involving local organisations in the process.

### **Description year 2006**

In 2006, the operational project activities were acceptable, with the context permitting the homogeneous development of specific activities for accomplishing the results.

The IEC process on HIV/AIDS in the educational units was carried out, with conscious participation of the different sectors that are part of the training sector, e.g. technicians from the healthcare sector, school teachers and mainly all the students. The training was favoured by a climate of socio-political calm, which benefited the results. It was possible to consolidate the training structure, made up of the health and education sectors, there were opportunities to share experiences and lessons learned within the framework of solidarity and medium-level authorities effectively participated in the different subsystems. There were two training seminars/workshops on STIs-HIV/AIDS, in which 40 teachers from 20 educational units participated, who in turn teach 6,480 students per year; there were two health fairs on STIs-HIV/AIDS in which 38 educational units, 490 students and 58 teachers-facilitators participated.

The project worked with PLWHAs and the Departmental STIs-HIV/AIDS Programme, which meant it was necessary to adjust the work strategy. With respect for their organisations, the PLWHAs and their leaders were further empowered by means of training events organised by technicians of the STIs-HIV/AIDS Programme and the Nutrition Faculty. Together with the project partners, educational materials were developed for attracting new PLWHAs, as well as for the users of the CDVIR La Paz and the CRVIR El Alto. Also the following materials were developed: Adherence manuals for PLWHAs on HIV treatment, and manuals on Biosecurity for healthcare personnel, aimed at providing better care to PLWHAs and other Programme users. Likewise, there were confraternity events with the PLWHAs, aimed at psychological

empowerment and at strengthening their attitudes. One outstanding activity was the meeting at Lake Titicaca, where the PLWHAs met with other PLWHAs and their families, which strengthened their participation and attitudes.

As regards construction of the Laboratory (in fact, the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS or CRVIR, often referred to in the reports as the Laboratory), after a long and bureaucratic procedure in coordination with the Senior Human Development Officer of the Municipality of El Alto and with constant support from the CRVIR as an organised social front, finally the works were approved. At the moment, the centre is being built, with participation of the health sector and the municipality, which offers good perspectives in terms of sustainability. At the same time, the technical team of the CRVIR El Alto was strengthened for providing training. Besides, the project trained project facilitators (teachers) and other population segments. With regard to the dissemination of information on HIV/AIDS to the public, the project supported the preparation of printed materials, which were later disseminated through the network linked to the STIs-HIV/AIDS Programme. There were also joint efforts to develop the matrices for radio jingles and TV spots with information on and for the prevention of HIV/AIDS, which were disseminated through the mass media, radio and TV stations.

#### **Description year 2007**

The IEC process focusing on STIs-HIV/AIDS in the EUs has empowered men and women students with general knowledge so as to foment the prevention of HIV/AIDS and weave social networks based on events and periodic meetings of student leaders from different educational units. Likewise, the students have knowledge of human rights, adopting a positive attitude towards PLWHAs. There were two training seminars/workshops on STIs-HIV/AIDS in which 40 teachers from 20 educational units participated, and who in turn trained 4,034 students with follow-up and 1,566 students without follow-up, i.e. a total number of 5,600 students in the year. There were three preliminary fairs with 36 panels and 360 students, and one final health fair with 11 panels and 110 students, all on STIs-HIV/AIDS. As part of the result, there was supervision in 70% of the EUs, with observation of the methodology applied by the teachers-facilitators, management of the information instruments and distribution of the information material among the students (trptychs and information sheets). These educational units were benefited with testimonials of a PLWHA, which has encouraged the students and made them think. In the health fairs, this was translated in their signs of solidarity with the PLWHAs.

The PLWHAs are organised in three groups, which are project partners, and in general they are being empowered and they belong to a national network, in which they exchange experiences and lessons learned, aimed at improving their situation in terms of human rights. They were able to have a ministerial resolution raised to a law, namely **Law No. 3729 dated 08 August 2007, on HIV/AIDS prevention, the protection of the human rights and multidisciplinary integrated assistance for PLWHAs**. The project has continued to strengthen the PLWHAs and their leaders through training events

targeting leaders and grassroots members, encouraging implementation of the mentioned Law. Besides, there were handicraft workshops, the first one on soft macramé (cloth dolls) and cotillion, with 10 participants, and the second one on pearls, in which 16 PLWHAs participated. The two workshops concluded with an exhibition fair open to the public. Likewise, there have been confraternity events, mainly for psychological empowerment. The most important event was on 21 September, when people also met new members. In this event, 21 PLWHAs participated. Another major event was the lunch meeting on 21 December, with 25 PLWHAs which was aimed at celebrating Christmas with 60 children of PLWHAs.

As regards the work with the Departmental STIs-HIV/AIDS Programme and the Municipal Government of El Alto, construction of the infrastructure for the CRVIR centre for STIs-HIV/AIDS continues. This facility will be equipped with a laboratory and an auditorium, as the principal services. In coordination with the Prefecture – through the Departmental Health Services – personnel have been assigned for operation and sustainability of the service.

As regards the dissemination of information on HIV/AIDS to the public, information continues to be disseminated through TV spots and radio jingles that are prepared together with health workers as well as testimonials of PLWHAs. The idea is to improve the epidemiological surveillance based on rapid tests. Besides, triptychs and information materials have been prepared and printed for the CDVIR La Paz, which would later also be delivered to the CRVIR El Alto.

### **Description year 2008**

The dissemination of information to the public on STIs-HIV/AIDS through different means continues adequately, with an increase in the number of consultations and of new cases. For informing the population, every year together with technicians of the STIs programme, the instruments with information on HIV/AIDS are renewed. Besides, five radio jingles and two micro programmes are broadcasted on five radio stations. And five TV spots are broadcasted on two TV channels (all in the last quarter). In order to measure compliance of these broadcasts, a media control company was hired to provide monthly broadcasting reports, showing results of 99%. An agreement was signed with the beneficiary of the Global HIV/AIDS Fund - IBIS/HIVOS -, in which it undertakes to provide the Project with annual reports on the percentage of the population reached by the information.

Another indicator regarding development of the goal is that the health system of El Alto refers all cases of HIV/AIDS to the CRVIR. There is a good increase of consultations on HIV/AIDS in the CDVIR and the CRVIR. In this sense, the health system of El Alto has 40 services offering different levels of attention, 16 of which have a laboratory where rapid tests can be performed. All health services provide information and refer positive cases for confirmation to the CRVIR. This will be even more consistent when the CRVIR infrastructure starts functioning.

The activities for PLWHAs cover the members of all organisations working with the Departmental STIs-HIV/AIDS Programme. For achieving the goals, tasks were coordinated with the STIs-HIV/AIDS Programme as these groups grow periodically and continuously, with rather active and renewing leaders. At the moment, there are four groups of PLWHAs that give support to and guide new PLWHAs, two of which in El Alto and two in La Paz. The groups are part of a national network. They constantly pursue solidarity, human rights, and they also participate in regulation of the HIV/AIDS Law, which is progressing. In all these activities, the Project gives indirect and unconditional support. At the request of the organisation of PLWHAs called “Más Vida” from La Paz, 2,000 triptychs were printed, the content of which focuses on HIV/AIDS prevention linked to vertical transmission.

## 5. THE EXTERNAL EVALUATION OF 2009

### 5.1. Justification of the evaluation

In recent years, there has been growing concern for the evaluation of public interventions; on the one hand, this is because of the need to verify the results obtained in relation to the scope of the planned objectives and applied resources and, on the other hand, and even at the risk of committing mistakes, with relation to legitimacy of actions of the public branches, which is related to giving a satisfactory answer to social demands.

The final objective of the evaluation is not only a simple control, but the collection of best practices in terms of methodologies used in the evaluations and apply them so as to optimise effectiveness, rationality and dynamism in use of the available resources and existing means for community-based policies in support of socioeconomic development.

Hence, the evaluation should not focus exclusively on a posteriori opinion to respond to demands of donor organisations or society in general, but it should be a habitually used tool that is indispensable for formulating and implementing actions.

Therefore, the evaluation should not be limited exclusively to the granting of more transparency and legitimacy of the public administration or to increasing control of the scarce public resources. The principal challenge facing public entities is related to the need for information that is useful to assign resources to programmes and beneficiaries and that is useful to make an assessment of their administration on the basis of quantitative and qualitative data. That is to say that they should have information systems, not only related to financial data, that are helpful to visualise and analyse the performed activities, development of the programmes, obstacles and interrelations between different policies or support initiatives and impacts.

All this aimed at facilitating internal management of the operations and enabling the assessment and planning of resource allocation, rationalising the public administration.

The consulting team used all phases of the Logical Framework as its basis - Identification, Formulation, Execution and Evaluation - so as to ensure achievement of the results of this evaluation.

This evaluation considers the three Project components:

1. Institutional strengthening of the Departmental/Regional STIs-HIV/AIDS Programme;
2. Strengthening of organisations of PLWHAs and of support networks;

3. Information, education and communication (IEC) in HIV/AIDS, with an emphasis on adolescents from Educational Units in the North region of El Alto but also the general population of El Alto and La Paz.

## **5.2. Objectives of the evaluation**

The objectives of the evaluation were to verify Project development in years 2005-2008 and compliance of the proposed goals through achievement of the indicators defined in the Operational Plan.

Therefore, the performed activities and actions were verified, and the impact of the IEC component among the students of the covered EUs was measured. Moreover, the perception of the persons involved in or benefited by the Project was verified.

The evaluation consisted of an analytical phase, with the purpose of measuring the adolescents' knowledge on STIs-HIV/AIDS on the basis of questionnaires; a descriptive phase on verification of the work process; a description of the interviews, based on which a qualitative evaluation was made of the impressions on the Project of the principals of the EUs, the teachers, persons living with HIV/AIDS, health personnel and students and all other project participants. These impressions were obtained through interviews and focus groups. On the other hand, a description was made of the different instructive/educational materials produced and disseminated among the population. Therefore, the evaluation considered a verification of the work process and structure, as well as a measurement of the results.

Likewise, the financial performance of the Project in years 2005-2008 was evaluated.

Experience has shown, as a lesson learned, that the combination of qualitative and quantitative methodologies has yielded better results, starting from the paradigm that evaluations are about forming an opinion – a judgment – based on the tangible evidence of facts or events, in which quantitative measurement is an indispensable input so as to measure the strengths and weaknesses of the process and contribute to improve the final product with the best possible quality. However, the perception of the stakeholders on a project or activity - through a qualitative analysis - is complementary, though difficult to measure. It provides additional information on the vision, perception, expectations and the degree of satisfaction of the process stakeholders. Hence, the two methodologies are complementary.

## **5.3. Methodology of the evaluation**

- **Analytical component**

A questionnaire was prepared for application in a sample of the students of the EUs that were covered by the intervention of MAN-B during the evaluated period as well as in a control group of students who were not covered by the intervention.

The sample was calculated using a probabilistic model, and so the results obtained in the survey were generalised to the entire beneficiary population. In turn, it was stratified, with the last selection unit being the student. Below are some definitions of each method.

Probabilistic: Because the selection units have a known probability, different from zero, of being selected.

Stratified: The division of units of education and the existence of courses differentiated by size are a first stratification formed naturally. Because of the independence of education unit to education unit, and the dependence within the schools because of having the same social environment.

➤ **Size of the sample**

The size of the sample was calculated based on the principal variables of gender of the population. Different sizes were required for the sample of the population benefited with the project and the population not benefited (control group) in the city of El Alto. This way, the estimates of the other variables of an interest are covered with this size.

$$n = \frac{p * q * t_{\alpha}^2 * deff}{\epsilon^2 * (1 - tnr)}$$

Where:

- n**: Size of the sample;
- p**: Estimate of the proportion of interest;
- q**: (1 - p);
- ε**: Acceptable maximum relative error;
- t<sub>α</sub>**: Value included in the statistical tables of the standard normal distribution for a predetermined confidence of 95%;
- deff**: Design effect, defined as the quotient of variance obtained in the estimate with the used design, by the obtained variance, considering a simple random sample with the same sample size;
- tnr**: Expected maximum no response rate (10%).

The size of the sample for the educational units is disaggregated as follows:



**Table Nº 3**  
**Parameters for calculating the sample**

<b>Unidades Educativas</b>	<b><i>p</i></b>	<b><i>q</i></b>	<b><i>t<sub>α</sub></i></b>	<b><i>e</i></b>	<b><i>deff</i></b>	<b><i>Trn</i></b>	<b><i>n</i> <i>programado</i></b>
<b>con capacitacion</b>	0,5	0,5	2	0,05	2	0,025	821
<b>sin capacitacion</b>	0,5	0,5	2	0,075	2	0,025	365
<b><i>Muestra Total</i></b>							<b>1185</b>

For defining the size of the sample, we used information from the last population and housing census 2001 of the city of El Alto. This means that 1,185 surveys would have had to be conducted. In actual fact, 1,180 interviews were carried out, i.e. a difference of less than 5%. Below, a detailed overview is given of the EUs and the number of interviewed students.

**Table Nº 4**  
**Number of students interviewed by EU in El Alto**

<b>Educational Unit</b>	<b>Number of Interviewed Students</b>	<b>Percentage %</b>
6 de Marzo	41	3.5
Carlos Palenque	42	3.6
Elizardo Pérez	68	5.8
Huayna Potosi	98	8.3
Ingavi	127	10.8
Luis Espinal Camps	35	3.0
Marcelo Quiroga Santa Cruz	172	14.6
Mariscal Antonio José de Sucre	83	7.0
Oscar Alfaro	90	7.6
República de Japón	133	11.3
Roberto Alvarado Daza	115	9.7
Simón Bolívar	50	4.2
Uncía Villa Tunari	4	0.3
Villa Cooperativa	51	4.3
Villa Tunari	71	6.0
<b>Total</b>	<b>1,180</b>	<b>100.0</b>

The 1,180 interviews were conducted from 12 to 26 May 2009.

For the analysis, the Statistical Programme SPSS for Windows version 12 was used.

For comparing the answers of students from the intervened EUs with the answers of students from the non intervened EUs, we used the association chi-square test. The values of  $p=0.05$  were accepted as significant. We performed a univariated binary logistic regression to estimate the Odds Ratio (OR) and the respective confidence interval of 95% for some of the variables.

- **Descriptive component**

- **Verification of the work process**

***Procedures manual***

The Project has a Procedures Manual for IEC, with an activity timeframe (annual schedules detailed by month and day); a list of the schools covered in every year; a list of activities of the facilitators; a sheet to follow up facilitators in the EUs; a sheet to monitor the facilitator in the EU; and job descriptions for Project personnel. It is not complete. It also contains an overview of all agreements signed with different institutions.

***Description of the produced information/education materials***

In years 2005-2008, the HIV/AIDS Project produced different IEC materials for different groups of beneficiaries, i.e.:

**Printed materials for students**

Year 2005:

- What is HIV/AIDS? Questions and answers, 8,000 units;
- Educational flipcharts, 25 units;
- Manual on flipcharts, 25 units.

Year 2006:

- What is HIV/AIDS? Questions and answers, 8,000 units;
- Newsletters, 1,000 units;
- Educational flipcharts, 20 units;
- Manual on flipcharts, 20 units.

Year 2007:

- What is HIV/AIDS? Questions and answers, 8,000 units;
- 5,500 stickers;
- Fact sheets on HIV/AIDS, 7,000 units;
- Fact sheets on "Sexuality and Gender", 7,000 units;

- Educational flipcharts, 20 units;
- Manual on flipcharts, 20 units.

Year 2008:

- What is HIV/AIDS? Questions and answers (quantity not registered);
- Fact sheets on HIV/AIDS, 10,000 units;
- Fact sheets on “Sexuality and Gender”, 10,000 units;
- Educational flipcharts, 20 units;
- Manual on flipcharts, 20 units.

### Printed materials for PLWHAs

Year 2005:

- Training Manual for PLWHAs GAP, 100 units.

Year 2006:

- Manual on Adherence to the Antiretroviral Treatment, 200 units.

Year 2007:

- Triptychs for PLWHAs on Nutrition for adequate adherence, 4,000 units;
- Triptychs for the organisation “Más Vida”, 2,500 units;
- Educational flipcharts targeting pastors for enhancing reflection in evangelical church leaders, 20 units.

### Printed materials for healthcare services

*Manuals/triptychs/newsletters:*

Year 2006:

- How much do you know about STIs?, 10,000 triptychs;
- What you have to know about HIV/AIDS, 10,000 triptychs;
- Nine Reasons for taking the Rapid HIV Test, 10,000 triptychs;
- Pre and post counselling, 5,000 triptychs;
- Manual on Biosecurity, 100 units.

Year 2007:

- STIs, 2,000 triptychs;
- Pre and post counselling, 2,000 triptychs;
- ELISA Test, 2,000 triptychs;
- HIV/AIDS, 2,000 triptychs;
- Open your hand and heart, Sex and Gender”, 2,000 triptychs;
- Have you already been tested for HIV?”, 2,000 triptychs;
- Inform yourself on HIV/AIDS, 2,000 triptychs.

Year 2008:

- Epidemiological Newsletter, 1,000 units;

- How much do you know about STIs?, 5,000 triptychs;
- What you have to know about HIV/AIDS, 5,000 triptychs;
- Nine Reasons for taking the Rapid HIV Test, 5,000 triptychs.

#### TV spots for the population in general

Year 2005:

- HIV/AIDS. Topic: vertical transmission; on channel 4 RTP, 5 times a day, 30 seconds, in the last quarter of the year.

Year 2006:

- HIV/AIDS. Topic: testimonial of a PLWHA on vertical transmission, on channel 4 RTP and channel 7 TVB, 5 times a day, 30 seconds, in the last quarter of the year;
- HIV/AIDS. Topic: Prevention, on channel 39 from Monday to Friday, 3 times a day.

Year 2007:

- HIV/AIDS. Topic: testimonial of a PLWHA on vertical transmission, on channel 4 RTP and channel 7 TVB, 5 times a day, 30 seconds, during 3 months; four times a day, in the last three months of the year.

Year 2008:

- HIV/AIDS. Topic: rapid HIV test, on channel 4 RTP and channel 7 TVB, 5 times a day, 30 seconds, in the last quarter of the year.

#### Radio jingles for the population in general

Year 2005:

- Radio Chacaltaya: 5 times a day, with statistical information on a global and national level. Topic: "You can be yourself".

Year 2006:

- Radio Chacaltaya: 5 times a day, with information on the three golden rules: "fidelity, abstention, use of condoms and values". No data on when this jingle was broadcasted.

Year 2007:

- Radios: Chacaltaya, Cruz del Sur, Lasser, Erbol: 5 times a day during 3 months, targeting the population with the following topics: statistical data on HIV/AIDS in Bolivia and La Paz, the rapid HIV test;
- Radio Qhana: Radio Programme "Your Health in Your Hands", during 10 months. Information on STIs-HIV/AIDS, interviews with personalities, topics selected by the PLWHAs, on Monday, Tuesday and Thursday from 6 to 7 pm.

