October 11, 2018

Etta Projects Progress Report for Dining for Women

Health Promotion (HP) Program for Bolivian Women
Grant: $39,824.57
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1. **Recap briefly what outcomes the project was designed to achieve.**

Etta Projects goal was to train 40-50 local villagers from 11 communities in District 2 of Saavedra Bolivia to become Health Promoters (HPs). This grant covered their second and final year of training in a two year course. Over the course of 40 trainings for each group, participants learned how to perform life saving measures, suture wounds, assist with child birth, administer antibiotics, and educate their community on disease prevention, family planning and access to contraception, nutrition, use of traditional medicinal plants, domestic violence, child and adolescent health.

2. **What was accomplished in connection with this project? Please address each stated objective. If any project objectives were changed, please also explain the circumstances leading to the modification of the objectives.**

Objective 1: Furnish 40-50 participants with 200 program hours of impactful, durable health education strategies and training, enabling them to distribute knowledge and administer health kits to advance overall community health.

This project began with 44 initial participants. We generally expect a 5-10% drop over the course of the 2 year program. This project had an unusually high rate of drop out. It appears to be due to the nature of how these communities earn their income. All are sugarcane workers whom have been hit hard by climate change and the increased rainy season length. This extension of the rainy season creates a shorter and poorer harvest season directly impacting the income of the workers. The families who cannot withstand the difficult season had to move into the city to find jobs. This exit directly impacted this project and so many women who started the project had to drop out and move to the city and work. These families may return to their homes on the weekends but can no longer make ends meet with agricultural jobs. At the end of this project 37 participants completed their full program trainings and graduated with a health department certification as a community health agent. However, as you will see below, those that were able to complete, did so with very high scores.
Below you will find the Health Department scores for each promoter who completed the program.

No	Nombre Completo	Comunidad	RECORD 25 puntos	Campañas de salud 15 p.	EX. TEORICO 30 p-	EX PRACTICO 30 puntos	TOTAL 100 puntos
1	Lisbeth S	Aroma 1	23	15	28	30	**96**
2	Cecilia B	Aroma 1	25	15	25	30	95
3	Marina A	Aroma 2	25	15	30	30	**100**

4	Mónica F	Aroma 2	25	15	20	30	**90**
5	Noelia F	Aroma 2	25	15	30	30	**100**
6	Neriza R	Aroma 2	25	15	30	30	**100**
7	Cresencio C	Aroma 2	25	15	30	30	100
8	Mónica M	Aroma 2	25	15	30	30	**100**
9	Angel M.	Aroma 3	20	15	20	30	85
10	Esmeralda H	Aroma 3	22	15	22	30	89
11	Luis P	Lote Hoyos	25	15	20	25	90
12	María S	Lote Hoyos	25	15	30	30	100
13	Guisela P	Lote Hoyos	25	15	30	30	**100**
14	María P	Lote Hoyos	23	15	25	27	90
15	Jorge P	Lote Hoyos	23	15	22	30	91
16	Rosaly M	Lote Hoyos	25	15	30	20	90
						PROMEDIO GENERAL:	**94.7**

No	Nombre Completo	Comunidad	Record 25 P.	Campañas de salud 15 P.	Examen Teórico 30 P.	Examen Practico 30 P.	Total 100 P.
1	Silvia S	Chane Bedoya	24	14	27	28	93
2	Guzmar O	Chane Bedoya	24	12	27	27	90
3	Nayely O	Chane Bedoya	25	12	25	26	88
4	Rosalía M	Chane Bedoya	25	13	30	28	96
5	Clemencia B	Chane Bedoya	25	15	29	30	99
6	Eulalia M	Chane Bedoya	25	14	29	30	98
7	Carmen Q	Chane Bedoya	25	13	21	28	87

