



## FINAL EVALUATION OF THE “EL ALTO HIV/AIDS” PROJECT

### OUTPUT N° 3: FINAL EVALUATION REPORT

Prepared by:



May 2015

## ACRONYMS

ARV:	Antiretroviral
CDVIR:	Departmental Monitoring Centre, Information and Referral
CRVIR:	Information and Referral Centre
HIV:	Human immunodeficiency virus
AIDS:	Acquired Immune Deficiency Syndrome
STIs:	Sexually Transmitted Infections
NMA-B:	Norwegian Mission Alliance in Bolivia
NMA:	Norwegian Mission Alliance
OECD:	Organization for Economic Cooperation and Development
PLWHA:	People living with the AIDS virus
SEDES:	Departmental Health Service
SERES :	Regional Health Service

## GENERAL INDEX

<b>1. Introduction and Background to the Evaluation</b> .....	<b>1</b>
1.1. Introduction .....	1
1.2. Evaluation context .....	2
<b>2. Evaluation Methodology</b> .....	<b>3</b>
<b>3. Evaluation Findings</b> .....	<b>4</b>
3.1. Relevance .....	4
3.2. Effectiveness .....	5
3.3. Efficiency .....	13
3.4. Sustainability.....	17
<b>4. Conclusions and Recommendations</b> .....	<b>18</b>
4.1. Conclusions .....	18
4.2. Recommendations .....	19
<b>5. Lessons Learned</b> .....	<b>19</b>

## Tables

Table Nº 1: Achievement of Logical Framework Indicators for the Education System .....	5
Table Nº 2: Achievement of Logical Framework Indicators for the Positioning of PLWHA.....	10
Table Nº 3: Planned Budget for the Project (2002–2014), in Bs. ....	14
Table Nº 4: Budget Spent on the Project (2002–2014), in Bs.....	15
Table Nº 5: Number of People who Benefited from Information / Training in Phase II of the Project.....	16

## Figures

Figure Nº 1: Implementation Timeline of the HIV/AIDS Project in El Alto .....	1
Figure Nº 2: Design of the Evaluation Methodology .....	3
Figure Nº 3: Parents' Perceptions of the Importance of NMA-B's Work on HIV/AIDS Issues .....	5
Figure Nº 4: Teachers who State that they Received Training on HIV/AIDS .....	7
Figure Nº 5: Teachers who Mention Having Given Talks on HIV/AIDS.....	7
Figure Nº 6: Means through which People Received Information .....	8
Figure Nº 7: Parents' Rating of the Radio Message.....	8
Figure Nº 8: Knowledge of How HIV/AIDS is Transmitted.....	9
Figure Nº 9: Perception of Changes in Beneficiaries' Habits and Attitudes .....	9
Figure Nº 10: Knowledge of Where to Go for an HIV/AIDS Test .....	10
Figure Nº 11: Cases of HIV/AIDS Provided with Care between 2010 and 2012 .....	12
Figure Nº 12: Organisational Structure Designed for the HIV/AIDS Project.....	14
Figure Nº 13: Budget Spending by Phase and Type of Expenditure (in thousands of Bs.) .....	15