Year 2008:

- Radio Chacaltaya, Cruz del Sur, Láser, Erbol and Radio Cristiana: 5 times a day, on the Rapid HIV Test. **Targeting pregnant women**; interviews with personalities, topics selected by the PLWHAs, on Monday, Tuesday and Thursday from 6 to 7 pm. Radio Cristiana, 5 times a day during three months, with information on STIs-HIV/AIDS, targeting the population in general.

***Agreements signed by the STIs-HIV/AIDS Programme of MAN-B***

Aimed at working in an integrated and complementary manner, avoiding overlaps with other institutions operating in the same area and developing activities on the same topic, the strategy used was based on signing agreements with those institutions. All those agreements were signed with the purpose of providing IEC materials to the EUs in El Alto Norte, Health Personnel and PLWHAs, giving support for workshops and group therapies of PLWHAs and strengthening the CDVIR in La Paz and the CRVIR in El Alto. The agreements signed in years 2005 – 2009 are listed below.

1. Agreement for Mutual Cooperation between MAN-B and the organisation “Más Vida”; two-year term; starting date 6 April 2005.
2. Interinstitutional Agreement with the District Education Direction Alto Norte; signed on 7 April 2005.
3. Interinstitutional Agreement with the Departmental STIs-HIV/AIDS Programme La Paz; two-year term; starting date 13 April 2005.
4. Interinstitutional Agreement for implementing the Municipal STIs-HIV/AIDS Centre of El Alto, entered into between MAN-B, the Municipal Government of El Alto and SEDES (Departmental Health Service) La Paz; starting date 16 September 2005.
5. Interinstitutional Agreement with the Departmental STIs-HIV/AIDS Programme El Alto; two-year term; starting date 10 March 2006.
6. Interinstitutional Agreement with the Departmental STIs-HIV/AIDS Programme La Paz; two-year term; starting date 10 March 2006.
7. Interinstitutional Agreement with the Departmental STIs-HIV/AIDS Programme; two-year term; starting date 11 April 2008.
8. Interinstitutional Agreement with the CRVIR El Alto; two-year term; starting date 15 April 2008.
9. Interinstitutional Cooperation Agreement entered into by the partnership Ibis-Hivos, principal beneficiary of the Global Fund and MAN-B; 13-month term, starting date 26 November 2008.
10. Interinstitutional Agreement with the District Education Direction of El Alto Norte for support in educational material and teacher training – 2009
11. Interinstitutional Agreement with the organisation “Una Luz en el Camino”; one-year term; starting date 12 February 2009.
12. Interinstitutional Agreement with the organisation “Nuevo Camino”; one-year term; starting date 12 February 2009.

13. Interinstitutional Agreement with the organisation “Más Vida”; one-year term; starting date 12 February 2009.
14. Interinstitutional Agreement with the organisation “Fundación Grupo Solidario Cumbre”; one-year term; starting date 12 February 2009.
15. Interinstitutional Agreement with CDVIR La Paz; two-year term; starting date 13 April 2009.

All these agreements were signed with the purpose of providing IEC material to the EUs of El Alto Norte, Health Personnel and PLWHAs, supporting workshops and group therapies for PLWHAs, and strengthening the CDVIR and CRVIR of La Paz and El Alto, respectively.

➤ **Verification of the IEC component**

This verification was based on interviews and meetings with facilitators, teachers, health personnel and principals of EUs.

According to information collected from the sources mentioned above, including the Project coordinator, the teachers were benefited with two trainings/year, which were given by health professionals and financed by MAN-B. However, we did not receive any information on the content or the used methodology. On every opportunity, an average of 40 teachers was trained, mostly biology and physical education teachers, usually two from every EU. The trainings are provided on two consecutive days (in the mornings or afternoons) by health personnel.

The produced and disseminated IEC materials were detailed above.

➤ **Verification of the activities/actions in support of PLWHAs**

For this verification, a meeting was held with three representatives of the NGO “Luz en el Camino” in the CRVIR El Alto, as well as with participants of the handicraft workshop who meet two times a week in the CDVIR La Paz. Moreover, the instructive/information materials produced for PLWHAs were reviewed.

➤ **Verification of the actions for strengthening the Programme**

For this verification, we paid visits to the CDVIR and CRVIR, and we interviewed health professionals.

We visited the works for building the Regional Centre for Surveillance, Information and Referral of El Alto so as to verify whether the building can be concluded immediately.

We visited the CDVIR La Paz (laboratory and consulting room on nutrition) and the CRVIR El Alto (medical consulting, psychology, social work and laboratory).

Besides, we reviewed the manuals, the newsletter, the education/information materials produced in conjunction with and at the request of the Departmental and Regional Programmes.

## 6. RESULTS OF THE EVALUATION

### 6.1. Analytical component: student surveys

A total number of 1,180 students were interviewed from 12 to 26 May 2009. Of this number, 819 (69.4%) were students from the EUs covered by the project intervention of MAN-B and 361 (30.6%) from de EUs that were not covered by the intervention. Nonetheless, not all students answered all questions. Therefore, for each question the *n* of answers is shown, i.e. the number of valid answers.

**Table N° 5**  
**Students surveyed by sex**

Sex	%
male	49.5
female	50.5

**Table N° 6**  
**Students surveyed by age**

Age	Years
Average	16.3
Median	17.0
Range	12-21

**Table N° 7**  
**Did you receive information on STIs-HIV/AIDS? (n=1,168)**

Answered	Students from intervened EUs (n=700)	Students from <u>non</u> intervened EUs (n=353)	<i>p value</i>
Yes	789 (96.8)	273 (77.3)	0.00
No	26 (3.2)	80 (22.7)	
Total	815 (100.0)	353 (100.0)	



**Table N° 8**  
**Did you receive information on STIs-HIV/AIDS at school?\*** (n=1,158)

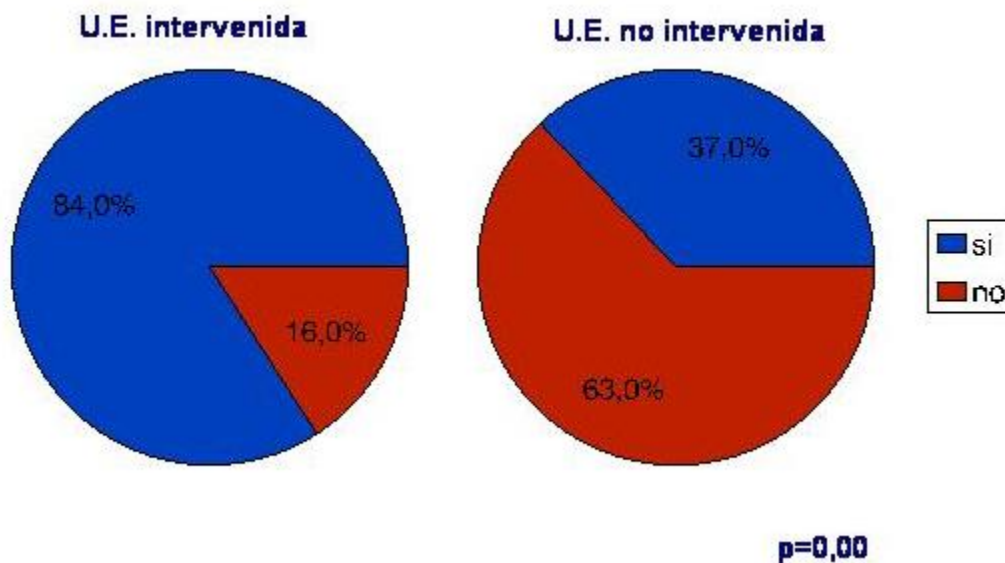
Answered	Students from intervened EUs (n=809)	Students from non intervened EUs (n=273)	<i>p value</i>
Yes	674 (83.3)	219 (62.8)	0.00
No	135 (16.7)	130 (37.2)	
Total	809 (100.0)	349 (100.0)	

\*Considering the ones who answered 'yes' to the previous question.

**Table N° 9**  
**Do you know STIs?** (n=703)

No. of known STIs	Students from intervened EUs (n=650)	%	Students from non intervened EUs (n=53)	%	<i>p value</i>
Four STIs	250	38.5%	4	7.5%	0.001
Three STIs	184	28.3%	10	18.9%	0.23
Two STIs	110	16.9%	6	11.3%	0.34
One STI	68	10.5%	13	24.5%	0.13
None	38	5.8%	20	37.7%	0.00
Total	650	100	53	100	

**Graph N° 6**  
**Do you know one or more STIs?**



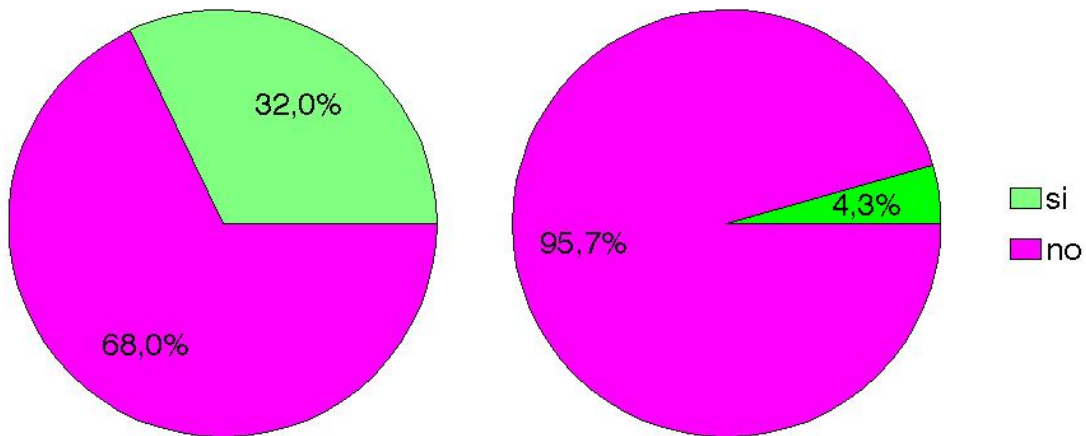
**Table Nº 10**  
**Do you know three ways of transmission of STIs-HIV/AIDS? (n=964)**

Knows	Students from intervened EUs (n=731)	Students from non intervened EUs (n= 233)	p value
Yes	330 (45.1)	47 (20.2)	0.00
No	401 (54.9)	186 (79.8)	
Total	731 (100.0)	233 (100.0)	

**Table Nº 11**  
**How many ways of transmission of STIs-HIV/AIDS do you know? (n=835)**

They know	Students from intervened EUs (n=651)	%	Students from non intervened EUs (n=184)	%	p value
Three ways	208	32.0%	8	4.3%	0.00
Two ways	156	24.0%	25	13.6%	0.09
One way	241	37.0%	112	60.9%	0.00
None	46	7.1%	39	21.2%	<b>0.03</b>
Total	651	100.0	184	100.0	

**Graph Nº 7**  
**Do you know three ways of prevention of STIs-HIV/AIDS?**



**p=0,00**

**Table N° 12**  
**Describe ways to prevent STIs-HIV/AIDS**  
**(one or more answers per student)**

Answered n= 835	Students from intervened EUs (n=651)	%	Students from non intervened EUs (n=184)	%	p value
Abstinence	374	57.5	51	27.5	0.00
Fidelity	290	44.5	17	9.2	0.00
Condom	513	78.8	118	64.1	0.00

**Table N° 13**  
**The pill prevents pregnancy but not STIs-HIV/AIDS (n=848)**

Answered	Students from intervened EUs (n=708)	%	Students from non intervened EUs (n=140)	%	p value
Yes	632	89.3	76	54.3	0.00
No	76	10.7	64	45.7	
Total	708	100.0	140	100.0	

On the question “Have you known about any friend getting pregnant last year?”, of the 1,051 students almost half (494/1,051=47.0%) answered ‘yes’. Therefore, adolescent pregnancy is something they frequently encounter.

In the intervened EUs, 191 students (24.1%) say they have sexual intercourse, compared to 58 (19.0%) in the control group ( $p$  value=0.07), i.e. proportionately more students from intervened EUs say they have sexual intercourse, but this difference is not statistically significant. However, they do mention more protection, as is clear from the data on condom use shown in Table N° 14 below.

**Table N° 14**  
**Condom use in sexual intercourse**  
**(in the students who report being sexually active=249)**

Answered	Students from intervened EUs (n=191) (%)	Students from non intervened EUs (n=58) (%)	p value
Always/sometimes	138 (72.2)	21 (36.0)	0.00
Never	53 (27.8)	37 (64.0)	
Total	191 (100.0)	58 (100.0)	

In view of this result, an estimate was made of the odds that the students will use condoms in their sexual relations, considering the two different groups of students (intervened and non intervened EUs), through the univaried binary logistic regression analysis. We found an Odds Ratio (OR) of 4.6 (CI of 95% = 2.46-8.55). This means that according to the answers provided in the survey, the students of the intervened EUs

had 4.6 more odds of using condoms in sexual intercourse compared to the students from non intervened EUs.

**Table Nº 15**  
**Show solidarity with a PLWHA\* (n=932)**

Answered	Students from intervened EUs (n=642) (%)	Students from non intervened EUs (n=290) (%)	p value
Yes	618 (96.3)	231 (79.7)	0.00
No	24 (3.7)	59 (20.3)	
Total	642 (100.0)	290 (100.0)	

\*The question is:

If you meet with a friend or relative and you know that (s)he has HIV/AIDS, how would you act?

- a. Get away for fear of contracting HIV \_\_\_\_
- b. Show solidarity without being afraid of getting the disease, as you know how HIV is transmitted \_\_\_\_

We only considered the ones who checked the second answer and/or who answered 'no' to the first question.

Likewise, we made an estimate of the odds of showing solidarity with PLWHAs, considering the two different groups of students (intervened and non intervened EUs), through the univaried binary logistic regression analysis, and we found an Odds Ratio (OR) de 6.6 (CI of 95% = 4.00, 10.82). This means that according to the answers in the survey, **the students of the intervened EUs had 6.6 more odds of showing solidarity with PLWHAs compared to the students of non intervened EUs.**

**Table Nº 16**  
**Do you talk about STIs-HIV/AIDS with members of your family? (n=1,064)**

Answered	Students from intervened EUs (n=776) (%)	Students from non intervened EUs (n=288) (%)	p value	Total (n=1,064) (%)
Yes	377 (48.6)	93 (32.3)	0.00	470 (44.2)
No	399 (51.4)	195 (67.7)		594 (55.8)
Total	776 (100.0)	288 (100.0)		1,064 (100.0)

Therefore, even though proportionately more students from the intervened EUs discuss STIs-HIV/AIDS with members of their family compared to the control group (48.6% and 32.3%,  $p=0.00$ ), most students from the two groups do not (51.4% and 67.3% respectively, average of 55.8%).

## **6.2. Description of interviews with the two facilitators (Project team)**

At the moment, the Project has two facilitators (one doctor and one teacher), whose principal functions are to: visit the Educational Units for coordinating the Project activities; draw teachers and turn them into trainers; organise a training event in coordination with the Programme; share and discuss the activity timeframe; supervise every EU; distribute materials; coordinate testimonials in training courses with the PLWHAs; promote health fairs and other activities such as the painting and music talent competition; evaluate participation of the teachers; give general support for administrative tasks.

The actions perceived as being well done are:

1. The organisation of educational fairs, which has involved active participation of the beneficiaries, and planning with the technical team;
2. Prioritisation of the work with biology teachers who have prior knowledge;
3. Have some instruments to motivate the beneficiaries (prizes and certificates);
4. The work together with the PLWHAs has raised awareness among the students, teachers and principals.

The perceived weaknesses are:

1. The communication and locomotion problems with the teachers;
2. Insufficient personnel and materials for follow-up in the EUs and of the training;
3. Deficient commitment of the teachers;
4. Frequent turnover of teachers and principals in the EUs.

In case of improving follow-up, continuity should be ensured for the schools covered this year. For improving access, it would be good to have a vehicle. This would improve the coordination with the principals, the filing of documents and the training courses, in brief all Project activities.

## **6.3. Description of the interviews with EU principals**

We tried to contact 15 principals for the interviews: we were unable to track five principals, another five were absent (they were participating in a seminar organised by the Ministry of Education). We found only five in their EUs. Of these five principals, only three know the Project of MAN-B. The two who knew nothing about it had been appointed recently as Principals. Only one of the principals participates in the teacher training events; the rest was unable to do so.

The principals who know the Project said they were satisfied with the cooperation from MAN-B; they want the Project to continue for a much longer time, as it has benefited both teachers and students with a strengthened knowledge of STIs-HIV/AIDS.

They ask that the teacher training be continuous for a longer time and with support of a more complete Didactic Manual for the facilitators.

They suggest a more effective coordination between the principals and MAN-B so as to provide more time for the information talks for the students.

They believe it is possible to access more adequate meeting rooms for the information talks.

They all know the IEC material and they all very much agree with the content of the messages; they suggest preparing more materials, with their participation.

They also request higher quantities of the IEC materials for distribution among the parents and the other employees who are not facilitators.

They also ask that the IEC materials be provided to the Principal's Office so that the Principal could distribute it among the teaching personnel and parents, as it is very difficult to organise information talks for the parents.

#### **6.4. Description of the interviews with teachers**

Participants: eight teachers from the schools Ingavi, Juan Carlos Flores Bedregal, Marcelo Quiroga Santa Cruz and Juan Luis Suarez Guzmán.

At the beginning of the meeting, the teachers answered a questionnaire. The principal answers are consolidated in Table N<sup>o</sup> 17 below.

**Table Nº 17**  
**Answers given by the teachers - IEC Project MAN-B**

Questions	Answers					
How many times have you received training on STIs-HIV/AIDS?	one	two	three	four	six	
	1	1	2	2	2	
	(12.5%)	(12.5%)	(25.0%)	(25.0%)	(25.0%)	
How many STIs can you mention?	Three			Four		
	2			6		
	(25%)			(75%)		
Last year, have you been informed of any pregnant student?	Yes			No		
	7			1		
	(87.5%)			(12.5%)		
Has the issue of adolescent pregnancy been considered with the students?	Yes			No		
	6			2		
	(75.0%)			(25.0%)		
What do you think of the supervision of the supervisors of Misión Alianza?	Good					
	8					
	(100%)					
How often have there been supervision visits by the Project?	Monthly	Two-monthly	Quarterly	Six-monthly		
	1	3	2	2		
	(12.5%)	(37.5%)	(25.0%)	(25.0%)		
What were the main questions of the students related to?	Pregnancy	Symptoms of STIs-HIV/AIDS	Ways of prevention	Ways of transmission	Where to take the test	
	1	6	4	1	1	
	(12.5%)	(75.0%)	(50.0%)	(12.5%)	(12.5%)	
What else do you need for developing your activities?	Information material	More guidance	More training	Manuals	Infrastructure	Audiovisual equipment
	1	0	5	0	4	2
	(12.5%)	(0%)	(62.5%)	(0%)	(50.0%)	(25.0%)

This was followed by a meeting in which they could share their opinion on the Project and proposals regarding the future.