8	Maritza R	Chane Bedoya	21	12	26	25	84
9	Luisa G	Puente Caimanes	19	11	27	23	80
10	Martha G	Puente Caimanes	19	11	25	30	85
11	Florentina S	Puente Caimanes	25	14	27	30	96
12	Regina S	Puente Caimanes	25	13	24	27	89
13	Elizabeth M	Puente Caimanes	25	15	30	30	100
14	Yoana G	Poza Caimanes	25	15	29	30	99
15	Fátima N	Poza Caimanes	24	14	25	29	92
16	Mery J	Poza Caimanes	25	15	28	30	98
17	Noemí S	Poza Caimanes	24	12	27	29	92
18	Guadalupe S	Villa Copacabana	23	9	26	24	82
19	Marina P	Villa Copacabana	23	10	25	26	84
20	Silvana S	Villa Copacabana	25	15	24	30	94
21	Yuliza S	Villa Copacabana	23	13	24	28	88
Promedio final de sus notas							**91 %**

In addition to the 18 scheduled training workshops, 9 community fairs and 5 school fairs were held in each community. Also 5 intense two day trainings were held with multiple village HPs.

Community Health Campaigns incorporated into the fairs held in each community:

1) Children's health card and vaccines campaign

2) Canine vaccination campaign (rabies)

3) Fair of Sexual Reproductive Health and prevention of violence

4) Pap smear campaign

5) Fair of prenatal care and HIV - AIDS

6) Campaign for basic sanitation and hygiene with H1N1 education

7) Tuberculosis Fair

8) Mosquito breeding control with Dengue, Zica and Chikungunya(mosquito transmitted diseases) education

9) Dental Care

School Health Campaigns incorporated into the school fairs:

1) Fair of Sexual Reproductive Health and prevention of violence

2) Fair of prenatal care and HIV - AIDS

3) Campaign for basic sanitation and hygiene with H1N1 education

4) Tuberculosis Fair

5) Dental Care

Objective 2: To effect significant reductions in childbirth and infant and early childhood disease mortality, as documented by the aid and intervention of our trained HPs, which serve to increase access/reduce barriers to fundamental health services.

Throughout the course of this year, each cohort focused several weeks on maternal child healthcare. HPs document their home visits and each patient visit, as well as any medications sold to community members. These charts represent one year of patient contact for each cohort in this project.

		Atender a Paciente							Uso de Botiquín	Actividad Comunitaria				Herramientas	
		Patients attended							Health Kit Use	Community Activity				Tools	
Comunidad/Community	No. De ACS activas Active Health Promoters	Cantidad de Pacientes atendidos # of Patients Attended	Enfermedad Sick	Embarazo Pregnant	Accidente Accident	Malnutrición Malnourished	Salud Sexual Sexual health	Otros Others	Monto de Material vendido/Supplies Sold	visita domiciliaria Home visits	Feria/campaña/Fairs/Campaigns	Reunión Comunitaria	Sesiones Educativas de Salud School Sessions	Botiquín Health Kit	Instrumentos/Equipo Medico Instruments/Medical Equipment
Aroma 1	**3**	122	81	12	4	1	15	9	1031	129	7	11	7	SI	SI
Aroma 2	**5**	306	234	19	6	8	21	18	1574	350	10	13	10	SI	SI
Aroma 3	**2**	195	151	8	5	4	17	10	967	173	7	11	7	SI	SI
Lote Hoyos	**6**	300	222	15	4	11	21	27	1511	246	7	11	7	SI	SI
TOTAL	**16**	**923**	**688**	**54**	**19**	**24**	**74**	**64**	**5083Bs**	**898**	**31**	**17**	**31**		