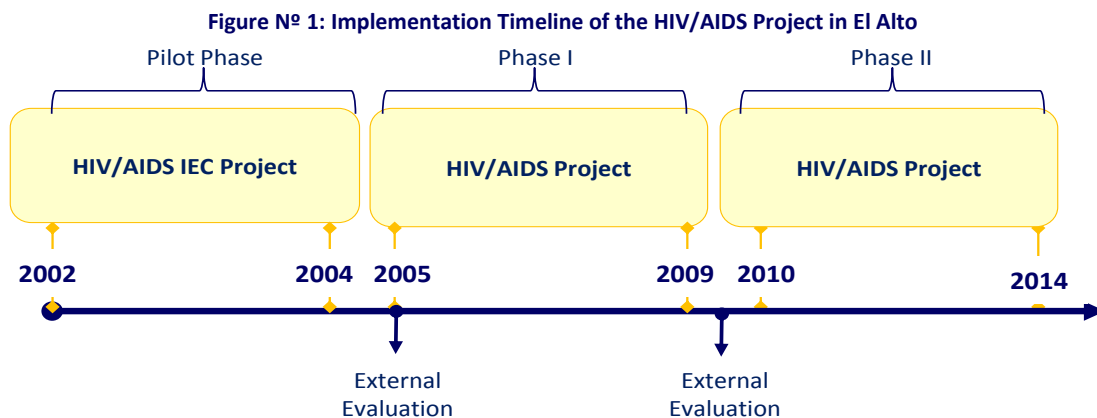
# OUTPUT N° 3: FINAL EVALUATION REPORT

## 1. Introduction and Background to the Evaluation

### 1.1. Introduction

The Norwegian Mission Alliance in Bolivia (NMA-B) is a not-for-profit non-governmental organisation that promotes the integrated development of disadvantaged social groups through its diaconal work. With 35 years of experience, it has seen its intervention strategy evolve from working for the community to working together with the community.

Under a cooperation agreement with Den Norske Misjonsalliansen (NMA), as part of this line of work NMA-B has been supporting people living with HIV/AIDS (PLWHA), one of society's vulnerable groups, by implementing the "El Alto HIV/AIDS Contract." In its pilot phase (2002-2004), this project strengthened organisations of PLWHA; in phase I (2005-2009) the work focused on building the Health Centre to provide care to PLWHA and carry out epidemiological surveillance; and in phase II (2010-2014) it continued to increase people's knowledge of HIV/AIDS.



Source: NMA-B; Prepared by: The Authors

The goal of phase II of the Contract was to help to control the HIV/AIDS epidemic by achieving the following objectives: increase knowledge of HIV/AIDS among young people in the city of El Alto and enhance the position of organisations of PLWHA. Four outputs were designed to achieve these objectives: the education community is trained on HIV/AIDS and people in the surrounding environment are informed about HIV/AIDS, and the organisations of PLWHA are known in the social setting and comprehensively trained.

Against this background, NMA-B decided to carry out this evaluation of the cooperation agreement with Den Norske Misjonsalliansen (NMA), and contracted the services of the firm Strategy Advisors for Government Reform (SAXgr) for that purpose.

## 1.2. Evaluation context

The first case of HIV in Bolivia was reported in 1984. Since then, there have been significant changes in how the disease has evolved, its epidemiological behaviour and its distribution, both geographically and among population groups, not just in Bolivia but worldwide.

According to the National Population and Housing Census conducted in 2012, the Plurinational State of Bolivia has an estimated population of 10,027,254 and a population growth rate of 1.71% since the 2001 census. The population structure is still broad based, with 31% of the population concentrated in the under-15 age group. In geographic terms, the country's population is concentrated in the three central departments: it is estimated that 7 out of 10 people live in the departments of La Paz (27%), Santa Cruz (26%) and Cochabamba (18%), where the population is predominantly urban.

The estimated HIV prevalence rate is 0.15%, which ranks the country in 27<sup>th</sup> place in Latin America and the Caribbean. By February 2014, a total of 11,241 cases had been registered by the system and 1,015 deaths had been reported (although there is a high level of uncertainty about this figure due to the uneven coverage of the mortality reporting system), suggesting that about 10,027 people are living with HIV. In other words, approximately 10 out of every 10,000 people in the country have been reported as cases of HIV. The surveillance system shows that the epidemic predominantly affects young people, as 67% of the reported cases correspond to people under the age of 35. They are also mainly men, as the masculinity ratio is 1.7, meaning that for every 10 women there are 17 men with HIV.

The geographical distribution reveals that cases are concentrated in the departments with the largest population, where the so-called axis cities are located: La Paz, Santa Cruz and Cochabamba, which together account for 71% of the country's total population and 89% of all reported cases of HIV/AIDS. These cases are concentrated mainly in the large and medium-sized cities, although in recent years between 15% and 20% of reported cases came from rural areas.