The teachers consider that for El Alto it is important for the Project to continue and reach out to other districts.

The principal weaknesses they mention are:

- The constant turnover of teachers and authorities;
- They have little time for training and knowledge transfer to the students;
- The Project has been unable to involve the parents.

Principal achievements:

- The young people have been benefited with the activities on STIs-HIV/AIDS, though there were fewer activities on pregnancy; the consumption of drugs and alcohol decreased.

Teacher requests:

- Train more teachers in the EUs, not only the biology teachers, but also others, e.g. the psychology teachers. There should be training also for the primary school students;
- Sign an agreement with the District Education Director in support of the trainings and the other activities to be developed;
- Issue certificates of the 120-hour courses, signed by the District Director;
- Incorporate HIV/AIDS into the school study plan. This could be within the framework of Law 3729, dated 08 August 2007 on HIV/AIDS prevention, human rights protection and integrated multidisciplinary care for PLWHAs;
- Have more IEC materials;
- Suggestion: take advantage of the routine quarterly meeting at school for involving parents.

Recommendations made by the evaluation team and accepted by the teachers:

- Train youth leaders from the EUs;
- Identify mechanisms to take into account other issues, such as alcohol, drugs, values, domestic violence and human rights;
- Involve parents and build their confidence.
- Write reports in the native language (Aymará) for the parents (reach the entire community).

## 6.5. Description of the interviews with health professionals

**Dr. Daniel Cazas** – Doctor - Expert in Epidemiology at the Regional Centre for Surveillance, Information and Referral (CRVIR) of El Alto. At the moment, besides working in the field of epidemiology, Dr. Cazas follows up 105 persons living with HIV/AIDS who are registered in the CRVIR. According to Dr. Cazas, so far in 2009 (until 01 June), 12 new persons have entered the Programme.

He has participated in the teacher training workshops. He mentions that there is an Interinstitutional Committee made up of Pro Salud, Caja de Salud (health fund), PLWHAs, sexual workers, the association of homosexuals and health professionals of the CRVIR. He does not know any other NGO acting systematically in the EUs. He said that in the past, the Spanish Cooperation had some similar activities, but not anymore. On the other hand, he indicated that Pro Salud works with soldiers and GLTs, and CIES works on sexual health for the whole population. He underscored the importance of enforcing Law 3729, dated 08 August 2007 for HIV/AIDS prevention, human rights



protection and integrated multidisciplinary care for PLWHAs. The CRVIR does not follow up the activities developed in the EUs, though it does participate in the annual fairs.

He also mentioned that the Project of MAN-B has provided the CRVIR with information and education materials, such as triptychs, posters, manuals for use by the professionals and for distribution to the population.

Moreover, he underlines the fundamental support provided by the Project for construction of the CRVIR. He has great expectations in this sense because in the existing office there is no space for the equipment and for developing the activities. In the existing office, the reception, the consulting rooms and the laboratory are small and can hardly hold the personnel. Besides, it is full of boxes with all sorts of materials.

**Dra. Rosa María Vargas** – Doctor – Responsible for the Departmental Centre for Surveillance, Information and Referral (CDVIR) La Paz. In her opinion, the Project of MAN-B has provided the CDVIR with various materials for the benefit of PLWHAs, such as triptychs with guidance on the use of antiretrovirals and information on nutrition; the pill boxes for the antiretroviral drugs; and different types of posters. Besides, MAN-B supported reprinting of the Manual on Biosecurity, which benefited health professionals; manuals for professionals and for distribution to the population in general; a radio programme on radio Kana with messages on STIs-HIV/AIDS for the population in general.

According to her comments, the Project of MAN-B enabled implementation of the nutrition service in the CDVIR, with the purchase of furniture and equipment; improvement of the performance of the CDVIR with the purchase of a data show, laptop and computer. On the other hand, she was enthusiastic about the handicraft workshop for PLWHAs, which is held every Wednesday and Saturday in the CDVIR thanks to the Project that pays for the teacher and all materials. At the moment, 15 PLWHAs participate in the workshop who are supported with mobilisation and mutual help. At the same time, this can be helpful to generate an income for these persons. She mentioned other NGOs that have supported the CDVIR, emphasising that their actions are complementary to those of MAN-B and that there is no overlap. She gave the example of other NGOs that supported the production of banners for the nutrition service; but this service could be provided only as the Project of MAN-B supported the installation of this service.

## **6.6. Description of the meeting with the project team (coordinator, facilitators and support)**

The Project team (the coordinator and the three members) met in the meeting room, a nice and ample space used for the trainings and meetings.

They mentioned the following progress: today there is a vehicle; there is one additional facilitator (in reply to the recommendations of the previous evaluation); there are more educational materials available.

However, they also mentioned a series of difficulties such as the frequent changes of teachers, which have little time for developing the pertinent Project activities in the EUs; the fact that the teachers are always overburdened because of the obligatory study plan they have to comply with. Another weakness mentioned by the team is that the Project has not been able to engage parents of the EU students. They assume this could be done with educational materials in their native language, namely Aymará.

The international evaluator underscored the importance of developing a more protagonist role for youth. Besides, it is necessary to have a training guide that considers different modalities and different experiences for transferring information to adolescents. Likewise, she commented on the importance of giving priority to the manual on norms and routines, which is incipient with only an action timeframe and attributions.

The coordinator submitted a project for generating an income for the PLWHAs of El Alto, called "The church and the every day bread", with the objective of contributing to an improvement of the financial income of the PLWHAs through implementation of a bakery, and with participation of all members of the organisation of PLWHAs "Una luz en el camino".

Another project for possible consideration is the implementation of epidemiological HIV/AIDS surveillance in El Alto, with support from the Regional Programme. The international evaluator proposed using an estimate for obtaining the baseline, using the statistical capture-recapture method.

## **6.7. Description of the meetings with PLWHAs**

Two meetings were held, one with the vice-president and two members of the organisation "Una Luz en el Camino", in the CRVIR El Alto; and another one with five participants of the handicrafts workshop in the CDVIR La Paz.

The two groups underscored the importance of the Project for them, as it constantly supported strengthening of the organisations of PLWHAs over the years.

They know that the Project has facilitated the workshops and confraternity meetings on special days, e.g. Mother's Day, the Day of the Child and Christmas; that it has produced information materials on specific topics for PLWHAs; that it is supporting the construction of a building for the central office of the CRVIR El Alto; that it supported implementation of the nutrition service in the CDVIR La Paz; that it supports radio programmes, in which they participate.

They have expectations regarding continuation of the Project; this is vital for them. They hope they will receive support to build micro enterprises so they could make money to survive. They request support so that the children exposed to HIV (children of mothers with HIV) could receive milk until they are two years old (at the moment, they receive milk until they are one year old). The vice-president mentions that the other NGO operating in El Alto is called Cumbre and has support from a catholic church.

As regards the handicraft workshops in the CDVIR La Paz, the five participants said they were satisfied with this activity, that they made different beautiful things which they sell.

## **6.8. Description of the meeting with students**

### **EU Colegio Ingavi**

#### **Number of participating students: 21**

The students consider they have learned important things about STIs-HIV/AIDS. They consider the Project is wonderful, particularly for young people as it gives them considerable information on STIs-HIV/AIDS; they learned how to take care of their bodies and about prevention, and they participated in the health fairs. They therefore ask that the project continue.

Of the 21 students who took part in the meeting, only two spoke with their parents about STIs-HIV/AIDS; one student spoke about condoms with her older sibling, the rest had no opinion. Most of them said they knew cases of adolescent pregnancy. Only two speak Aymará, the others do not. The explanation is that their parents have never spoken with them in their native language. When the Project evaluators proposed to produce the messages in their native language, they said they agreed.

They asked for more detailed and more complete fact sheets on STIs-HIV/AIDS. The messages in the mass media should target couples with easily understandable topics and also cover issues such as alcoholism and drug abuse.

## 6.9. Description of the visit to the works for the building, and meeting with the Social Development Officer of the Municipality of El Alto

The evaluation team visited the building that will be the future central office of the CRVIR El Alto.

During this visit, they saw that the building has not yet been concluded: there are no doors as yet, no floor tiles in most rooms, the rooms still have to be painted, the bathrooms are not yet equipped with toilets and washstands. The construction works have not stopped, but they are progressing very slowly.

During the inspection, the electricity was being installed, without the walls and ceilings having been painted. We met with the persons responsible for Following Up the Works, Architect José María Caballero and Dr. Raúl Flores of the Municipal Health Direction. We proposed to have a meeting the following day with the Social Development Officer to discuss the reasons for the delays in conclusion of the CRVIR El Alto.

**Figure N° 4**  
**CRVIR Laboratory on 02/06/2009**



The next day, the evaluation team met with the mentioned Officer and her team. She informed us that they had recently changed the person in charge of Follow-up for concluding the construction work. In the meeting, she was informed of the problems and she requested a detailed report. The building company desisted and is being replaced. The financial balance available is insufficient for finishing the construction. The architect gave his report; then, the previous person in charge answered, giving different data. The MAN-B Project coordinator explained that all financial contributions had been made, which was also mentioned in the progress reports signed by the engineer in charge of follow-up at that time. The municipal Officer

promised to send a report on this matter by 05/06 by email. This report is included in Annex 2. The pending issue was the definition of a date for conclusion of the construction. Later, this date was set for 30/07/09.

## **7. ADMINISTRATIVE AND FINANCIAL PERFORMANCE ANALYSIS**

### **7.1. Introduction**

An Administrative-Financial Diagnostic was made. In this chapter, based on different techniques or tools, the following aspects were analysed for the different analysed years: the Vertical Analysis, the Horizontal Analysis, and Assessment of the financial accounts, Budget Ratios or Indicators. These tools are considered vitally important for determining the true performance of the Project operations. By making this analysis, a general idea is obtained of the financial situation, which is the basis for taking pertinent and necessary corrective actions so that the Project objective would be achieved in the most effective and efficient manner.

Finally, a series of recommendations is made, based on the previous diagnostic.

The analysed information was extracted from the financial statements. "Financial statements" means: the budget execution statements of years 2005 to 2008.

### **7.2. Specific objective**

Make an administrative-financial diagnostic of the STIs-HIV/AIDS Project covering years 2005 to 2008; aimed at knowing its administrative-financial situation, estimating the Project cost-benefit ratio and proposing pertinent recommendations.

### **7.3. Quantitative analysis of the Project logical framework**

The proposed study/evaluation studies the economic evolution of the Project over four years.

Below is an evaluation matrix on the progress attained by the Project, which shows planned activities versus actual activities. Additionally, information is provided on whether the activities continued or not throughout the years.

In this sense, we should underline that a quite significant percentage of the planned activities were accomplished.

**Table N° 18**  
**Achievement of the goals according to the proposed indicators**

**Purpose:**

Improve the population's knowledge of AIDS and facilitate a favourable environment for PLWHAs.

*Indicators:*

- 70% of the population knows AIDS and the ways of prevention.
- 2 organised groups of PLWHAs pursue better living conditions.

**Component 3**

IEC for the population, emphasising students and favouring participation and prevention

- an agreement with SEDES, the Education Direction of El Alto and the Municipality.
- 90% of 224 facilitators participate in the process.
- 80% of 35,000 trained students know 3 ways of infection with HIV/AIDS.
- 70% of the population is informed on HIV/AIDS

COMMENTS	2005	2006	2007	2008
50% execution compared to the programmed goal. Further to the recommendation of an evaluation to intervene during 2 years in each EU, instead of 1 year as planned, 2 teachers were trained per EU, totalling 80 teachers over the 4-year period. In the second year of the intervention in the same EU, the teacher training was reinforced.	40 facilitators from 20 EUs and 9 principals were trained	20 selected units. 40 teachers from 20 EUs participated. 40 teachers were trained.	20 selected units. 40 teachers were trained.	20 selected units. 40 teachers were registered 40 teachers trained 40 teachers have timeframes and implement activities with the students.
92% execution compared to the programmed goal. 28,060 students should have been trained; the reports show that 25,860 students were trained in actual fact.	7,200 students were trained.	7,460 students were trained.	5,600 students received information.	55,600 students with information and communication on HIV/AIDS

COMMENTS	2005	2006	2007	2008
100% execution compared to the programmed goal.		Testimonials of 2 PLWHAs for students from 14 EUs.	Testimonials of PLWHAs for students from 20 EUs, 2 to 3 sessions.	
100% execution compared to the programmed goal.	2 educational fairs were held.	Two health fairs were held.  18 EUs participated.  400 students with exhibitions.	29 EUs participated in the annual health fair, with 36 panellists on STIs-HIV/AIDS	18 EUs participated in the annual health fair, with 34 panellists on STIs-HIV/AIDS

### Component 2

Strengthening of groups of PLWHAs, which pursue better living conditions for their members.

- Groups of PLWHAs with legal capacity.
- 90% of the trained leaders of PLWHAs pursue better living conditions for their members.
- 90% of the PLWHAs have an integrated knowledge of HIV/AIDS.
- There is an HIV/AIDS laboratory that is functioning.
- 80% of the PLWHA members with actions of solidarity.

#### REFORMULATED

- 90% of the PLWHAs have an integrated knowledge of AIDS.
- 70% of the PLWHAs practise HIV/AIDS prevention.
- 80% of the board members of organisations of PLWHAs know about project planning and administration.

COMMENTS	2005	2006	2007	2008
50% execution compared to the programmed goal. This activity was discontinued as from 2006, based on the reformulated logical framework.	1 group of PLWHAs has legal capacity.			
100% execution compared to the programmed goal  This activity was the responsibility of the CDVIR	6 events for project planning and 4 for project administration.  MAN-B has given support with the printing of manuals and 1 data show			



COMMENTS	2005	2006	2007	2008
50% execution compared to the programmed goal The document has not been disseminated		The baseline document was prepared and disseminated.		
100% execution compared to the programmed goal  Activity delegated to the HIV/AIDS Programme. The attendance of PLWHAs to the workshops in year 2006 is higher than planned, but as from that year lower than planned.		182 persons attended 7 workshops, with an average of 27 persons per workshop.	Two handicraft workshops with 16 PLWHAs.	One workshop with 14 participants.
100% execution compared to the programmed goal.		25,000 triptychs delivered.	25,000 triptychs delivered.	25,000 triptychs delivered.
100% execution compared to the programmed goal.		60 nutrition students trained in HIV/AIDS.	60 nutrition students trained in HIV/AIDS.	60 nutrition students trained in HIV/AIDS.
100% execution compared to the programmed goal.		19 churches participate with 82 leaders informed and made aware of HIV/AIDS.	1 workshop for 17 churches, with 72 participants.	Two workshops attended by 26 leaders.
100% execution compared to the programmed goal.	One agreement signed with DILOS for infrastructure and equipment of the laboratory, aimed at improving the epidemiological surveillance of STIs and improving care for patients of the Programme.			

COMMENTS	2005	2006	2007	2008
100% execution compared to the programmed goal.			4 meetings were held: 1 with leaders, another one with members and two for the annual wrap-up.	2 confraternity meetings with more than 60 participants each.

<b>Component 1</b>				
Strengthening of the Departmental STIs-HIV/AIDS Programme.				
COMMENTS	2005	2006	2007	2008
100% execution compared to the programmed goal.		1 agreement signed with the STIs-HIV/AIDS Programme.  2 agreements signed with the CDVIR El Alto and La Paz.		
60% execution compared to the programmed goal. The Municipal Centre for STIs-HIV/AIDS Surveillance is being built. See report in Annex 2		The Municipal Centre for STIs-HIV/AIDS Surveillance is being built.	The infrastructure has not yet been concluded; 80% progress.	The infrastructure has not yet been delivered; there is equipment.
Executed adequately.		Broadcasting of 5 jingles on 4 radio stations.  Dissemination on TV, 2 channels, in the last quarter of the year.  1 micro radio programme on Radio Cruz del Sur.  One 1-hour radio programme, 3 times a week, Radio Qhana.	Broadcasting of 5 jingles on 4 radio stations.  Dissemination on TV, 2 channels, in the last quarter of the year.  1 micro radio programme on Radio Cruz del Sur.  One 1-hour radio programme, 3 times a week, Radio Qhana.	Broadcasting of 5 jingles on 4 radio stations.  Dissemination on TV, 2 channels, in the last quarter of the year.  1 micro radio programme on Radio Cruz del Sur.  One 1-hour radio programme, 3 times a week, Radio Qhana.

COMMENTS	2005	2006	2007	2008
There is no process for evaluating and following up the Project activities by the central office. The control is limited to the reception of periodic reports.				The activities have been followed up.

#### 7.4. Administrative-financial results

One of the principal concerns in a services project is the economic aspect, which is a determinant factor for medium and long term viability. In this chapter, an analysis is made of budget execution of the STIs-HIV/AIDS Project and other administrative components.

##### A) Vertical and horizontal analysis of the budget execution statements

The graph below shows the consolidated budget execution, which is the basis for different analyses.

##### Income

Below, an analysis is made of the Project income, i.e. the funds from MAN-B and the local matching contribution.

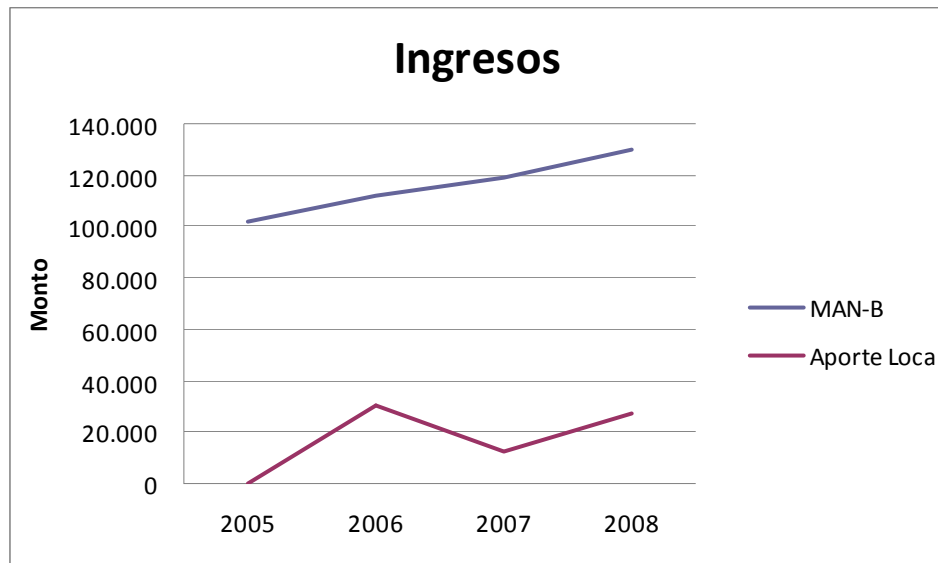
Table N° 19 shows the income in years 2005 to 2008, according to the different sources of funding.