		Atender a Paciente							*Uso de Botiquín*	Actividad Comunitaria				Herramientas	
		Patients attended							Health Kit Use	Community Activity				Tools	
Comunidad	No. De ACS activas	Cantidad de Pacientes atendidos/Number of patients attended	Enfermedad/Illness	Embarazo/Pregnancy	Accidente/Accident	Malnutrición/malnutrtion	Salud Sexual/Sexual health	Otros/others	Monto de Material vendido/Amoutn of materials sold	visita domiciliaria para prev. de enfermedades/ home	Feria/campaña/campigns & fairs	Reunión Comunitaria/community	Asistencia a Taller/workshop attendance	SESIONES EDUCATIVAS DE SALUD	Botiquín/health kit	Instrumentos/Equipo Medico/ equipment
Villa Copacabana	**4**	296	120	9	8	5	12	11	887	96	2	9	48	12	SI	SI
Poza Caimanes	**4**	362	156	10	9	8	19	27	1752	144	3	10	48	10	SI	SI
Puente Caimanes	**5**	404	180	20	11	5	29	32	1992	192	4	12	48	16	SI	SI
Chane Bedoya	**8**	460	240	19	16	8	30	29	2148	268	4	12	48	12	SI	SI
TOTAL	**21**	**1.522**	**896**	**69**	**117**	**56**	**190**	**194**	**6779Bs**	**700**	**13**	**43**	**192**	**50**	**si**	si

Objective 3: To liaise with government and HGO partners to remove gender and economic barriers to health education, and scale up private and public sector support of our HPs' endeavors.

All HPs were required to do practicums with their closest health clinic, not only to give them the experience, but also to ensure that local medical staff recognize and value the HPs and the potential benefits of having HPs in community. All HPs helped the local SAFCI doctor with campaigns and home visits in their communities. By working together the doctors learned to support the HPs and the HPs learned to support the doctors, ultimately increasing the health outcomes in these communities. HPs are the bridge from the community to the public health system. When that system is not accessible to the community the HPs are now trained to respond to community needs and emergencies while supporting the clinic and their staff when they are in community.

Objective 4: To improve and increase participating HPs' status in their respective communities through increased leadership positions, presentations at community fairs, aspirational professional interests, and heightened personal esteem.

HPs were and will continue to be actively engaged in the community giving classroom presentations to all age groups, on everything from hygiene and hand washing to HIV and family planning. They will continue organizing and conducting community health fairs with their own initiative and in conjunction with the mandated ones by the health department. These activities build leadership skills and recognition within the community.

Several (7) HPs were selected to work with "Bridge of Life", the nonprofit branch of DaVita on their Chronic Kidney Disease undiagnosed (CKDu) research. They were tasked with, trained and paid to do five trainings in rural communities to sugar cane workers on kidney care. Those that were involved in this research became quite good at presentations and are now seen as leaders. They also participated in 3 intense multi-day screenings and were key to Bridge of Life's access to community members and the desired research goals.

HPs organized community health fairs and school presentations on HIV/AIDS, dengue, zica, chicungunya, influenza (preventing H1N1 virus), breast cancer, cancer, cervical cancer, paps, nutrition, prevention of disabilities, tuberculosis, domestic violence prevention, hygiene, and oral health. Also HPs were active in vaccinating for canine rabies and destruction of breeding grounds for mosquito sites. HPs carried out home visits, usually made in coordination with the clinic doctor, or completed follow ups for care for injuries, births, and illnesses treated by doctors or hospitals.

Finally the health department has learned to rely on the community HPs to help keep health statistics and data up to date to report to state and federal authorities.

3. **Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under *Number of women and girls directly impacted and indirectly impacted.***

The direct beneficiaries has changed. We reported that 40-50 women would be trained. In the end 37 health promoters graduated the two year program. The initial 1,329 persons anticipated to be indirectly impacted by our HP program in this region remains the same and will be ongoing. The local health department counts 678 of these individuals as women, and the local clinic reports that 297 women are of child-bearing age with 168 children under the age of 5. Direct beneficiaries are the 37 HPs trained in this project.

4. **What challenges did you face in connection with this project? How did you address these challenges?**

After the first year of this project, it was clear that communities were seeing more and more HIV infections among young people. Although HIV was part of the curriculum, it had never consumed several weeks of training. These communities however, were seeing HIV on the rise. There also seemed to be a great deal of misinformation about the virus. The facilitators for this project revamped their training to include more trainings on HIV and then in conjunction with the health department, community fairs were organized and conducted to spread that knowledge to the general population. School presentations were also organized and conducted by the HPs for the high school students.