In the last few years the city of El Alto has become one of the large cities with a significant number of reported cases of HIV/AIDS. 59 new cases of HIV were reported between January and August 2014, 48 of which involve people over the age of 60 and the rest people in the 29-59 age group. The Los Andes Health Services Network was the one reporting the largest number of cases, followed by the Health Services Network known as *Lotes y Servicios*. With regard to the number of people with symptoms of AIDS, during the same period 17 people were reported as living with AIDS, 90% of whom are between 29 and 59 years old and mainly concentrated in the Los Andes Health Services Network. These figures indicate that the incidence of AIDS is 2 per 100,000 people.

The main means of transmission is sexual intercourse, which accounts for more than 90% of cases. Mother-to-child transmission accounts for 3% and blood transfusions only 1%, as the latter means of transmission has been practically eliminated in recent years due to the strict controls carried out in the blood banks.

## 2. Evaluation Methodology

The general objective of the evaluation was as follows:

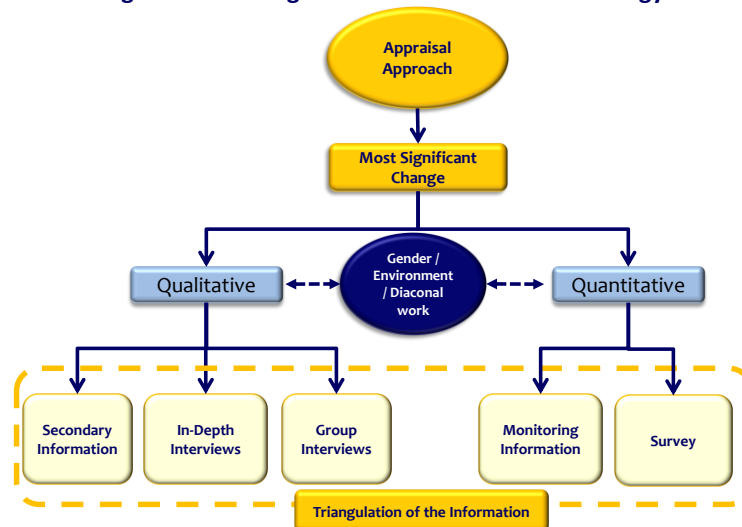
Evaluate the results of the HIV/AIDS Contract, with an emphasis of the second phase of the project, and estimate the contribution it has made to reducing the incidence of the epidemic by analysing qualitative and quantitative information.

To achieve this objective, an **impartial and integrated** approach was adopted, enabling judgments to be expressed about the impacts that appear to have been brought about as a result of the project's implementation, as well as aiming to contribute to learning for future improvements. The **integrated** nature of the approach derives from its use of different perspectives: cumulative, participatory, causal, analytical-explanatory, strategic and systemic.

The evaluation was based on a systematic and objective process, the purpose of which was to determine the relevance of the work carried out by the project and the results achieved in relation to its objectives. The evaluation also aimed to identify any unforeseen changes that were brought about. The methodology called "**Most Significant Change**" was therefore used. This sought to identify, together with the stakeholders, the significant trends and changes achieved as a result of the work carried out by the project.

Based on this methodology, **qualitative and quantitative** research techniques were used. These included the review, classification and analysis of secondary information, the gathering and processing of primary information (interviews, focus groups, etc. with the project's main stakeholders) and a survey which was applied to teachers, parents and students. One important element included in the analysis was **triangulation of the information**, which involved contrasting different views and sources of information. In addition, the evaluation methodology included the variables of gender, participation and diaconal work, which were important in the design and implementation of the project. The methodology designed is shown in the following diagram:

Figure Nº 2: Design of the Evaluation Methodology



Prepared by: The Authors.