**Table N° 19**  
**Consolidated budget execution**

Budget Result	2005	2006	2007	2008	TOTAL	% of total group	% of grand total
<b>INCOME:</b>							
Transferred from Norway	102,075	112,025	119,229	129,885	463,215	86.63	
Local contribution	330	30,075	12,310	27,061	69,777	13.05	
Other local revenues	0	0	0	32	32		
Other local revenues				1,707	1,707		
<b>/TOTAL INCOME</b>	<b>102,405</b>	<b>142,100</b>	<b>131,540</b>	<b>158,686</b>	<b>534,730</b>	<b>100%</b>	

Budget Result	2005	2006	2007	2008	TOTAL	% of total group	% of grand total
<b>EXPENSES:</b>							
<b>Investments:</b>							
Stocks/technical equipment	1,772	9,664			11,437	10.14	2.26
Vehicle	4,100	0	0		4,100		0.81
Infrastructure	0	50,000	44,064	17,912	94,064	83.38	18.55
Other types of infrastructure					0		
Internal equipment		1,413			1,413		0.28
Equipment Education-Health			1,799	30,000	1,799	1.59	0.35
<b>Total investments</b>	<b>5,872</b>	<b>61,077</b>	<b>45,863</b>	<b>47,912</b>	<b>112,813</b>	<b>100%</b>	<b>22.25</b>
<b>Operating Expenses:</b>							
Foreign personnel	7,236	10,350	11,740	13,118	29,326	12.45	5.78
Local personnel	7,667	17,533	20,286	31,055	45,486	19.31	8.97
Advisors/Auditors	789	574	1,247	1,250	2,610		0.51
Evaluation	6,832	0	0	0	6,832		1.35
Transportation	1,143	1,127	1,020	1,014	3,290		0.65
Maintenance vehicles	0		0	0	0		0.00
Basic services	1,310	2,682	3,022	3,470	7,015		1.38
Training Local Personnel	162	681	691	1,214	1,533		0.30
Office supplies/dissemination					0		0.00
Input for dissemination			11,434	10,665	11,434	4.85	2.26
					0		0.00
Organisational Strengthening	32,929	40,035	28,786	37,810	101,750	43.20	20.07
					0		
Shared expenses	2,496	2,608	2,610	3,904	7,714		1.52
Other expenses	8,278	5,433	4,840	7,273	18,551	7.88	3.66
<b>Total Operating Expenses</b>	<b>68,841</b>	<b>81,023</b>	<b>85,676</b>	<b>110,773</b>	<b>235,541</b>	<b>100%</b>	<b>46.45</b>
<b>TOTAL EXPENSES</b>	<b>74,714</b>	<b>142,100</b>	<b>131,540</b>	<b>158,686</b>	<b>507,039</b>		
Local Contribution	330	30,075	12,310	27,061	69,777		
<b>NET FUNDING</b>	<b>74,384</b>	<b>112,025</b>	<b>119,229</b>	<b>131,624</b>	<b>437,262</b>		

**Graph N° 8**  
**Income by source, 2005-2008**



We see that in year 2005 the local matching contribution was minimal, followed by a substantial increase in 2006 and 2008. The funds from MAN-B have grown constantly in the different periods.

The funds provided by MAN-B have increased over the years, with a variation of approximately 27%.

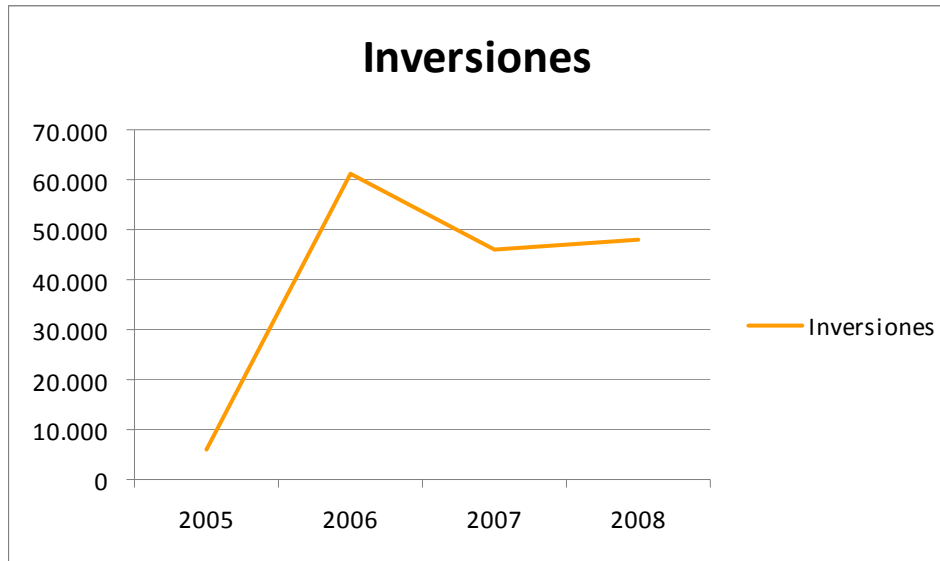
The local matching contribution of USD 69,777 is mostly from the Municipal Government of El Alto for building the Municipal Centre for STIs-HIV/AIDS Surveillance (USD 50,000).

The rest of the local contribution was mostly in kind, valued at USD 19,777. No standardised criteria were used to monetise these contributions on the basis of homogeneous technical criteria.

## Expenditure

The expenses are analysed in terms of investments and operating expenses:

Graph Nº 9  
Investments in years 2005-2008



In the investments, we see that infrastructure accounts for 99.26% of the total weighed investment. This is related to the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS (CRVIR) that is being built in the city of El Alto, with a total cost of USD 111,976, USD 50,000 of which from MAN-B.

In year 2008, the Project purchased equipment for the CRVIR worth USD 30,000. This equipment is being kept in the warehouse until conclusion of the works.

**Graph N° 10**  
**Operating expenses, 2004-2008**



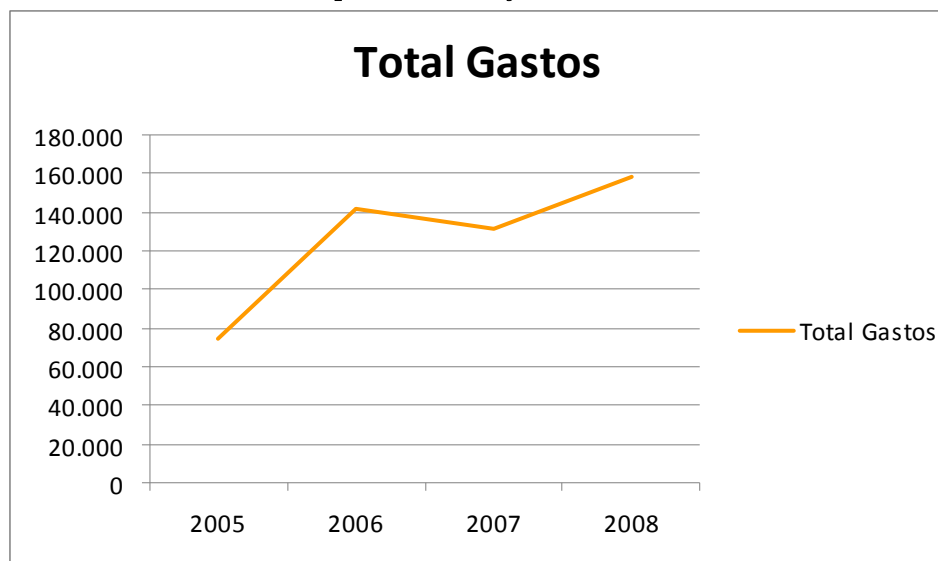
The operating expenses increased by 24% over the 4-year period.

The most representative operating expenses are: Local personnel with 22.10%, foreign personnel with 12.26%, institutional strengthening with 40.30% - which includes the expenses and investments of the HIV/AIDS Project -, and input for dissemination with 6.38%.

A detailed analysis of the operating costs shows that: the expenses in local personnel increased by 300% from USD 7,667 to USD 31,055, in foreign personnel from USD 7,236 to USD 13,118, i.e. 81%; as regards institutional strengthening, the expenses are around the average of USD 34,890 during the four years covered by the evaluation.

It is important to underline that the goals for years 2005 to 2008 remained at stable levels, though there was an increase of 61% in the costs for attaining them, mainly as regards the personnel expenses.

**Graph N° 11**  
**Total expenditure in years 2005-2008**



**Table N° 20**  
**Budgeted versus Executed**

	Budgeted 2005	Executed 2005	Budgeted 2006	Executed 2006	Budgeted 2007	Executed 2007	Budgeted 2008	Executed 2008
<b>INCOME:</b>								
Transferred from Norway	0	330	25,000	30,075	41,861	12,310	3,707	27,061
Local contribution	0	0	0	0		0,00		32
Other local revenues								1,707
<b>Other local revenues</b>	<b>0</b>	<b>330</b>	<b>25,000</b>	<b>30,075</b>	<b>41,861</b>	<b>12,310</b>	<b>3,707</b>	<b>28,800</b>

<b>EXPENSES:</b>								
<b>Investments:</b>	7,500	1,772	8,500	9,664				
Stocks/technical equipment			1,000	1,413				
Vehicle		4,100	0	0		0,00		
Infrastructure	25,000	0	50,000	50,000	70,650	44,064		17,912
Other types of infrastructure								
Internal equipment					2,000	1,799	30,000	30,000
Equipment Education-Health	<b>32,500</b>	<b>5,872</b>	<b>59,500</b>	<b>61,077</b>	<b>72,650</b>	<b>45,863</b>	<b>30,000</b>	<b>47,912</b>

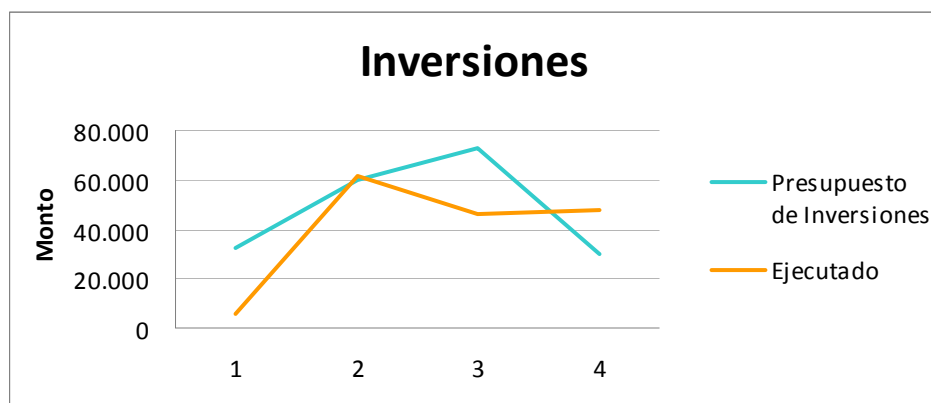


<b>Operating Expenses:</b>								
Foreign personnel	7,347	7,236	11,279	10,350	10,651	11,740	11,848	13,118
Local personnel	7,742	7,667	18,726	17,533	22,473	20,286	30,121	31,055
Advisors/Auditors	1,228	789	521	574	1,064	1,247	897	1,250
Evaluation	15,000	6,832	0	0		0		0
Transportation	1,425	1,143	4,958	1,127	2,062	1,020	2,622	1,014
Maintenance vehicles	0	0	0			0		0
Basic services	1,207	1,310	2,900	2,682	3,475	3,022	3,464	3,470
Training Personnel Local	132	162	1,029	681	1,056	691	1,286	1,214
Office supplies/dissemination								
Input for dissemination					11,283	11,434	10,800	10,665
Organisational Strengthening	31,976	32,929	25,345	40,035	32,218	28,786	34,037	37,810
Shared expenses	1,657	2,496	2,138	2,608	2,684	2,610	3,065	3,904
Other expenses	1,861	8,278	5,817	5,433	4,698	4,840	6,242	7,273
<b>Total Operating Expenses</b>	<b>69,575</b>	<b>68,841</b>	<b>72,713</b>	<b>81,023</b>	<b>91,664</b>	<b>85,676</b>	<b>104,382</b>	<b>110,773</b>

<b>TOTAL EXPENSES</b>	102,075	74,714	132,213	142,100	164,314	131,539,66	134,382	158,686
Local Contribution		330	25,000	30,075	41,861	12,310	3,707	28,800
<b>NET FUNDING</b>		74,384	107,213	112,025	122,453	119,229	130,675	129,885

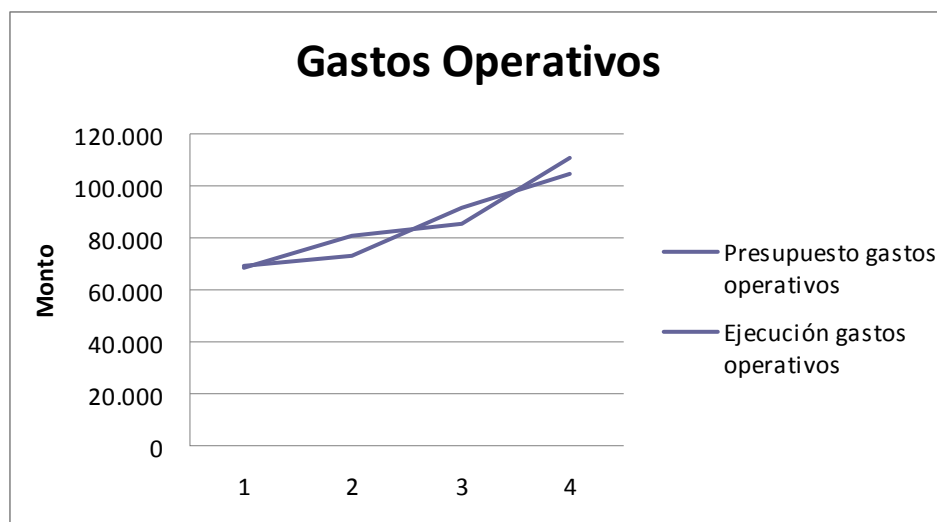
The Graph below shows that there is no adequate investment budget programming: almost 100% of the items are executed in a way that is different from the programmed costs, which includes the income from the local contribution.

**Graph N° 12**  
Executed and budgeted amount, 2005-2008



Most deviations are seen in the investment expenses.

Graph N° 13



Operating expenses, 2005-2008

The operating expenses are subject to the lowest percentage of deviations compared to the programmed expenses, as these expenses are mainly fixed administrative expenses. Institutional strengthening considers the specific operating expenses of the Project is the item causing most distortions in this group of expenses.

### Sustainability

As part of the Project analysis and for visualising its possibility of sustainability, the Project's financial sustainability was analysed on the basis of the local contributions.

With the purpose of determining the behaviour of the local contributions and verifying whether society will assume responsibility for these costs, in the Project evaluation we have seen that the local contributions represent a very low percentage and are mainly made up of the amounts related to construction of the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS.

It is important to underscore that article 15 of Law 3729 on HIV/AIDS Prevention, the Protection of Human Rights and Multidisciplinary Integrated Care for Persons Living with HIV/AIDS states that the National Educational System and the Prefectures and Municipal Governments must include educational programmes in the school study plans on HIV Prevention, and so this obligation has to be assumed as soon as possible by the municipal governments and the prefectures.

The local contribution is variable and is mainly related to infrastructure, i.e. the contributions of the municipal government for building the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS.

## B) Administrative-financial analysis by component

**Table N° 21**  
**Overview of the components and activities, in USD**

<b>COD</b>	<b>COMPONENT</b>	<b>ACTIVITIES</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>TOTAL</b>	<b>%</b>
<b>8</b>	<b>STRENGTHENING OF THE STIs-HIV/AIDS PROGRAMME</b>	Construction of the Laboratory	25,000.00	36,906.59		<b>61,906.59</b>	<b>29.10</b>
		EQUIPMENT	1,164.45		30,000.00	<b>31,164.45</b>	<b>14.65</b>
		Information Health Networks	10,351.34	11,060.00	12,097.63	<b>33,508.97</b>	<b>15.75</b>
		Information for the public in general	11,471.50	11,434.13	11,477.10	<b>34,382.73</b>	<b>16.16</b>
<b>9</b>	<b>STRENGTHENING OF ORGANISATIONS OF PLWHAs</b>	Training and follow-up PLWHAs	4,710.29		5,847.91	<b>10,558.20</b>	<b>4.96</b>
		EQUIPMENT		1,702.16		<b>1,702.16</b>	<b>0.80</b>
		Information for PLWHAs on STIs-HIV/AIDS	2,328.04	728.67	790.97	<b>3,847.68</b>	<b>1.81</b>
		Training for church leaders		1,412.87	340.81	<b>1,753.68</b>	<b>0.82</b>
		Information for Health Networks		298.96		<b>298.96</b>	<b>0.14</b>
		Information for the public	49.94	1,527.23		<b>1,577.17</b>	<b>0.74</b>
<b>13</b>	<b>STRENGTHENING OF THE EDUCATIONAL COMMUNITY / ACTIVITIES WITH THE MICRO EDUCATIONAL SYSTEM, IEC</b>	Teacher training	3,017.92	117.63	628.92	<b>3,764.47</b>	<b>1.77</b>
		Information on STIs for parents	14.33	21.15	14.35	<b>49.83</b>	<b>0.02</b>
		Information for students	5,014.97	8,563.89	8,128.63	<b>21,707.49</b>	<b>10.20</b>
		EQUIPMENT	6,500.00			<b>6,500.00</b>	<b>3.06</b>
						<b>212,722,38</b>	<b>100,00</b>

**Table N° 22**  
**Overview of the different components, in USD**

cod	Components	2006	2007	2008	TOTAL	%
8	STRENGTHENING OF THE STIs-HIV/AIDS PROGRAMME	47,987.29	59,400.72	53,574.73	160,962.74	75.67
9	STRENGTHENING OF ORGANISATIONS OF PLWHAs	7,088.27	5,669.89	6,979.69	19,737.85	9.28
13	STRENGTHENING OF THE EDUCATIONAL COMMUNITY / ACTIVITIES WITH THE MICRO EDUCATIONAL SYSTEM, IEC	14,547.22	8,702.67	8,771.90	32,021.79	15.05
<b>Total</b>		<b>69,622,78</b>	<b>73,773.28</b>	<b>69,326.32</b>	<b>212,722.38</b>	<b>100.00</b>

Consolidated/NORAD/without co-financing.

The component regarding Strengthening of the STIs-HIV/AIDS Programme accounts for the highest percentage of the annual budgets, with 75.67%. Construction works account for 29.10%, followed by information for the public in general, with 16.16%. We can confirm that this support for the STIs-HIV/AIDS Programme is important.

The component regarding Strengthening of the Educational Community is the second group in terms of economic magnitude, with 15.05%. The information for students, i.e. the cost of triptychs and other materials, is 10.20% in relation to the total Project cost. This activity is an important part of the Project work, estimated at approximately 50%. The cost of this component has been stable in the different years. This is because the number of interventions was programmed equitably over the years that are the object of the evaluation.

The component on Strengthening of the PLWHAs ranks third in terms of the economic cost of the Project, with 9.28%. The principal cost is related to training and follow-up of PLWHAs. The execution of this activity was delegated to the STIs-HIV/AIDS Programme.