Engaging local doctors is always a key to helping HPs be successful. If the local clinic doctor embraces the program and engages with HPs, that acceptance goes a long way to making this program strong in communities. Unfortunately in the

health care system, doctors are transferred to different clinics frequently and at the whim of the health department. Just when HPs become comfortable with a local doctor, that doctor might be moved to a new clinic. This transition is hard for rural women who are just beginning to feel their power. This occurred during the program and a local very supportive doctor was replaced by the government. Relationships had to be rebuilt in the final program year.

In recent years we have tried to build leadership skills and public speaking skills into this program to help give the HPs the confidence to address people in their culture who are seen as "more important". We encourage them to be the voice of the community in regards to healthcare and empower them to speak out for what the community members need.

Transportation is always a concern when trying to teach people from different communities. The road conditions are poor and there is no public transportation. In order to solve this problem EP made an agreement with the health department that when not in use, the ambulances would help transport HPs to their training sessions. The gas was paid for with the grant money but most women could get to the trainings even in the difficult rainy season due to this agreement.

5. **Is your organization or project situation different than presented in the approved proposal? For example, new ED, significant project staffing change or NGO affiliation, loss of large funding or other significant changes?**

There were no significant changes during the life of this project.

6. **What was the most important lessons learned?**

Self-esteem and leadership skills are equally as important as teaching an HP to stabilize a broken arm. The more opportunities for public speaking and practice presenting, the better HPs these women become. They are more confident in their skills, but also in the knowledge and transferring that knowledge to their neighbors, students and peers as well as engagement with health professionals.

7. **What has changed within the organization as a result of this project?**

HIV training has improved, traditional plant medicine has taken on a more important role for the indigenous communities. Whenever possible, our organization will continue to try to connect the HPs to other NGOs working in the area on health related issues, due to the valuable experience this group was involved with in this project.

8. **Describe the unexpected events and outcomes. Including unexpected benefits.**

The opportunity came up for these HPs to participate with other NGOs that increases their skill level in the region, not just the communities. This engagement boosted confidence of the HPs but also confidence in the program from professionals and the community. Bridge of Life, the nonprofit arm of DaVita spent 10 days training several of the HPs, and then paid them to continue the education and research after the research screening was complete. Each time Bridge of Life comes into this area to continue this research they will call upon these HPs as their support.

The community rise in HIV infection resulted in the HPs becoming local specialists. They had the opportunity to put many myths to rest and to give facts that could save lives.

9. **Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?**

HIV has been added to the curriculum for future classes with more time devoted to it.

The transitory nature of the local health professionals remains a problem. Frequently clinic staff involves only one doctor and one nurse. If both of these are replaced in a year, it has potential to interrupt the recognition and use of HPs in local

clinics that has been established during the course of the project. WhatsApp groups have been established with each community HP in order for EP staff to keep encouraging, supporting, and advising HPs long after the project is over.

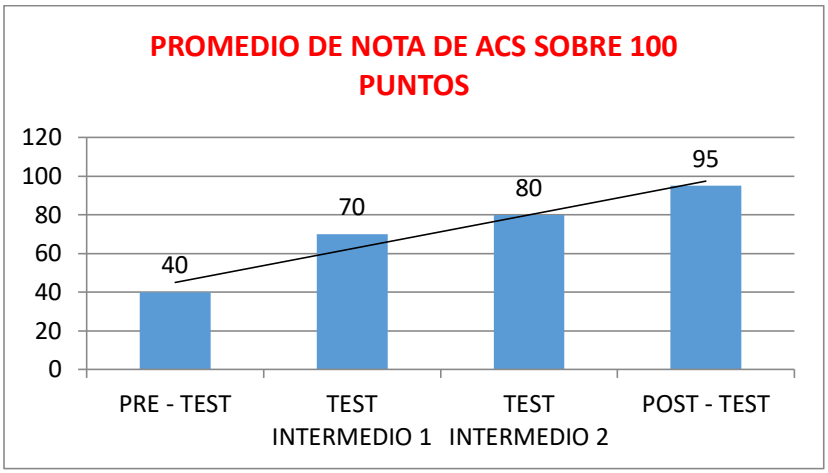
10. **Approximately how many lives have been touched both directly and indirectly by the project?**

Direct beneficiaries are the 37 community health promoters trained in this project. The cumulative populations of these villages, 1,329, will benefit long term from having HPs available in their villages. Several of these HP have now had the opportunity to work in other villages with CKDu which we would estimate to be another 1,500 individuals.