### 3. Evaluation Findings

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The findings of the final evaluation of the HIV/AIDS Project are closely related to the requirements specified in the Terms of Reference and focus on analysing the fulfilment of the objectives and targets established at the start of the project, as reflected in its process and results indicators.

The findings of the final evaluation of the HIV/AIDS Project presented here are grouped according to the following five evaluation criteria: **i)** pertinence and relevance, **ii)** efficiency, **iii)** effectiveness, **iv)** impact and **v)** sustainability. The use of these criteria follows the conventional concepts and methods that form part of the programme and project management and evaluation theory developed by the OECD, but with a focus on trying to amalgamate and systematise the main results of the research work that gathered opinions and testimonies from the stakeholders involved in the HIV/AIDS Project (information from primary sources), together with the documents, information and data from secondary sources that were kindly provided by NMA-B staff.

#### 3.1. Relevance

The relevance of the project is determined by whether it responds to the current problem of HIV/AIDS as an epidemiological health issue and the beneficiary population's expectations, and whether it is linked to institutional policies and local and national health policies.

The HIV/AIDS project was designed, structured and proposed from the start as an important part of NMA-B's health strategy. Thus, it provides a necessary complement to all the work in health that the organisation has previously carried out. It responds to the needs identified in the local context and is in line with current national health policies, which promote prevention, adherence to treatment and working to combat stigma and discrimination.

The National HIV/AIDS Programme is responsible for the planning, programming, evaluation and supervision of activities. The work of this unit, and of all the other institutions that work in the field, is guided by Law Nº 3729 on the *Prevention of HIV/AIDS and the Protection of People Living with HIV/AIDS*, enacted on 8 August 2007. The National HIV/AIDS Programme's mission is to bring about a stronger programme with a reduced incidence and prevalence of STIs and HIV/AIDS, sensitised human resources playing a training or education role and providing integrated, universal and cross-disciplinary care, together with an effective oversight and control system, thus helping to improve people's quality of life through promotion and prevention work. In this framework, NMA-B's institutional policies and implementation of intervention strategies such as the *El Alto HIV/AIDS Project* are aligned with national and departmental policies and provide a significant complement and launching platform for the fulfilment of national health policies.

It is important to stress that the success of the project is due to the fact that it was designed to fit within the framework of national health policies. Thus, all the content of the training activities and the production and dissemination of materials was done in strict coordination with the officials responsible for national programmes and with their active and hands-on participation in the project's implementation.

With regard to the perception of parents, the majority say that the project was implemented in an appropriate and suitable way and responded to the needs of vulnerable groups. This perception was ratified in the survey by more than 90% of teachers. In the interviews, teachers mentioned that the

work responded appropriately to their needs in the sense that it mainstreamed the issue of prevention, not just of HIV/AIDS but also of other Sexually Transmitted Infections (STIs), in the teaching and learning process.

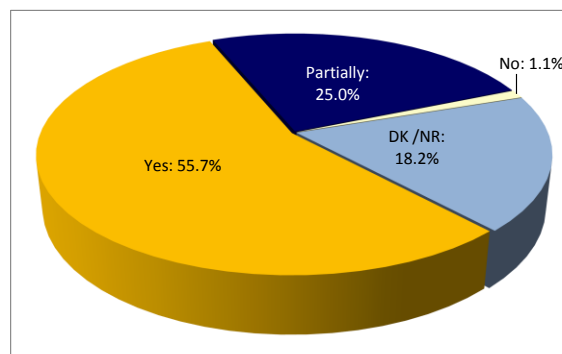
The information gathered directly and indirectly allows us to state that there were aspects internal to the organisation that contributed to the achievement of the project's objectives. These include the personal qualities and high-level professional skills of the staff who implemented the project, which enabled a much smoother relationship and technical coordination to be developed with the beneficiaries as well as the other stakeholders involved in the project, such as facilitators and programme directors. Among the external factors that facilitated the implementation of the project as a whole, the main ones that can be identified are the openness and receptive attitude of the officials responsible for the Epidemiology Programme and the Transmissible Diseases Programme in the cities of La Paz and El Alto, based in the corresponding health authorities, SERES El Alto and SEDES La Paz. Coordination with these institutions was successful because NMA-B always showed a willingness to provide technical as well as financial support.