Below is an overview of the costs of the specific activities per component.

## Component 1 - Strengthening of the STIs-HIV/AIDS Programme

Table N° 23 gives a detailed overview of the different activities.

**Table N° 23**  
**Cost of activities of the component for**  
**Strengthening of the STIs-HIV/AIDS Programme**

COD	COMPONENT	ACTIVITIES	2006	2007	2008	TOTAL	%
8	STRENGTHENING OF THE STIs-HIV/AIDS PROGRAMME	Construction of the Laboratory	25,000.00	36,906.59		61,906.59	29.10
		EQUIPMENT	1,164.45		30,000.00	31,164.45	14.65
		Information for Health Networks	10,351.34	11,060.00	12,097.63	33,508.97	15.75
		Information for the public in general	11,471.50	11,434.13	11,477.10	34,382.73	16.16

### Construction of the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS

As regards this building activity, the HIV/AIDS Project has signed an agreement with the Municipal Government of El Alto, which states that each party will contribute 50% for the works. The construction agreement was awarded to the company CONARQ for BOB 799,885.78 on 18 December 2006 and the time awarded for the construction was 100 days. Due to errors in the design, the company requested a budget increase of BOB 109,989.16. The STIs-HIV/AIDS Project decided to grant an increase of USD 10,650 for improving the quality of the works, especially a change from iron windows to aluminium windows and the additional construction of three rooms on the ground floor.

As at the date of the evaluation, for different reasons the works had not yet been concluded, especially the finishing work (See detailed report in Annex 2). In this sense, the municipal government has informed that it needs an additional amount of BOB 220,000 for concluding the works. However, they do not have this amount as they did not include it in the AOP 2009.

As regards the modifications requested by the Project, it is clear that the quality of the windows has improved. The 3 additional rooms have been built but have not yet been finished. The Municipal Government has not accounted for or reported on this additional amount of USD 10,650 paid for these complementations. MAN-B did not

have any supportive documents, e.g. contracts, agreements or others with the Municipal Government or the building company as at the date of the evaluation.

The following table shows that the disbursements made by the Project account for 100% of the amount agreed upon, plus the amount of the requested modifications.

**Table Nº 24**  
**Budget for the construction**

BUDGET FOR THE CONSTRUCTION, IN USD				
Year	2006	2007	2008	TOTAL
<b>Executed</b>	25,000	35,650	0	<b>60,650</b>

According to the reports on budget execution in construction of the Municipal Centre for Surveillance for STIs-HIV/AIDS in the Project, the registered execution by the Municipal Government is 100%, which is not real, as the amount disbursed by the municipality is much lower than the committed amount.

The Interinstitutional Agreement does not mention the procedure for payment of the works. Therefore, MAN-B has paid 100% of the committed amount and the Municipal Government of El Alto a much lower percentage.

In year 2008, the Project disbursed USD 30,000 to buy equipment for the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS. The purchased equipment is being kept in the warehouse and will be delivered once the works are concluded, the date for which has not yet been defined.

We have seen that in order to avoid reimbursement of the balance of the budget due to a lack of execution in the programmed period, inadequate purchases were made, e.g. equipment for the Regional Centre for Surveillance, Information and Referral in STIs-HIV/AIDS.

**Information, education and communication (IEC)**

The activity regarding Information for the public in general includes the expenses related to spots, jingles and baseline studies.

If we consider the total population of the cities of La Paz and El Alto according to INE data and the users of the radios and TV channels that broadcast the messages, we see that in 2008 the approximate per capita amount spent in this activity was USD 0.0067, which is considered acceptable in view of the scope and benefits of this activity.

**Table Nº 25**  
**Production of materials for dissemination**

<b>Actividad de Información público en general: Material de difusión</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>COSTO</b>	sin dato	<b>11.471</b>	<b>11.283</b>	<b>11.266</b>
<b>Población</b>	1.630.588	<b>1.662.406</b>	<b>1.694.118</b>	<b>1.725.800</b>
<b>COSTO PER CAPITA en \$</b>		<b>0,0069</b>	<b>0,0067</b>	<b>0,0065</b>

### **Component 2 – Strengthening of the Organisations of PLWHAs**

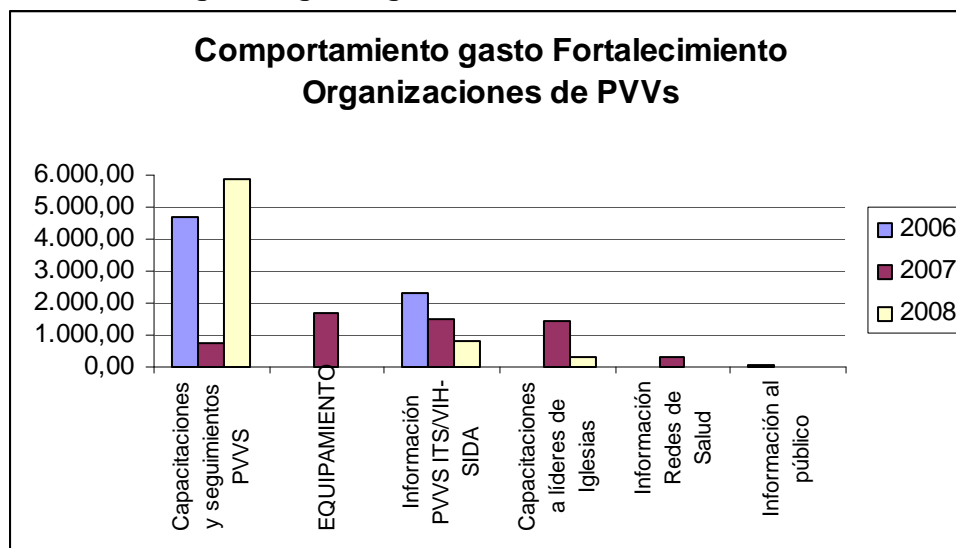
This component aims at strengthening groups of PLWHAs, for improving the living standards of their members. The execution of this activity was delegated to the STIs-HIV/AIDS Programme. The Project financed the equipment, manuals and other training instruments, besides providing training materials in different techniques for workshops organised by the Programme.

Below is an overview of the activities in this component, besides the costs in the different years.

**Table Nº 26**  
**Cost of activities of the component for**  
**Strengthening Organisations of PLWHAs**

<b>COD</b>	<b>COMPONENT</b>	<b>ACTIVITIES</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>TOTAL</b>	<b>%</b>
<b>9</b>	<b>STRENGTHENING OF ORGANISATIONS OF PLWHAs</b>	Training and follow-up PLWHAs	4,710.29	728.67	5,847.91	<b>11,286.87</b>	<b>5.31</b>
		EQUIPMENT		1,702.16		<b>1,702.16</b>	<b>0.80</b>
		Information for PLWHAs on STIs-HIV/AIDS	2,328.04	1,527.23	790.97	<b>4,646.24</b>	<b>2.18</b>
		Training for church leaders		1,412.87	340.81	<b>1,753.68</b>	<b>0.82</b>
		Information for Health Networks		298.96		<b>298.96</b>	<b>0.14</b>
		Information for the public	49.94			<b>49.94</b>	<b>0.02</b>

**Graph N° 14**  
**Expenditure overview**  
**Strengthening of Organisations of PLWHAs, 2005-2008**



**Table N° 27**  
**Per capita cost of the component**  
**Strengthening of Organisations of PLWHAs**

Strengthening of Organisations of PLWHAs				
	2005	2006	2007	2008
<b>COST</b>	No data	7,038	5,670	6,980
<b>PLWHAs</b>	859	859	859	859
<b>PER CAPITA COST IN USD</b>		8.1936	6.6006	8.1254

In order to obtain an approximate calculation of the per capita cost per PLWHA of this component, the total estimated number of PLWHAs is 859, subdivided as follows:

- 558 PLWHAs registered in La Paz.
- 144 with treatment in La Paz.
- 52 PLWHAs registered in El Alto.
- 105 with treatment in El Alto.

The per capita cost fluctuates in the different years, distributed over the different activities as follows: the training for PLWHAs decreased considerably in year 2007, though there is no report on a decrease in the goals. This item is the most important expense item in this component.



### Component 3 – Strengthening of the educational community and IEC for students from EUs in El Alto Norte

This component focuses on IEC for the population, with an emphasis on student participation and prevention. This activity is carried out by officers of the STIs-HIV/AIDS Project, in coordination with the STIs-HIV/AIDS Programme. The Project finances equipment, triptychs and training for students, facilitators, principals of educational units and others.

**Table Nº 28**  
**Cost of activities of the component for**  
**Strengthening of the educational community and IEC**

COD	COMPONENT	ACTIVITIES	2006	2007	2008	TOTAL	%
13	STRENGTHENING OF THE EDUCATIONAL COMMUNITY / ACTIVITIES WITH THE MICRO EDUCATIONAL SYSTEM, IEC	Teacher training	3,017.92	117.63	628.92	<b>3,764.47</b>	<b>1.77</b>
		Information on STIs for parents	14.33	21.15	14.35	<b>49.83</b>	<b>0.02</b>
		Information for students	5,014.97	8,563.89	8,128.63	<b>21,707.49</b>	<b>10.20</b>
		EQUIPMENT	6,500.00			<b>6,500.00</b>	<b>3.06</b>

**Table Nº 29**  
**Per capita cost of the component**  
**Strengthening of the educational community and IEC**

Component: Strengthening of the Educational Community				
	2005	2006	2007	2008
<b>COST</b>	No data	14,547.22	8,702.17	8,772
<b>Students</b>	7,200	7,460	5,600	5,600
<b>PER CAPITA COST IN USD</b>		1.9500	1.5540	1.5664

The total cost of the interventions in the educational units is approximately USD 1.55 per student in the last two years, considering all expenses, i.e. teacher training, information for teachers and facilitators and information for students. In 2006, the cost of equipment increased the per capita cost.

**Materials for dissemination.-** The most important items as regards materials for dissemination are triptychs and other materials for dissemination.

**Table Nº 30**  
**Cost of the materials for dissemination**

<b>Activity: information for students: Materials for dissemination</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>COST</b>	No data	5,015	8,564	8,129
<b>Students</b>	7,200	7,460	5,600	5,600
<b>PER CAPITA COST IN USD</b>		0.6722	1.5293	1.4515

This table shows that the approximate expense per student is USD 1.22 for printing educational material. In 2006, this cost was lower, but the reported number of printed triptychs was not.

For making a more in-depth analysis of this component and the directly and indirectly associated costs for achieving the planned results, for the calculation of the following table we have considered the costs of the component and 50% of the operating costs of the Project office, divided by the number of students trained in 2008. The result is a cost per student of USD 11.89. It is important to compare this amount to the expenses for treating someone who is ill, according to the Adult Treatment Scheme, and which could have been avoided with an adequate training. We can therefore conclude that the Project is socially significant.

**Table Nº 31**  
**Per capita cost considering operating expenses**

Cost of component in 2008	8,871
Operating expenses Project offices and others 2008 (50%)	55,386
Total costs	64,257
Students covered in 2008	5,600
Cost per student in 2008, in USD	11.47

**Table Nº 32**  
**Cost of AIDS treatment**

<b>Adult treatment schemes</b>				
<b>Scheme 1</b>				
<b>Detail</b>	<b>Concentration</b>	<b>Unit</b>	<b>Monthly dose</b>	<b>Price of monthly dose (BOB)</b>
lamivudine + zidovudine	150 + 300 mg	tablet	60	108.48
Nevirapine	200 mg	tablet	60	39.92
<b>TOTAL</b>				<b>148.4</b>
<b>Scheme 2</b>				
<b>Detail</b>	<b>Concentration</b>	<b>Unit</b>	<b>Monthly dose</b>	<b>Price of monthly dose (BOB)</b>
lamivudine + zidovudine	150 + 300 mg	tablet	60	108.48
Efavirenz	600 mg	tablet	30	152.8
<b>TOTAL</b>				<b>261.28</b>
<b>Scheme 3</b>				
<b>Detail</b>	<b>Concentration</b>	<b>Unit</b>	<b>Monthly dose</b>	<b>Price of monthly dose (BOB)</b>
lamivudine + zidovudine	150 + 300 mg	tablet	60	108.48
Indinavir	400 mg	capsule	180	781.52
<b>TOTAL</b>				<b>890</b>
<b>Alternative Scheme 3</b>				
<b>Detail</b>	<b>Concentration</b>	<b>Unit</b>	<b>Monthly dose</b>	<b>Price of monthly dose (BOB)</b>
lamivudine + zidovudine	150 + 300 mg	tablet	60	108.48
Indinavir	400 mg	capsule	120	520.96
Ritonavir	100 mg	capsule	60	584
<b>TOTAL</b>				<b>1,213.44</b>

## **C) Administrative schemes**

### **Administrative-financial procedures**

The central office has a centralising style of administration, and so it takes charge of all administrative and financial operations. The Project only manages petty cash resources. This type of management is considered adequate in view of the costs for decentralising these operations for each project.

### **Disbursement**

The requested disbursements are made in a timely manner. In most cases, payment is made directly from the central office to the providers, without any major knowledge of the background of the operation. We have seen that in some cases payments are made without having complete supportive documents, such as contracts, the contracted products or others. This may give rise to serious problems, for example in the case of the additional works contracted for the Regional Centre for Surveillance and Referral of STIs- HIV/AIDS.

The Project accounts for the expenses in a timely and transparent manner.

### **Matching resources**

There are no defined technical criteria for monetising the matching contribution. We have seen that registration of the budget execution of the matching contribution is not correct, as in the case of construction of the Municipal Centre for the Surveillance of STIs-HIV/AIDS. This means that the Project does not adequately control the actual expenses executed by the partner. Besides, the partner entities do not provide information to the Project on this.

### **Evaluation and control**

According to SD 23980, article 18, the Municipal Government as the implementing entity of the Regional Centre for the Surveillance and Referral in STIs-HIV/AIDS funded with external grant funds should have provided, as part of the grant, the resources needed for an external audit at the end. Independently, according to legal provisions in force, at any time this project can be audited by the Auditor General of the Republic (CGR) and/or Internal Audit Units of the beneficiary entities (e.g. groups of PLWHAs). MAN-B does not have any mechanisms and has not included any provisions in the interinstitutional agreement on this type of regulation for safeguarding the use of its resources.

### **Administrative instruments**

We have seen no procedures manuals or other types of instruments that regulate the different processes. Neither have we seen clearly defined financial-administrative procedures and norms.

### **Procedure for follow-up and control of Project execution**

Until June 2008, the Planning Coordination unit was responsible for Project follow-up and evaluation. After that date, the Technical Coordination unit assumed this responsibility. Although the Planning Coordination unit developed instruments for follow-up and monitoring, these instruments are not fully applied because of a lack of executive decisions.

The project follow-up by the central office is limited to the reception of periodic reports; there is no quantitative and qualitative follow-up of the reported results.

Project management must be optimised through application of the instruments developed by the Planning Coordination, which has not yet been approved because of a lack of executive decisions, which hampers adequate implementation.

The objective of this evaluation is to determine the pertinence and achievement of the originally proposed objectives, besides the effectiveness, efficiency, impact and sustainability of the Project.

The objective of this evaluation is to give feedback to the entity, verify progress and, particularly, recommend corrective measures – if applicable – for ensuring attainment of the project objectives.

## 8. CONCLUSIONS

In general, the persons directly involved in the Project – participants, partners and the target public - said they were satisfied with Project development. This is mainly related to the accumulated experience, the dedication, seriousness and transparency of the implementing groups, under the leadership, the vision based on humanity and solidarity of its tireless and dedicated coordinator. And these efforts were complemented with the support from the central office administration.

The city of El Alto is a peripheral city of La Paz, with a remarkable demographic explosion and a high level of poverty, which means that its population is more vulnerable to public health problems such as STIs-HIV/AIDS. In this sense, the work of MAN-B in El Alto stands out as an oasis in the desert, a point of light in the darkness. The project should continue and be expanded. There is no doubt whatsoever as regards the positive impact of the Project in this community.

There is no evidence of this Project overlapping with similar initiatives of other NGOs. In the interviews some people mentioned that other NGOs have acted in the schools of El Alto, but not anymore. At the moment, other NGOs have worked with different groups (GLTs; sexual workers). The catholic church supports another NGO called “Cumbre”. “Una Luz en el Camino” is receiving help from the Global Fund for being recognised as an entity with legal capacity, but it needs support to get organised more adequately and achieve financial sustainability. As mentioned by the professionals, other NGOs have also worked in healthcare, but their actions are complementary and not overlapping. One example is the nutrition service of the CDVIR La Paz; other NGOs supported the production of banners for the service, but the existence of this service is thanks to the support of the MAN-B Project.

### **Institutional strengthening of the Departmental STIs-HIV/AIDS Programme of SEDES La Paz**

The Project of MAN-B has supported the Departmental Programme on different fronts, as we have seen in the interviews with health professionals.

It enabled implementation of the existing nutrition service in the CDVIR La Paz, through the purchase of furniture and equipment; an improvement of operation of the CDVIR with the purchase of a data show and a computer; the handicraft workshops for the PLWHAs, which fomented mobilisation of the PLWHAs and mutual help besides helping them to obtain an income; the support for a radio programme – radio Qhana, which broadcasts messages on STIs-HIV/AIDS to the population in general.

Another aspect mentioned is the fundamental support of the Project for building the CRVIR El Alto. However, there are problems for concluding the construction of this centre: practically all finishing works are still pending. The authorities have

meanwhile signed a commitment, but it is necessary for the Project implementing team to follow this up, step by step until complete conclusion.

The STIs-HIV/AIDS Project in El Alto can contribute to the implementation of epidemiological surveillance, in conjunction with the Departmental STIs-HIV/AIDS Project. According to estimates of UNAIDS, there are many more PLWHAs in Bolivia than the notified number. It is necessary to identify these persons through a more active epidemiological surveillance.

This Project component does not yet have a manual with norms and routines.

### **Strengthening of organisations of PLWHAs and of support networks**

Without any doubt, the Project of MAN-B is important to strengthen the organisations and networks of PLWHAs. The members of the organisation “Una Luz en el Camino” and the interviewed participants in the Handicraft Workshop value these activities very much. They say that thanks to the Project, it has been possible to strengthen the groups of PLWHAs, by means of workshops, confraternity meetings, participation in radio programmes and in the production of information materials. They consider that implementation of the nutrition service and construction of the new building of the CRVIR in El Alto are major contributions for improving the integrated care for PLWHAs. They have expectations regarding continuation of the Project and they hope that they will continue to receive support from MAN-B.

Despite all this work, there are still enormous weaknesses and so it is necessary to continue working with the Departmental Programme on the empowerment of these groups.

This component of the Project also needs a manual with norms and routines.