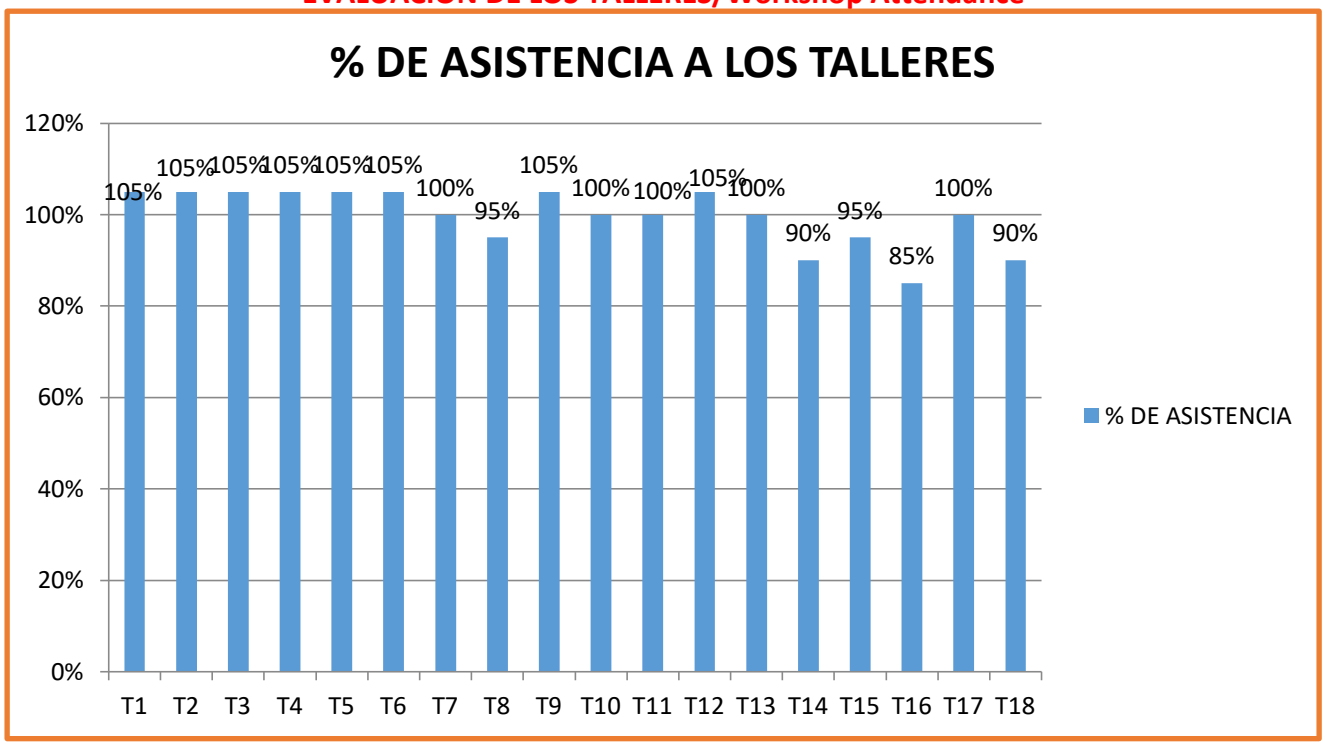
11. **What are the measurements used to monitor success and how was this information measured) survey, observation) Be specific and include measurable results.**

*Please note that the two previous charts regarding grades for certification and patients attended in community also respond to this question.