There were also internal factors that caused certain obstacles in project implementation, especially from the administrative point of view. This led to delays in some activities, while on many occasions the required support could not be provided at the appropriate time.

### 3.2. Effectiveness

According to the Project Document from March 2009, there are two lines of action corresponding to two different population segments: i) students and teachers; ii) people living with HIV. In order to monitor the activities properly and for evaluation purposes, two logical frameworks were designed. These share the same project purpose and goal, and were used as the basis for analysing the effectiveness of the project.

**Figure Nº 3: Parents' Perceptions of the Importance of NMA-B's Work on HIV/AIDS Issues**



Source: Survey of parents

**Table Nº 1: Achievement of Logical Framework Indicators for the Education System**

Hierarchy of Objectives	Objectively Verifiable Indicators	Target Achieved	Achievement %
<b>Goal:</b> Improve people's quality of life by helping to change attitudes to HIV/AIDS			
<b>Purpose:</b> Increase young people's knowledge of HIV/AIDS	70% of this target population has knowledge of HIV/AIDS or has heard information about it	<ul style="list-style-type: none"> <li>It is not possible to measure this indicator</li> </ul>	-
<b>Component Nº 1.</b> The education community is trained	90% of 300 teachers trained on HIV/AIDS	<ul style="list-style-type: none"> <li>213 teachers trained on HIV/AIDS</li> </ul>	78.9%
	80% of 42,000 students know about HIV/AIDS	<ul style="list-style-type: none"> <li>27,294 students know about HIV/AIDS</li> </ul>	81.2%
	50% of students share their knowledge of HIV/AIDS with their family	<ul style="list-style-type: none"> <li>No information is available to measure this indicator</li> </ul>	-
<b>Component Nº 2.</b> People are informed about HIV/AIDS.	70% of the population in the students' surrounding environment receive information through messages about HIV/AIDS.	<ul style="list-style-type: none"> <li>No information is available to measure this indicator</li> </ul>	-



Hierarchy of Objectives	Objectively Verifiable Indicators	Target Achieved	Achievement %
	Information about HIV/AIDS is disseminated directly and broadcast on the mass media (4 TV and 8 Radio stations).	<ul style="list-style-type: none"> <li>In 2012 jingles were broadcast regularly on 8 radio stations during the second half of the year and 5 additional radio stations with wider coverage for the last 3 months of the year.</li> </ul>	100%
	90% of school representatives participate in a weekly one hour radio programme.	<ul style="list-style-type: none"> <li>Schoolteachers, PLWHA and health staff participated in the radio programmes that were made, but it is not possible to measure the % of participation.</li> </ul>	-

Source: Project Document and NMA-B Annual Reports; Prepared by: The Authors.

One difficulty identified during the evaluation process is the lack of information that is available to measure the project's indicators. Although one of the main inputs for this task is usually a review of the annual reports on project implementation, these present information in logical frameworks that were apparently designed or adjusted to suit each particular year. Although this practice may be useful for monitoring and following up on each year's activities, it is not recommended practice for medium and long term follow-up and monitoring.

Despite this constraint, we will now go on to present information related to the activities carried out in each component of the **Education System** sub-project. The first component, which consists of **Training for the Education Community**, includes teacher training activities. The majority of the teachers involved (98.3% of those surveyed) recognise the importance of receiving training on prevention issues in general and those related to HIV/AIDS and sexually transmitted infections in particular.