### **Provide Information, Education and Communication (IEC) on STIs-HIV/AIDS, emphasising adolescents from the Norte zone in the city of El Alto but also for the population in general from El Alto and La Paz**

The Project has a draft manual of norms and routines for this component, with an activity timeframe (detailed annual lists by month and day), a list of schools covered in every year; a list of activities of the facilitators; a sheet for follow-up of the facilitators in the EUs; a sheet to monitor the facilitators in the EUs; and job descriptions for Project personnel. There is also a register of all agreements signed with different institutions. Nonetheless, all this is incipient and needs to be complemented. The fact that only two teachers from every EU are trained hampers Project sustainability, taking into account the frequent changes of teachers to other EUs and the impediments for them to come back to the previous EUs for these

activities. The more teachers are trained, the stronger the Project will be, and the better the chances of continuity.

The students, principals and teachers have expectations regarding continuity and extension of the Project, e.g.: increase the number of teachers to be trained in the EUs; reach out to EUs in the south of El Alto etcetera.

Most of the teachers (87.5%, that is to say 7 of the 8 interviewed teachers) said that they had been supervised less than once a month, which is considered insufficient so as to help them keep the topic on the institutional agenda.

In the quantitative analyses based on the survey conducted among the students, a high percentage answered having received information on STIs-HIV/AIDS in the EUs, regardless of whether they had been intervened by the Project (83.3%) or not (62.8%). Obviously, there is a statistically significant difference between both groups ( $p=0.00$ ). It is important to underline that more than the information received, the students have shown that they really know about the topic. This could be measured by means of the other questions (mention the number of STIs they know, the ways of transmission and prevention of HIV/AIDS, that the pill is to avoid pregnancy but that it does not protect against diseases etc.). When going deeper into the topic, we noticed a major difference, with a significant positive variation in the students from the EUs covered by the Project as regards the knowledge of STIs-HIV/AIDS and the ways of prevention.

Other major and very important findings of the survey are related to the impact of the Project on attitudes and practices as regards the prevention of STIs-HIV/AIDS and the solidarity with PLWHAs.

As regards **values**, more than half of the students from the EUs covered by the intervention mention **abstinence** as a way to prevent STIs-HIV/AIDS, compared to 27.5% of the control group; a large part of them (44.5%) mention **fidelity**, compared to only 9.2% of the control group.

The students from the EUs covered by the Project who say that they are sexually active gave more positive answers regarding the use of condoms (72.2% compared to 36%, value of  $p=0.00$ ). According to what they say, the odds are 4.6 higher of them using condoms (OR = 4.6; CI of 95% = 2.46-8.55), compared to students from EUs not covered by the Project. This reduces the risk in this group of contracting STIs-HIV/AIDS and also of pregnancies.

These students also mentioned that more frequently, they have an attitude of solidarity towards PLWHAs (96.3% compared to 79.7%, value of  $p=0.00$ ). Likewise, the odds of these students displaying solidarity with PLWHAs were estimated at 6.6 higher (OR = 6.6; CI of 95% = 4.00, 10.82), compared to the students from EUs not covered by the intervention.



Nonetheless, most students from the two surveyed groups – with a slightly higher percentage in the control group (51.4% and 67.3%, respectively, value of  $p=0.00$ , average of 55.8%) do not discuss STIs-HIV/AIDS with their families.

Almost half of the 1,051 students ( $494/1,051=47.0\%$ ) who answered the question on whether they knew about a fellow student being pregnant in the last year gave an affirmative answer. Therefore, adolescent pregnancy is something they identify frequently. Most of the surveyed teachers (75%) answered that they discussed this topic with the students. This issue, as well as drugs and violence, should not be forgotten in the Project work because of the risk situations the adolescents are often exposed to.

As regards the indicators proposed for measuring the impact of the intervention - “70% of the population is informed of HIV/AIDS” the actual percentage found is 96.8%; “30% of the sexually active population uses condoms” the result found is 72.2%. Only the indicator “80% of the 35,000\* trained students know three ways of infection with HIV/AIDS” was not achieved. Maybe this indicator was overestimated. We should underscore that 45.1% of the students from the EUs covered by the intervention know three ways of transmission, compared to only 20% of the students from the EUs not covered by the intervention ( $p=0.00$ ).

Even though not all proposed indicators were achieved, as detailed before, the results are very favourable in terms of impact of the intervention: the answers were more positive, with statistically significant differences, in students from the EUs covered by the intervention compared to the students from the EUs not covered by the intervention, in terms of knowledge of STIs-HIV/AIDS, positive knowledge and practices regarding STIs-HIV/AIDS and attitudes of solidarity with PLWHAs.

#### **Administrative-financial area**

The objective of this evaluation is to determine the pertinence and achievement of the originally proposed objectives, besides the effectiveness, efficiency, impact and sustainability of the Project.

The degree of quantitative compliance of the activities under the different components is highly satisfactory, except for construction of the Regional Centre for Surveillance, Information and Referral, which has not been concluded to date. We should underline that this activity was delegated to the Municipal Government of El Alto.

It is important to mention that all products reported as having been accomplished – such as jingles, spots, triptychs, equipment etc. – have been completely verified by the

consulting team. The conclusion is therefore that the people responsible for Project execution have worked with a high degree of seriousness and transparency.

The per capita cost of the components is considered adequate and the cost-benefit ratio is highly remarkable.

Project sustainability is still weak and the local matching contribution is minimal compared to the funds provided by MAN-B. It is necessary to standardise mechanisms to control the local matching contributions.

The operating expenses have increased significantly during the evaluated periods; the personnel item being the most important expense item.

The administrative-financial routines of the central office of MAN-B are adequate and facilitate the operations and attainment of the results of the STIs-HIV/AIDS Project.

## 9. RECOMMENDATIONS

### **For general Project continuity**

Because of the transcendence and excellence of the work, the evaluation team recommends continuing with the Project and turning each component into a project with extended action lines.

### **Institutional Strengthening of the Departmental STIs-HIV/AIDS Programme of SEDES La Paz**

- It is necessary to prepare a manual with routine procedures and norms for this component. It should consider the work objective and methodology, goals, performance indicators, the mechanism to evaluate the results, and other concepts.
- Continue to develop manuals, newsletters, posters, triptychs, spots, jingles etc. according to Project demands.
- It may be possible to support and work together with the Programme on the development of strategies to improve the epidemiological surveillance in HIV/AIDS. Epidemiological surveillance is mainly “information for action”. By knowing exactly the number of PLWHAs, it would be possible to better plan the actions in prevention, healthcare, human rights promotion and support for PLWHAs.
- Follow up to ensure compliance of the deadline of 30 July 2009 set by the municipality of El Alto for concluding the construction of the CRVIR in El Alto.
- Sign a commitment with the Municipal Government so as to ensure exclusive use of the building that is being built for housing the Centre for Surveillance and Referral in STIs-HIV/AIDS for the intended purposes.

### **Strengthening of organisations of PLWHAs and of support networks**

- It is necessary to prepare a manual with routine procedures and norms for this component. It should consider the work objective and methodology, goals, performance indicators, the mechanism to evaluate the results, and other concepts.
- The NGO “Una luz en el camino” is one of the most active ones in El Alto. It needs a space for meetings and for its activities.
- Give support for the NGO “Una luz en el camino” to generate its own income and to ensure its sustainability (development of the Project “The church and the bread of every day”). Maybe it is indispensable to ask the NGO for a financial contribution; the suggestion is to consider their labour as a matching contribution for a start.
- Arrange for the distribution of milk for the children under two years old (at the moment, milk is given to the children under one year old). The

recommendation of the WHO is to promote **exclusive** breastfeeding during the **six** first months after birth and to reinforce with complementary food at least until the children are **two years old**; the children of mothers with HIV cannot receive mother's milk; this means that they have to receive other milk until they are two years old, i.e. the time they would normally be breastfed. Strategic alliances could be entered into with institutions that can provide this input. Another possibility is productive projects involving PLWHAs, part of the income from which could be used for buying milk.

- We recommend working in a coordinated manner with the Departmental Programme so as to enhance the identification, acceptance and support for more PLWHAs. The recommendation is to find PLWHAs in hospitals, because probably many of them are diagnosed with HIV when hospitalised as the result of a complication of AIDS (late diagnosis). The hospital is an excellent place to identify, accept and capture these persons. Another very important place for offering solidarity and support to PLWHAs is the jails. For identifying them there, it may be necessary to promote rapid tests for persons in jail.
- We suggest that the Project coordinator visit other successful experiences of support for NGOs and groups of PLWHAs in other countries (for example: Brazil, Ecuador) for implementation in Bolivia.

**Provide Information, Education and Communication (IEC) in STIs-HIV/AIDS, with an emphasis on adolescents from the north area of the city of El Alto, but also for the population in general from El Alto and La Paz.**

- It is necessary to complement the manual with routine procedures and norms. It is necessary to add some concepts such as the mission of the Project, the objectives and work methodology, the goals and indicators; the ethical principles regulating the work, the criteria for eligibility of the EUs and the institutions with whom agreements will be signed; the methodology of teacher trainings and the minimum content thereof; the methodology and periodicity of the evaluations of the activities developed in the EUs, the periodicity of reports on these evaluations, physical-financial performance.
- Extend the facilitators' work to a full-time activity so as to enhance their presence in the EUs and a better follow-up. The two facilitators are now working half-time for the Project.
- For ensuring Project sustainability, we recommend taking steps to ensure compliance with Law 3729, dated 08 August 2007, which provides for the inclusion of STIs-HIV/AIDS into the school study plans, as described below.

**Law 3729, dated 08 August 2007 "Law on HIV/AIDS prevention, the protection of human rights and multidisciplinary integrated assistance for Persons Living With HIV/AIDS".**

Article 15 (Education).

- I. The National Educational System has to emphasise educational programmes on HIV prevention, through the crosscutting incorporation of Education for Sexuality, as part of the study plans at the primary and secondary levels, higher and alternative education.
- II. The Prefectures and Municipal Governments will include HIV education and prevention programmes into their respective activities.

- Produce materials in Aymara for raising awareness in parents.
- Participate in the periodic (quarterly) meetings of parents in the EU, providing explanations on STIs-HIV/AIDS.
- Increase the number of teachers participating in every EU. The more teachers are trained, the stronger the Project and the better the chances of sustainability.
- When selecting the teachers, consider their interest in participating, regardless of their subject matter.
- Continue to produce materials and include a magazine with more information for adolescents.
- In the work with the students, consider topics such as domestic violence, gender violence (including sexual violence), drugs and adolescent pregnancy.
- Draft a guide with different alternative methodologies for knowledge transfer to the students. One of the first things to do is to find the most successful experiences regarding the teachers' knowledge transfer to the students.
- Encourage a protagonist role for youth. A group of students with leadership characteristics has to be identified and trained. Assess and develop activities according to their expectations and suggestions.
- Establish, together with the Regional, Departmental and National STIs-HIV/AIDS Programme, the content and methodology of the trainings of the teachers/students. This content and methodology must be documented in the Manual of Norms and Routines.
- Encourage an annual refresher meeting with all already trained teachers.
- Give feedback to the teachers on the results of the evaluation so they would feel part of the Project.

## **Administrative-financial area**

### **Operating expenses**

We recommend verifying the composition of the personnel expenses, in view of the significant increase in this item.

### **Local contribution**

We recommend that in the interinstitutional agreements the obligation of the implementing entities giving detailed reports on execution of the matching contribution be included. Parameters must be established for valuation of the contributions in kind.

### **Sustainability**

According to the explanations provided on Law 3729, we recommend starting conversations with the Departmental Education Services, departmental and municipal governments on the obligation to include HIV/AIDS in school study plans, aimed at implementing the methodology of the IEC component in the schools, thus achieving an important degree of Project sustainability.

### **Construction of the Regional Centre for Surveillance in STIs-HIV/AIDS (CRVIR)**

We recommend the following actions:

1. Revise the legal supportive documents.
2. A technical audit of construction of the Centre, as the complete budget has been paid and, according to our non-professional physical inspection, an estimated 40% is still needed for concluding the works.
3. Ask that the building company conclude the modifying works agreed upon between the Project and the company.
4. Negotiate constantly with the Municipal Government of El Alto on conclusion of the Centre in coordination with the groups of beneficiaries.

### **Administrative-financial routines**

The central office has developed various instruments for improving planning and execution, monitoring and evaluation. We recommend that the Project optimise its management with the use of these tools and procedures for an effective verification of compliance of the defined objectives.

The Project has to define standardised administrative routines between the Project and the delegated administration, defining the obligation for the latter to report on budget execution and on the obtained results.

### **Procedure for follow-up and control of Project execution**

We highly recommend midterm evaluations of the results of the executed activities. The results evaluations must be selective and in accordance with methodologies to be

developed by the central office. This evaluation should measure both quantitative and qualitative results.

In this phase, there will be Project evaluations for the activities that have been concluded or that are in operation, aimed at verifying the costs and benefits planned in the programming phase and at recommending the adjustments needed for optimising operation and for improving the impact. These evaluations will provide information for providing feedback on the intervention.

### **Cost-benefit ratio**

As regards the cost-benefit ratio of continuing with Project implementation, we have concluded that the financial cost of the current STIs-HIV/AIDS Project greatly justifies Project continuation in view of its low cost compared to the socioeconomic cost of the consequences of HIV/AIDS propagation.

The evaluated Project contributes significantly to development of the country as an HIV/AIDS expansion would slow down development for three socioeconomic reasons, as explained below.

Most persons affected are from the productive age category and the worst effects of this disease are the difficulties of the affected groups for developing productive tasks and/or for improving their existing living conditions, among other things because of their loss of labour capacity, on the one hand, and the high cost of the treatment and medication, on the other hand, which oblige them to use a significant part of their personal and/or household income for medical treatment and medication, which reduces their opportunities for consuming other goods and services. The affected human capital therefore has decreased work opportunities and potential, and so their productivity and income stagnate or decrease substantially.

The cost of the medical care and treatment normally exceed the funding possibilities of the affected person or an important part thereof. Hence, the public health programmes should assume these costs and face a growing number of affected persons, which also means that there are less actions and resources for other population sectors and public health issues.

A rapid increase of the affected population would hamper the necessary adjustments for promoting the economic and social change of the country, particularly in the cities of the axis, where the incidence of these diseases is the highest. This gives rise to problems regarding administration and management of the services for prevention and care, even for maintaining the current HIV/AIDS growth levels. It is therefore necessary to allocate more resources for prevention, which will always cost less than treatment.

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# ANNEX 1 – Forms used in the evaluation

## HIV/AIDS QUESTIONNAIRE FOR STUDENTS

SEX: F \_\_\_\_\_ M \_\_\_\_\_ Age: \_\_\_\_\_

Number: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place (EU): \_\_\_\_\_

**1. Have you ever received information on Sexually Transmitted Infections (STIs), the Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS)?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**2. Where have you received this information?**

a) At school \_\_\_\_\_ b) The healthcare service \_\_\_\_\_ c) An NGO \_\_\_\_\_ d) The Health Fair \_\_\_\_\_

e) Another place/source (magazine, newspaper, television, friend etc.) \_\_\_\_\_ Specify source:  
\_\_\_\_\_

f) I have never received information on HIV/AIDS \_\_\_\_\_

**3. Have you seen messages on STIs-HIV/AIDS on television?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**4. Who produced this message you saw on television?**

a) I don't know, I've never seen it \_\_\_\_\_ b) The Ministry of Health \_\_\_\_\_ c) The Ministry of Health and Misión Alianza de Noruega en Bolivia \_\_\_\_\_ d) Other \_\_\_\_\_ Please specify:  
\_\_\_\_\_

e) I have seen it but I don't remember who produced it \_\_\_\_\_

**5. Mention four STIs**

1..... 2.....  
3..... 4.....

**6. Which are the ways of transmission of HIV/AIDS?**

1..... 2.....  
3.....

**7. HIV is transmitted by hugging a friend.**

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

8. There are effective manners to prevent HIV/AIDS. Mention three.

1..... 2.....  
3.....

9. HIV causes AIDS.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

10. There is treatment, but no cure for AIDS.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

11. The contraception pill prevents pregnancy, but offers no protection against HIV/AIDS.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

12. Have you known of any friend who got pregnant in the last year?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. A person can be positive without knowing, and have no AIDS symptoms for years though meanwhile that person can transmit the virus.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

14. Symptoms of AIDS:

1.....2.....

15. Do you know any person living with HIV/AIDS?

YES \_\_\_\_\_ NO \_\_\_\_\_

16. If you meet a person; a friend or a relative and you know that (s)he has HIV/AIDS, how would you act?

a. I would take distance so I won't contract HIV \_\_\_\_\_

b. I would adopt an attitude of solidarity with no fear of being ill as I know very well how HIV is transmitted \_\_\_\_\_

17. Do you use condoms in sexual intercourse?

a) Always \_\_\_\_\_ b) Sometimes \_\_\_\_\_ d) Never \_\_\_\_\_ d) I don't have sexual intercourse \_\_\_\_\_

18. What are the advantages of using condoms?

1..... 2.....

19. Where do you get condoms?

a) Pharmacy \_\_\_\_\_ b) market \_\_\_\_\_ c) at home \_\_\_\_\_

d) another place \_\_\_\_\_ Please specify

e) Never used/obtained\_\_\_\_\_

**20. Do you discuss the use of condoms with your parents?**

YES \_\_\_\_\_ NO \_\_\_\_\_ Why?

- a) They do not accept your using condoms \_\_\_\_\_
- b) They feel ashamed to discuss this issue \_\_\_\_\_
- c) You are afraid of their reaction\_\_\_\_\_
- d) Any other reason \_\_\_\_ please specify .....

**21. Do you discuss STIs-HIV/AIDS with members of your family?**

YES \_\_\_\_\_ NO \_\_\_\_\_ Why?

- a) It is a prohibited topic in my family \_\_\_\_\_
- b) I feel ashamed to discuss this \_\_\_\_\_
- c) I am afraid of the reaction of other persons\_\_\_\_\_
- d) Any other reason \_\_\_\_ please specify .....

EXTERNAL EVALUATION 2005 – 2009  
STIs-HIV/AIDS PROJECT OF MISION ALIANZA DE NORUEGA EN BOLIVIA

HIV/AIDS QUESTIONNAIRE FOR TEACHERS

1. SEX F \_\_\_\_\_ M \_\_\_\_\_

2. Have you received training on STIs-HIV/AIDS?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Where have you received this training?

.....

4. How often have you been trained?

1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) more ( ) \_\_\_\_\_

5. Can you mention four STIs?

1..... 2.....

3..... 4.....

6. Since when are you participating in these activities together with Misión Alianza?

Starting date day..... month..... year .....

7. What are the ways for HIV/AIDS prevention?

1..... 2..... 3.....

8. Did any of your students get pregnant last year?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Has the issue of adolescent pregnancy been covered with the students?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Do you know the STIs-HIV/AIDS Project executed by Misión Alianza?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. What do you think of the supervision of the supervisors of Misión Alianza?

Excellent ( ) Good ( ) Regular ( ) Weak ( )

12. How often have you been supervised by the Project?

Weekly ( ) Monthly ( ) Two-monthly ( ) Six-monthly ( ) Never ( ) Other ( )

Please describe.....