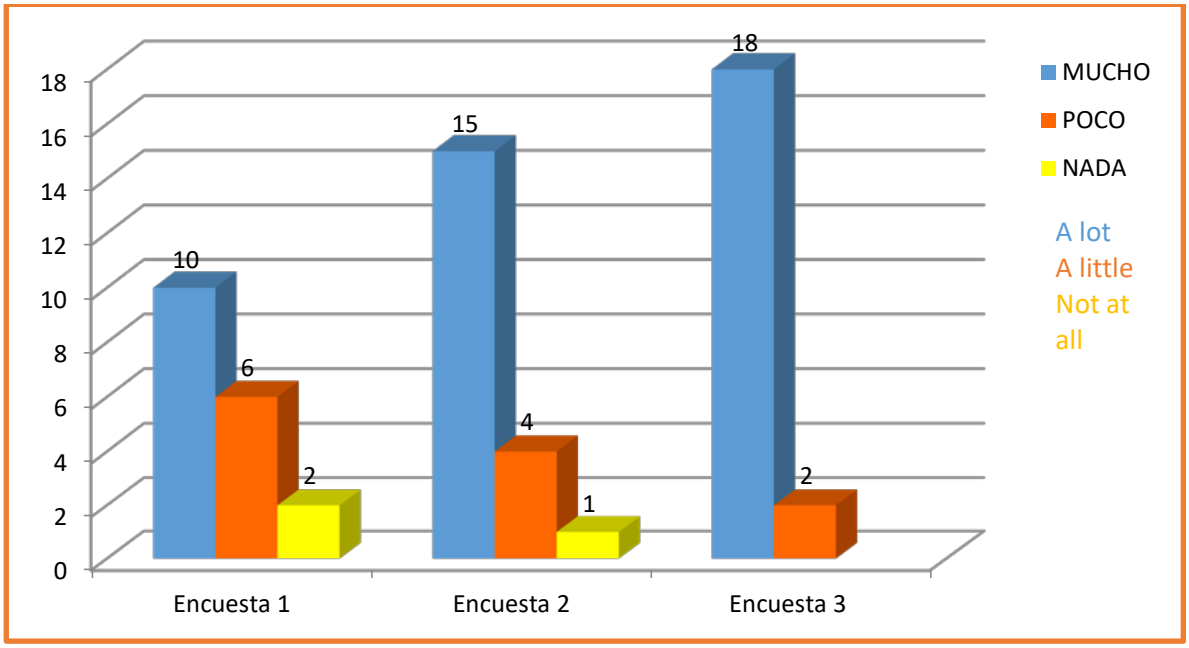
EVALUACION DE CONOCIMIENTOS DE LAS ACS/KNOWLEDGE TEST LEADING UP TO FINAL CERTIFICATION TEST



EVALUACIÓN DE LOS TALLERES/Workshop Attendance



Three random community interviews were conducted at beginning, middle and end of project answering the question, “Do you believe it is helpful to have the Health Promoter service in your community”



12. **If the project is ongoing, provide plans and expected results including expected timeframe.**

Each HP will continue to treat their community members for minor health concerns, assist pregnancy, monitor childbirth and childhood illnesses, work with clinics, and provide medications, medicinal plant treatments, and education in schools and communities about health-related issues. This service will be ongoing with no expected end timeframe.

All HPs will be invited to several refresher courses throughout the year, for as long as Etta Projects' continues its training program with community health promoters.

Engagements with other NGOs, as Etta Projects builds its public health programs and connects to other NGOs doing research, or public health projects and encourage the use and involvement with the trained HPs.

13. **Provide a detailed list of all expenses incurred during the grant cycle which have been paid for with Dining for Women grant.** Please see Addendum 1.

14. **Did this grant and relationship with DFW assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?**

As a result of the rise in HIV infection that was revealed as a result of this project, Etta Projects has sought a grant to develop a more advanced program to provide more training to HPs in this district.
Many of the women trained in this project have made exceptional use of indigenous medicinal plant treatment in their communities. We will continue to encourage these women and have implemented a stand-alone indigenous medicinal plant program for communities seeking this knowledge and training.

The Bridge of Life (nonprofit DaVita) has contracted with Etta Projects and the HPs in this regions for a specific research project with CKDu.

It has been an honor to work with DFW to implement this project and change lives. This project will impact generations of women to come.