**13. What were the main questions of the students related to?**

Pregnancy ( ) Symptoms of STI-HIV/AIDS ( ) Prevention of STIs-HIV/AIDS ( )  
Ways of transmission ( ) Place for treatment of STIs-HIV/AIDS ( )  
Where the HIV test is taken ( ) Others. Please describe.....

**14. What else do you need for developing your activities?**

Information material ( ) More guidance and support from the supervisors ( )  
More training, ongoing education ( ) Manuals ( ) Infrastructure (place for events) ( )  
Audiovisual equipment ( )

## **ANNEX 2 – Report on the situation of construction of the CRVIR**

For your information, I am hereby sending you the report from the persons responsible for following up conclusion of the PROJECT FOR CONSTRUCTION OF THE MUNICIPAL CENTRE FOR SURVEILLANCE OF STIs-HIV/AIDS.

To the attention of: DRA. GOOD

### ***REPORT SAD-1/459/09***

***TO : Dra. Leonor Bueno Bravo  
SOCIAL DEVELOPMENT OFFICER***

***FROM : Arch. Enrique Centellas G.  
WORKS SUPERVISOR GMEA (Municipal Government of El Alto)***

***FROM : Arch. Jose Maria Caballero  
PROJECT OFFICER OF THE MUNICIPAL HEALTH DIRECTION***

***RE: CONSTRUCTION OF THE MUNICIPAL CENTRE FOR SURVEILLANCE OF STIs-HIV/AIDS***

***DATE: El Alto, 5 June 2009***

Dear Madam,

At your request and instruction on 22 May 2009, I have pleasure in hereby informing you of the status and term for conclusion of construction of the **Municipal Centre for Surveillance of STIs-HIV/AIDS**:

Through Municipal Resolution N° 525/2006 dated 18 December 2006, the draft agreement between the Municipal Government of El Alto and the company “**CONARQ CONSTRUCCIONES**” is approved, which is the result of National Public Bid LPN/096/06 for the project “**CONSTRUCTION OF THE MUNICIPAL CENTRE FOR SURVEILLANCE OF STIs-HIV/AIDS**” for an amount of BOB 799,885.78 (BOLIVIANOS). Moreover, it was resolved that the works had to be concluded within 100 calendar days as from 19 December 2006. In this sense, the Municipal Executive Branch committed to grant the plot of land for the mentioned works.

The agreement was approved through minutes N° 892/06 dated 16 November 2006. Next, the process for contracting the company was continued according to the following conditions:

- Funding is provided by Misión Alianza Noruega and the Municipal Government of the city of El Alto, each of which will provide 50% or USD 50,000, and so the total amount is USD 100,000.
- The amount of the contract is BOB 799,885.78, awarded to the company CONARQ CONSTRUCCIONES.
- The initial implementing time would be 100 calendar days as from the date of issuance of the order to proceed issued by the assigned supervisor; in this case the supervisor is Arch. Enrique Centellas who was appointed on 4 January 2007. He gave the order to start the works on 16 January 2007.

In this context, the items to be developed according to the proposal of the company **“CONARQ CONSTRUCCIONES”** are related to the architectonic part, the structural part, electrical installations and sanitary installations.

<b>COST ARCHITECTURE</b>	Bolivianos	460,651.72
<b>COST STRUCTURE</b>	Bolivianos	261,783.50
<b>COST ELECTRICAL INSTALLATIONS</b>	Bolivianos	35,904.08
<b>COST SANITARY INSTALLATIONS</b>	Bolivianos	42,356.48
<b>TOTAL COST</b>	Bolivianos	799,885.78

We must mention that on the date on which the agreement was changed the USD-BOB exchange rate was **USD 1 = BOB 8.00**.

The following items had to be developed in this initial contract;

#### **COST ARCHITECTURE**

<b>Nº</b>	<b>DESCRIPTION</b>	<b>UNIT</b>	<b>INITIAL VOLUME</b>	<b>UNIT PRICE 2006</b>	<b>AMOUNT AWARDED</b>
1	INSTALLATION OF WORKS	General	1	2761.66	2761.66
2	REDESIGN AND LAYOUT	General	1	642.97	642.97
3	EXCAVATION 0-1 M WITHOUT DRAINING SEMIHARD GROUND	M3	50.4	3.45	173.88
4	EXCAVATION 0-2 M WITHOUT DRAINING SEMIHARD GROUND	M3	173.5	25.35	4398.23
5	FOUNDATIONS H°Cº 50% DISPLACED STONE	M3	18.13	242.66	4399.43
6	SECOND FOUNDATION H°Cº 50% DISPLACED STONE	M3	2.99	354.83	1060.94

Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
7	COVER Hº Sº E= 5cm WITH SUBFLOOR	M3	311.71	52.17	16261.91
8	STAIRS HºCº	M3	1.78	216.64	385.62
9	GAMBOTE BRICK WALL E=12CM	M2	159.09	121.01	19251.48
10	BRICK WALL 6H E=12CM (24X18X12)	M2	472.7	61.07	28867.79
11	BRICK WALL E=8CM	M2	18.4	62.92	1157.73
12	REINFORCED CONCRETE FOR FULL SLAB (FOR LARGE TABLES)	M2	1.01	182.46	184.28
13	PLASTERING OF WALLS	M2	894.89	31.29	28001.11
14	PLASTERING OF THE CEILING UNDER CONCRETE SLAB	M2	582.71	29.77	17347.28
15	PLASTERING OF CEILING, INCLUDING TIMBER	M2	58.5	68.28	3994.38
16	METALLIC WINDOW ANGULAR PROFILE	M2	158.84	143.1	22730.00
17	PROVISION AND PLACEMENT OF DOUBLE TRANSPARENT WINDOWS	M2	158.84	73.04	11601.67
18	WATER TABLE GAMBOTE BRICKS H=12CM	LM	45.55	40.03	1823.37
19	REINFORCED BRICK LINTEL	LM	49.7	27.97	1390.11
20	INSIDE AND OUTSIDE LOCKS	PCE	45	165.08	7428.60
21	WOODEN DOOR	M2	82.2	355.22	29199.08
22	METALLIC DOOR ANGULAR PROFILE	M2	8.4	264.59	2222.56
23	OUTSIDE PLASTERING WITH LIME-CEMENT AND SAND	M2	49.47	43.88	2170.74
24	OIL PAINT FOR WALLS	M2	87.39	30.68	2681.13
25	INSIDE LATEX OR SIMILAR PAINT	M2	1448.71	12.3	17819.13
26	NATIONAL FLOOR TILES ON SLAB	M2	477.89	119.92	57308.57
27	NATIONAL FLOOR TILES WITHOUT ENAMEL	M2	152.57	119.92	18296.19
28	FINISHING WITH WHITE TILES	M2	65.68	98.27	6454.37
29	NATIONAL TILES FOR PLINTH	LM	389.35	27.66	10769.42
30	SEMI-HARD WOODEN PARQUET FLOOR	M2	116.33	67.47	7848.79
31	WOODEN PLINTH	LM	79.69	25.31	2016.95
32	ROOFING SHEETS Nº28 WITH METALLIC STRUCTURE	M2	76.08	227.31	17293.74
33	POLYCARBONATE COVER AND METALLIC STRUCTURE	M2	88.65	482.91	42809.97
34	WALL OF HºCº	M3	82.32	345.52	28443.21
35	FILLING AND COMPACTING WITH SELECTED MATERIALS	M3	140.8	42.04	5919.23
36	METALLIC LATTICE	M2	140.51	135.61	19054.56
37	METALLIC LATTICE DOOR	M2	14.7	160.14	2354.06
38	CEMENT SIDEWALK	M2	230.73	35.19	8119.39



Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
39	SIDEWALK CORDON	LM	26.71	65.2	1741.49
40	GUTTERS N°28	LM	14.61	76.97	1124.53
41	PVC RAINWATER PIPES PVC	LM	3.5	27.94	97.79
42	COMMEMORATIVE PLATE 60X40	PCE	1	475.35	475.35
43	GENERAL CLEANING	General	1	268.55	268.55
<b>COST ARCHITECTURE</b>		Bolivianos		<b>460,651.72</b>	

### COST STRUCTURE

Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
1	REINFORCED CONCRETE FOR FOUNDATION BLOCKS	M3	54	1121.31	60550.74
2	REINFORCED CONCRETE FOR COLUMNS	M3	10.4	1566.66	16293.26
3	REINFORCED CONCRETE FOR BEAMS	M3	30	1645.08	49352.40
4	SLAB LIGHTENED WITH SLAB PLASTOFORM E= 20CM	M2	652.05	193.96	126471.62
5	REINFORCED CONCRETE FOR STAIRS	M3	5.09	1790.86	9115.48
<b>COST STRUCTURE</b>		Bolivianos		<b>261,783.50</b>	

### COST ELECTRICAL INSTALLATIONS

Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
1	CUTTING OF BRICK WALL	LM	380	0.38	144.40
2	PROV. AND INSTALL. OF CONDUIT 3/4" IN WALL	LM	600	4.19	2514.00
3	PROV. AND INSTALL. OF CONDUIT 1" IN WALL	LM	25	4.21	105.25
4	PROV. AND INSTALL. OF PULL BOX, RECTANGULAR	PCE	95	15.49	1471.55
5	PROV. AND INSTALL. OF PULL BOX, CIRCULAR	PCE	131	15.49	2029.19
6	PROV. AND INSTALL. OF FLUORESCENT LIGHTING 2X40 W	PCE	42	133.85	5621.70
7	PROV. AND INSTALL. OF FLUORESCENT LIGHTING 2X20 W	PCE	20	133.85	2677.00
8	PROV. AND INSTALL. OF SPOT LIGHTING BULL'S EYE 60W	PCE	6	68.39	410.34
9	PROV. AND INSTALL. OF INCANDESCENT LIGHTING 60W	PCE	5	65.28	326.40
10	PROV. AND INSTALL. OF APPLIQUÉ LIGHTING 60W (INSIDE)	PCE	2	97.79	195.58
11	PROV. AND INSTALL. OF APPLIQUÉ LIGHTING 60W (OUTSIDE)	PCE	2	97.79	195.58
Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
12	PROV. AND INSTALL. OF COPPER WIRE N° 14 AWG	LM	729	3.25	2369.25

13	PROV. AND INSTALL. OF COPPER WIRE N° 12 AWG	LM	522	4.82	2516.04
14	PROV. AND INSTALL. OF COPPER WIRE N° 8 AWG TW	LM	50	10.96	548.00
15	PROV. AND INSTALL. OF COPPER CABLE N° 7X2 AWG TW	LM	4	23.04	92.16
16	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/5 THERM. BIP.	PCE	1	596.67	596.67
17	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/4 THERM. BIP.	PCE	1	596.67	596.67
18	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/3 THERM. BIP.	PCE	1	596.67	596.67
19	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 15A	PCE	5	82.09	410.45
20	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 20A	PCE	4	59.05	236.20
21	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 30A	PCE	3	59.05	177.15
22	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 50A	PCE	1	59.05	59.05
23	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE)	PCE	35	64.12	2244.20
24	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE )	PCE	1	65.86	65.86
25	PROV. AND INSTALL. OF SIMPLE OUTLET (PLATE)	PCE	60	60.37	3622.20
26	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE)	PCE	10	168.96	1689.60
27	COMPLETE ELECTROPAZ CONNECTION	General	1	3582.92	3582.92
<b>COST ELECTRICAL INSTALLATIONS</b>		Bolivianos		<b>35,904.08</b>	

### COST SANITARY INSTALLATIONS

Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
1	PVC PIPES (INSTALL. DRINKING WATER) D=1/2"	LM	169.2	17	2876.40
2	PVC PIPES (STANDARD) D=2" CLASS 9	LM	35.22	32.94	1160.15
3	SANITARY PVC PIPE D=4" CLASS 9	LM	159.08	85.71	13634.75
4	EXCAVATION 0-1 M SEMIHARD GROUND	M3	114.76	3.45	395.92
5	FILLING AND COMPACTING DITCHES	M3	100	34.69	3469.00
6	TOILET	PCE	14	700.87	9812.18
7	WASHSTAND	PCE	14	448.25	6275.50
8	FLOOR LATTICE	PCE	13	44.53	578.89
9	PVC INTERCEPTOR BOX	PCE	7	140.76	985.32
10	REGISTRATION CHAMBER H°Cº 40X40	PCE	3	376.51	1129.53
11	REGISTRATION CHAMBER H°Cº 40X60	PCE	4	327.16	1308.64

Nº	DESCRIPTION	UNIT	INITIAL VOLUME	UNIT PRICE 2006	AMOUNT AWARDED
12	CEMENT LAUNDRY	PCE	1	217.63	217.63
13	DISHWASHER	PCE	1	367.43	367.43
14	SHOWER	PCE	1	145.14	145.14
<b>COST SANITARY INSTALLATIONS</b>		Bolivianos		<b>42,356.48</b>	

With these items, the company “CONARQ CONSTRUCCIONES” started the works and made continuous progress at the beginning, but then there were delays due to climate problems and the differences of volumes between the works and the contract, besides the delays in including the budget in the reformulated AOP II of 2007, which was included in the initial AOP of 2008. In this period of time, the price of the materials and labour increased considerably, which gave rise to a gap in the activity timeframe and in the budget of the company. Therefore, in the end the company did not want to continue executing the works.

The original contract provided for 100 calendar days for executing the works, which was impossible to comply with in view of the magnitude and characteristics of the project. Besides, there were differences in the volumes in HºAº of columns and beams, brick walls, excavations etc. Hence, a modifying contract was prepared, which because of the limited budget did not include some items and quantities required.

Approval of the modifying contract was requested in accordance with the following parameters:

- The supervisors reviewed the quantities of metric calculations and verified that the aluminium windows and cutting of the paving were not considered in the initial contract. Hence, the technical report recommended:

Eliminating the item regarding metallic angular windows and creating the item of aluminium windows so as to improve the quality of the works and therefore of the laboratory (at the request of the doctors of the CRA).

As regards the items ‘cutting of paving’, this item was not considered but as the project site was completely paved, it was necessary to create this item for excavating the foundations.

Besides the items of columns Hº Aº, beams of Hº Aº, there was a considerable increase in volumes as the natural slope of the site was not considered.

Due to this variation of the volume and this increase of the items, the original amount of the awarded contract required an increase of 13.75%, as detailed below:

AMOUNT OF THE AWARDED CONTRACT	BOB 799,885.78
MODIFYING CONTRACT	BOB 109,989.16
TOTAL AMOUNT REQUIRED	BOB 909,874.94
PERCENTAGE OF THE VARIATION	13.75%.

As regards the term for execution, 48 calendar days were required for concluding these works once signed the modifying contract and once given the order to restart the works.

Hence, the modifying contract was approved by the Municipality and signed on 24 June 2008, with the following modifications:

	AWARDED AMOUNT	DIFFERENCE	MODIFYING CONTRACT
<b>COST ARCHITECTURE</b>	60,651.72	38,327.26	98,978.98
<b>COST STRUCTURE</b>	261,783.50	65,396.79	327,180.29
<b>COST ELECTRICAL INSTALLATIONS</b>	35,094.08	3,175.88	38,269.96
<b>COST SANITARY INSTALLATIONS</b>	42,356.48	3,089.23	45,445.71
<b>TOTAL IN BOB</b>	<b>799,885.78</b>	<b>109,989.16</b>	<b>909,874.94</b>

Below is a detailed overview of the volumes and differences in form B-1 of the modifying contract.

#### **NEW COST ARCHITECTURE**

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	AWARDED AMOUNT	MODIFIED QUANTITY	MODIFIED AMOUNT
1	INSTALLATION OF WORKS	General	1.00	2761.66	1.00	2761.66
2	REDESIGN AND LAYOUT	General	1.00	642.97	1.00	642.97
3	EXCAVATION 0-1 M WITHOUT DRAINING OF SEMIHARD GROUND	M3	50.40	173.88	50.40	173.88
4	EXCAVATION 0-2 M WITHOUT DRAINING OF SEMIHARD GROUND	M3	173.50	4398.23	173.49	4397.97
5	FOUNDATION H°Cº 50% DISPLACED STONE	M3	18.13	4399.43	18.31	4443.10
6	SECOND FOUNDATION H°Cº 50% DISPLACED STONE	M3	2.99	1060.94	2.99	1060.94
7	COVER Hº Sº E= 5cm WITH SUBFLOOR	M3	311.71	16261.91	327.02	17060.63
8	STAIRS H°Cº	M3	1.78	385.62	5.58	1208.85
9	GAMBOTE BRICK WALL E=12CM	M2	159.09	19251.48	326.90	39558.17
10	BRICK WALL 6H E=12CM (24X18X12)	M2	472.70	28867.79	636.72	38884.49

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	AWARDED AMOUNT	MODIFIED QUANTITY	MODIFIED AMOUNT
11	BRICK WALL E=8CM	M2	18.40	1157.73	18.40	1157.73
12	REINFORCED CONCRETE FOR FULL SLAB (LARGE TABLES)	M2	1.01	184.28	1.01	184.28
13	PLASTERING OF WALLS	M2	894.89	28001.11	1324.40	41440.48
14	PLASTERING OF CEILING UNDER CONCRETE SLAB	M2	582.71	17347.28	615.00	18308.55
15	PLASTERING OF CEILING, INCLUDING TIMBER	M2	58.50	3994.38	58.50	3994.38
16	METALLIC WINDOW ANGULAR PROFILE	M2	158.84	22730.00	0.00	0.00
17	PROVISION AND PLACEMENT OF DOUBLE TRANSPARENT WINDOWS	M2	158.84	11601.67	158.84	11601.67
18	WATER TABLE GAMBOTE BRICKS H=12CM	LM	45.55	1823.37	134.54	5385.64
19	REINFORCED BRICK LINTEL	LM	49.70	1390.11	66.00	1846.02
20	INSIDE AND OUTSIDE LOCKS	PCE	45.00	7428.60	45.00	7428.60
21	WOODEN DOOR	M2	82.20	29199.08	81.90	29092.52
22	METALLIC DOOR ANGULAR PROFILE	M2	8.40	2222.56	8.40	2222.56
23	OUTSIDE PLASTERING WITH LIME-CEMENT AND SAND	M2	49.47	2170.74	83.20	3650.82
24	OIL PAINT WALLS	M2	87.39	2681.13	87.40	2681.28
25	INSIDE LATEX OR OTHER PAINT	M2	1448.71	17819.13	13274.39	163275.00
26	NATIONAL FLOOR TILES ON SLAB	M2	477.89	57308.57	566.04	67879.52
27	NATIONAL FLOOR TILES WITHOUT ENAMEL	M2	152.57	18296.19	84.58	10142.83
28	COVER WITH WHITE TILES	M2	65.68	6454.37	65.68	6454.37
29	NATIONAL TILES FOR PLINTH	LM	389.35	10769.42	511.64	14151.96
30	SEMIHARD WOODEN PARQUET FLOOR	M2	116.33	7848.79	87.51	5904.30
31	WOODEN PLINTH	LM	79.69	2016.95	42.47	1074.92
32	ROOFING SHEETS Nº28 WITH METALLIC STRUCTURE	M2	76.08	17293.74	76.07	17292.04
33	POLYCARBONATE COVER AND METALLIC STRUCTURE	M2	88.65	42809.97	88.65	42809.97
34	WALL OF HºCº	M3	82.32	28443.21	82.24	28415.56
35	FILLING AND COMPACTING WITH SELECTED MATERIALS	M3	140.80	5919.23	140.74	5916.71
36	METALLIC LATTICE	M2	140.51	19054.56	203.80	27637.32
37	METALLIC LATTICE DOOR	M2	14.70	2354.06	14.00	2241.96
38	CEMENT SIDEWALK	M2	230.73	8119.39	230.73	8119.39
39	SIDEWALK CORDON	LM	26.71	1741.49	26.71	1741.49
40	ROOF GUTTER Nº28	LM	14.61	1124.53	7.50	577.28

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	AWARDED AMOUNT	MODIFIED QUANTITY	MODIFIED AMOUNT
41	PVC RAINWATER PIPES	LM	3.50	97.79	3.50	97.79
42	COMMEMORATIVE PLATE 60X40	PCE	1.00	475.35	1.00	475.35
43	GENERAL CLEANING	General	1.00	268.55	1.00	2568.55

	AMOUNT AWARDED	DIFFERENCE	MODIFYING CONTRACT
<b>NEW COST ARCHITECTURE</b>	<b>460,651.72</b>	<b>38,327.26</b>	<b>498,978.98</b>

### NEW COST ELECTRICAL INSTALLATIONS

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	AWARDED AMOUNT	MODIFIED QUANTITY	MODIFIED AMOUNT
1	CUTTING OF BRICK WALL	LM	380.00	144.40	380.00	144.40
2	PROV. AND INSTALL. OF CONDUIT 3/4" IN WALL	LM	600.00	2514.00	620.40	2599.48
3	PROV. AND INSTALL. OF CONDUIT 1" IN WALL	LM	25.00	105.25	25.00	105.25
4	PROV. AND INSTALL. OF PULL BOX RECTANGULAR	PCE	95.00	1471.55	99.00	1533.51
5	PROV. AND INSTALL. OF PULL BOX, CIRCULAR	PCE	131.00	2029.19	141.00	2184.09
6	PROV. AND INSTALL. OF FLUORESCENT LIGHTING 2X40 W	PCE	42.00	5621.70	42.00	5621.70
7	PROV. AND INSTALL. OF FLUORESCENT LIGHTING 2X20 W	PCE	20.00	2677.00	20.00	2677.00
8	PROV. AND INSTALL. OF SPOT LIGHTING BULL'S EYE 60W	PCE	6.00	410.34	16.00	1094.24
9	PROV. AND INSTALL. OF INCANDESCENT LIGHTING 60W	PCE	5.00	326.40	25.00	1632.00
10	PROV. AND INSTALL. OF APPLIQUÉ LIGHTING 60W (INSIDE)	PCE	2.00	195.58	2.00	195.58
11	PROV. AND INSTALL. OF APPLIQUÉ LIGHTING 60W (OUTSIDE)	PCE	2.00	195.58	2.00	195.58
12	PROV. AND INSTALL. OF COPPER WIRE Nº 14 AWG	LM	729.00	2369.25	775.80	2521.35
13	PROV. AND INSTALL. OF COPPER WIRE Nº 12 AWG	LM	522.00	2516.04	562.80	2712.70
14	PROV. AND INSTALL. OF COPPER WIRE Nº 8 AWG TW	LM	50.00	548.00	50.00	548.00
15	PROV. AND INSTALL. OF COPPER CABLE Nº 7X2 AWG TW	LM	4.00	92.16	7.00	161.28
16	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/5 THERM. BIP.	PCE	1.00	596.67	1.00	596.67
17	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/4 THERM. BIP.	PCE	1.00	596.67	1.00	596.67
18	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/3 THERM. BIP.	PCE	1.00	596.67	1.00	596.67
19	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 15A	PCE	5.00	410.45	5.00	410.45
20	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 20A	PCE	4.00	236.20	4.00	236.20

21	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 30A	PCE	3.00	177.15	3.00	177.15
22	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 50A	PCE	1.00	59.05	1.00	59.05
23	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE)	PCE	35.00	2244.20	37.00	2372.44
24	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE )	PCE	1.00	65.86	1.00	65.86
25	PROV. AND INSTALL. OF SIMPLE OUTLET (PLATE)	PCE	60.00	3622.20	60.00	3622.20
26	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE)	PCE	10.00	1689.60	12.00	2027.52
27	COMPLETE ELECTROPAZ CONNECTION	General	1.00	3582.92	1.00	3582.92

	AMOUNT AWARDED	DIFFERENCE	MODIFYING CONTRACT
	35,094.08	31,75.88	38,269.96

### NEW COST SANITARY INSTALLATIONS

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	AWARDED AMOUNT	MODIFIED QUANTITY	MODIFIED AMOUNT
1	PVC PIPES (INSTALL. DRINKING WATER) D=1/2"	LM	169.20	2876.40	169.20	2876.40
2	PVC PIPES (STANDARD) D=2" CLASS 9	LM	35.22	1160.15	35.22	1160.15
3	SANITARY PVC PIPE D=4" CLASS 9	LM	159.08	13634.75	159.00	5677.89
4	EXCAVATION 0-1 M SEMIHARD GROUND	M3	114.76	395.92	113.15	390.37
5	FILLING AND COMPACTING DITCHES	M3	100.00	3469.00	100.00	3469.00
6	TOILET	PCE	14.00	9812.18	14.00	9812.18
7	WASHSTAND	PCE	14.00	6275.50	18.00	8068.50
8	FLOOR LATTICE	PCE	13.00	578.89	13.00	578.89
9	PVC INTERCEPTOR BOX	PCE	7.00	985.32	7.00	985.32
10	REGISTRATION CHAMBER H°Cº 40X40	PCE	3.00	1129.53	3.00	1129.53
11	REGISTRATION CHAMBER H°Cº 40X60	PCE	4.00	1308.64	8.00	2617.28
12	CEMENT LAUNDRY	PCE	1.00	217.63	1.00	217.63
13	DISHWASHER	PCE	1.00	367.43	1.00	367.43
14	SHOWER	PCE	1.00	145.14	1.00	145.14

	AMOUNT AWARDED	DIFFERENCE	MODIFYING CONTRACT
	42,356.48	3,089.23	45,445.71

## NEW COST STRUCTURE

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	AWARDED AMOUNT	MODIFIED QUANTITY	MODIFIED AMOUNT
1	REINFORCED CONCRETE FOR FOUNDATION BLOCKS	M3	54.00	60550.74	52.16	58487.53
2	REINFORCED CONCRETE FOR COLUMNS	M3	10.40	16293.26	29.87	46796.13
3	REINFORCED CONCRETE FOR BEAMS	M3	30.00	49352.40	48.12	79161.25
4	SLAB LIGHTENED WITH PLASTOFORM E= 20CM	M2	652.05	126471.62	535.17	103801.57
5	REINFORCED CONCRETE FOR STAIRS	M3	5.09	9115.48	4.98	8918.47
<b>NEW ITEMS</b>						
6	CUTTING OF PAVING (E= 20 cm)	M2	0.00	0.00	214.51	7293.34
7	ALUMINIUM WINDOW WITH REINFORCED PROFILE	M2	0.00	0.00	47.35	22728.00

	AMOUNT AWARDED	DIFFERENCE	MODIFYING CONTRACT
<b>NEW COST STRUCTURE</b>	<b>261,783.50</b>	<b>65,396.79</b>	<b>327,180.29</b>

When the Modifying Contract was signed, **physical progress is 85% and financial progress 77.46%** equivalent to BOB **619,591.52**.

Until approval of the Modifying Contract, the company waited for a whole year for insertion of the increase of 13.75% into the initial contract, i.e. BOB 109,989.16, which should have been included in the Reformulated AOP II of 2007, but which was taken into account only in the Initial AOP of 2008.

Due to this delay of one year, the cost of the building materials and labour increased and a price readjustment of 13.75% of the initial amount of the contract did not satisfy the expectations of the company **CONARQ CONSTRUCCIONES**. According to the company, the excessive delay in approval of the amount of the modifying contract does not cover the devolution of money after the final evaluation of executed volumes and the state of the work, for a total amount of approximately BOB 80,000.00.

In this context, the company **CONARQ CONSTRUCCIONES** decides to rescind the contract, which is accepted through note N° DEGAI/AA/DCM/C-R/124/2009, issued by Dra. Dafne Martel Cruz (advisor on contract resolution D.G.A.I.) with re. 0255-2009 on resolution of contract N° 010/09 dated 23 March 2009.

Once rescinded the contract with the Municipal Government of El Alto, the Juridical Direction starts legal actions to demand the devolution of the BOB 80,000.00.

Using the balance of the last payment of company **CONARQ CONSTRUCCIONES**, which totals BOB 128,989.91, the new form B-1 was prepared by the project unit of the



Submunicipal Government of District 1, specifying the items to be concluded and the new ones that were not part of the initial contract and that are detailed below.

	LAST AMOUNT REQUIRED
NEW COST ARCHITECTURE	82,459.64
NEW COST ELECTRICAL INSTALLATIONS	24,846.42
NEW COST SANITARY INSTALLATIONS	20,298.76
<b>TOTAL IN BOB</b>	<b>127,604.82</b>

### NEW COST ARCHITECTURE

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	NEW QUANTITY	DIFFERENC E	CURRENT UNIT PRICE	AMOUNT
1	PLASTERING CEILING UNDER CONCRETE SLAB	M2	582.71	25.00	557.71	59.64	1,491.00
2	IMPERMEABILISATION SLAB Hº WITH ASPHALT	M2	NEW	164.25	164.25	42.02	6,901.79
3	METALLIC LATTICE WITH SQUARE TUBULAR	M2	140.51	166.52	26.01	367.66	61,222.74
4	METALLIC LATTICE DOOR WITH SQUARE TUBULAR	M2	14.70	14.00	0.70	375.69	5,260.79
5	SIDEWALK CORDON	LM	26.71	83.26	56.55	91.08	7,583.32
<b>TOTAL AMOUNT IN BOB</b>		<b>82,459.64</b>					

	LAST AMOUNT REQUIRED
NEW COST ARCHITECTURE	82,459.64

## NEW COST ELECTRICAL INSTALLATIONS

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	NEW QUANTITY	DIFFERENCE	CURRENT UNIT PRICE	AMOUNT
1	PROV. AND INSTALL. OF FLUORESCENT LIGHTING 2X40 W	PCE	42.00	42.00	0.00	154.94	6507.48
2	PROV. AND INSTALL. OF FLUORESCENT LIGHTING 2X20 W	PCE	20.00	20.00	0.00	116.03	2320.60
3	PROV. AND INSTALL. OF SPOT LIGHTING BULL'S EYE 60W	PCE	6.00	16.00	10.00	41.21	659.36
4	PROV. AND INSTALL. OF INCANDESCENT LIGHTING 60W	PCE	5.00	25.00	20.00	12.61	315.25
5	PROV. AND INSTALL. OF APPLIQUÉ LIGHTING 60W (INSIDE)	PCE	2.00	2.00	0.00	46.90	93.80
6	PROV. AND INSTALL. OF APPLIQUÉ LIGHTING 60W (OUTSIDE)	PCE	2.00	2.00	0.00	46.90	93.80
7	PROV. AND INSTALL. OF COPPER WIRE Nº 14 AWG	LM	729.00	775.00	46.00	7.51	5820.25
8	PROV. AND INSTALL. OF COPPER WIRE Nº 12 AWG	LM	522.00	562.80	40.80	8.63	4856.96
9	PROV. AND INSTALL. OF COPPER WIRE Nº 8 AWG TW	LM	50.00	50.00	0.00	14.44	722.00
10	PROV. AND INSTALL. OF COPPER CABLE Nº 7X2 AWG TW	LM	4.00	7.00	3.00	51.44	360.08
11	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/5 THERM. BIP.	PCE	1.00	1.00	0.00	67.30	67.30
12	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/4 THERM. BIP.	PCE	1.00	1.00	0.00	53.28	53.28
13	PROV. AND INSTALL. OF DISTRIBUTION PANEL P/3 THERM. BIP.	PCE	1.00	1.00	0.00	30.55	30.55
14	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 15A	PCE	5.00	5.00	0.00	55.23	276.15
15	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 20A	PCE	4.00	4.00	0.00	55.23	220.92
16	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 30A	PCE	3.00	3.00	0.00	55.23	165.69
17	PROV. AND INSTALL. OF THERMAL SWITCH 2P X 50A	PCE	1.00	1.00	0.00	77.96	77.96
18	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE)	PCE	35.00	37.00	2.00	17.72	655.64
19	PROV. AND INSTALL. OF DOUBLE SWITCH (PLATE)	PCE	1.00	1.00	0.00	24.14	24.14
20	PROV. AND INSTALL. OF SIMPLE OUTLET (PLATE)	PCE	60.00	60.00	0.00	16.03	961.80
21	PROV. AND INSTALL. OF SIMPLE SWITCH (PLATE)	PCE	10.00	12.00	2.00	25.85	310.20
22	COMPLETE ELECTROPAZ CONNECTION	General	1.00	1.00	0.00	247.20	247.20
<b>TOTAL AMOUNT IN BOB</b>							<b>24,846.42</b>

	<b>LAST AMOUNT REQUIRED</b>
<b>NEW COST ELECTRICAL INSTALLATIONS</b>	24,846.42

### NEW COST SANITARY INSTALLATIONS

Nº	DESCRIPTION	UNIT	INITIAL QUANTITY	NEW QUANTITY	DIFFERENCE	CURRENT UNIT PRICE	AMOUNT
1	DISHWASHER	PCE	1.00	4.00	3.00	480.00	1920.00
2	FLOOR LATTICE 6X6"	PCE	13.00	12.00	1.00	83.23	998.76
3	TOILET (LOW TANK)	PCE	14.00	13.00	1.00	650	8450.00
4	WASHSTAND	PCE	14.00	13.00	1.00	600	7800.00
5	CEMENT LAUNDRY	PCE	1.00	1.00	0.00	750	750.00
6	SHOWER	PCE	1.00	1.00	0.00	380	380.00
<b>TOTAL AMOUNT IN BOB</b>		<b>20,298.76</b>					

LAST AMOUNT REQUIRED	
<b>NEW COST SANITARY INSTALLATIONS</b>	20,298.76

The supervisors decide to hire the company **EMPRESA CONSTRUCTORA ZODIACO**, which is fully prepared to continue with the works according to the new form B-1.

At the moment, **EMPRESA CONSTRUCTORA ZODIACO** has been developing the works without a contract or order to proceed from the supervisor. The contracting procedure is being followed by the applicable entities, in a responsible and rapid manner so as to avoid a negative impact for the company or the construction works, which have to be concluded within 25 calendar days as from issuance of the order to proceed.

As regards physical progress, the works considered in the last form B-1 will be concluded in three to four weeks time, which does however depend on the reaching of a favourable agreement between the unions near the building site and the Municipal Government of El Alto.

The original cost was BOB 799,885.78, which increased by BOB 109,989.16 under the Modifying Contract. And MAN Bolivia added BOB 67,617.20 for aluminium windows and BOB 29,455.00 for enlarging the ground floor. These increases paid by MAN Bolivia are the result of a request made by the doctors of the CRA for improving the project, as detailed in the table below.

As the result of the final evaluation of the state of the works, the decision was taken to return approximately BOB 80,000 of the Modifying Contract. The money paid by MAN Bolivia was executed in 95%; only the wooden doors, the dishwasher and outside painting are still pending. The company CONARQ CONSTRUCCIONES committed to conclude these activities and so no money would be owing MAN Bolivia. Attached is

the disbursal and invoice of CONARQ CONSTRUCCIONES issued in the name of MAN Bolivia for the aluminium carpentry, and a quote for the increase of volumes on the ground floor (no other documents are available in this sense).

### FINAL EVALUATION OF THE COST OF THE WORKS

For concluding the Municipal Centre for the Surveillance of STIs-HIV/AIDS in El Alto, an amount of BOB 222,612.73 is required as detailed below by Arch. Carlos Moscoso.

Nº	DESCRIPTION OF ITEMS	UNIT	CALCULATED QUANTITY
1	PLASTERING CEILING - INCLUDES TIMBER	M2	58.50
2	PROVISION AND PLACEMENT DOUBLE TRANSPARENT WINDOWS	M2	38.84
3	MARA WOODEN DOOR 2"X4" (PROV. AND INSTALL.)	M2	45.00
4	SECURITY GLASS DOOR	M2	8.00
5	OIL PAINT FOR WALLS	M2	87.40
6	OUTSIDE LATEX OR OTHER PAINT (TWO LAYERS)	M2	1474.39
7	NATIONAL FLOOR TILES WITH ENAMEL ON SLAB OR FLOOR	M2	551.71
8	NATIONAL TILES FOR FLOOR WITHOUT ENAMEL	M2	94.58
9	NATIONAL TILES FOR PLINTHS	LM	493.00
10	SEMIHARD WOODEN PARQUET FLOOR	M2	87.51
11	WOODEN PLINTH	LM	56.00
12	COMMEMORATIVE PLATE 0.60 X 0.40 M.	PCE	1.00
13	CLEARING AND TRANSPORTATION EXCESS MATERIAL	General	1.00
14	PROVISION AND PLACEMENT RAILING 2" H=0,90	LM	21.00
15	(PLASTIC) WATER TANKS 1100LT	PCE	2.00
16	REINFORCED CONCRETE COLUMN	M3	0.22
17	FOUNDATION BLOCKS HøAø DOSIF: 1:2:3	M3	0.64
18	EXCAVATION 0-2 M WITHOUT DRAINING SEMIHARD GROUND	M3	1.02

Attached please find copies of the documents of the administrative process of the construction. Information provided for the ends required.

YOURS SINCERELY,

**Arch. Jose Maria Caballero**

*Project Officer Infrastructure Unit*

*Municipal Health Direction, Municipal Government of El Alto*

**Division of tasks of the evaluation team:**

Preparation of forms for the interviews: Dr. David Segurondo/Dra. Maria Tereza da Costa Oliveira

Student surveys (1.180): Dr. David Segurondo /Lic. Katia Maric/ Lic. Zenón Chambi and Lic. Amparo Vásquez

Interviews with PLWHAs; students, teachers, health professionals: Dr. David Segurondo /Dra Maria Tereza da Costa Oliveira

Consolidation of the data from the survey/entry and preparation of the data bank/Lic. Zenón Chambi and Lic. Amparo Vásquez

Data analysis: Dra. Maria Tereza da Costa Oliveira

Information on HIV/AIDS data of Bolivia: Dr. David Segurondo / Lic. Amparo Vásquez

Analysis of Administrative and Financial Performance and preparation of this report: Lic. Katia Maric

Preparation of the final report (except for the administrative-financial part): Dra. María Tereza da Costa Oliveira (contributions from Dr. David Segurondo: list of IEC materials and agreements; description of the interviews with principals, students and teachers).