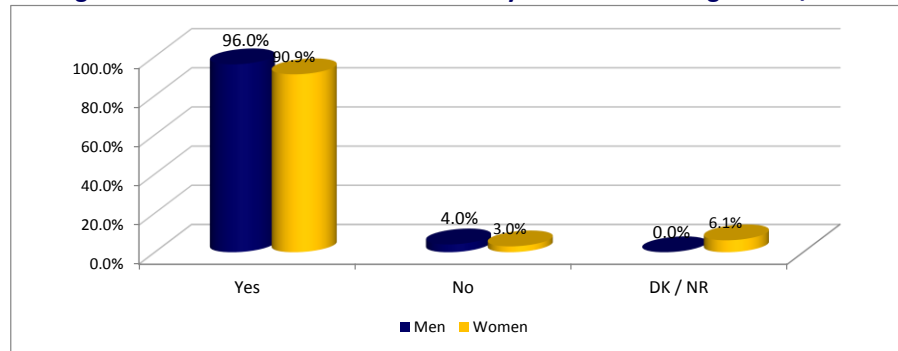
Likewise, teachers value the fact that the way of replicating the training received was the cascade approach, whereby the teachers trained passed on their knowledge to the other groups involved in the education system: parents and schoolchildren. In the case of the schoolchildren, the training was initially aimed at secondary school students in the 13-18 age group. However, due to the positive results of this experience, the information was also transmitted to primary school children. One of the most valuable things about this work is these children's level of acceptance and assimilation of the information they were given and the fact that they in turn transferred it to their family environment.

"The replication we did, using the cascade method, was useful for refreshing our knowledge and going over the information they gave us. It also enabled other people to find out about the issue."

*School teacher*

One key element in the transfer of information to schools and the achievement of raised awareness on the subject was the presentation of life testimonies given by PLWHA themselves, who shared their own experiences during the training events. This made an impact on the people attending the training workshops but also had a positive effect on the PLWHA themselves. In many cases, it enabled them not only to accept their diagnosis but also to present it as a motivation for prevention.

**Figure Nº 4: Teachers who State that they Received Training on HIV/AIDS**



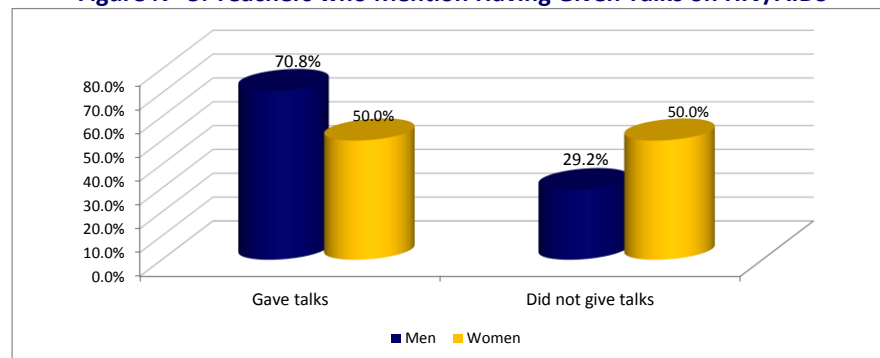
Source: Survey of teachers

According to the survey, more than 90% of the teachers surveyed stated that they had received training on issues related to HIV/AIDS. The information they received was mainly provided in workshops given by the project's facilitators.

More than 90% of the teachers who received training said that the facilitators' experience and knowledge and the teaching and learning methodologies they used were good or very good. This is one of the project's strengths, as it transferred the information in an appropriate way, assisted by the provision of a significant quantity of teaching and support materials. These included the materials used during the training events themselves and the educational materials such as flipcharts, CDs, leaflets, videos, etc., which were given to all the teachers so that they could share them with their students, other colleagues and parents.

The training and information transfer strategy was relevant and appropriate for the context, considering that in the majority of cases the transfer of the information was included by the teachers as part of their habitual teaching. It also encouraged other stakeholders – parents and students – to change their attitudes and habits and reflect on their behaviour.

**Figure Nº 5: Teachers who Mention Having Given Talks on HIV/AIDS**

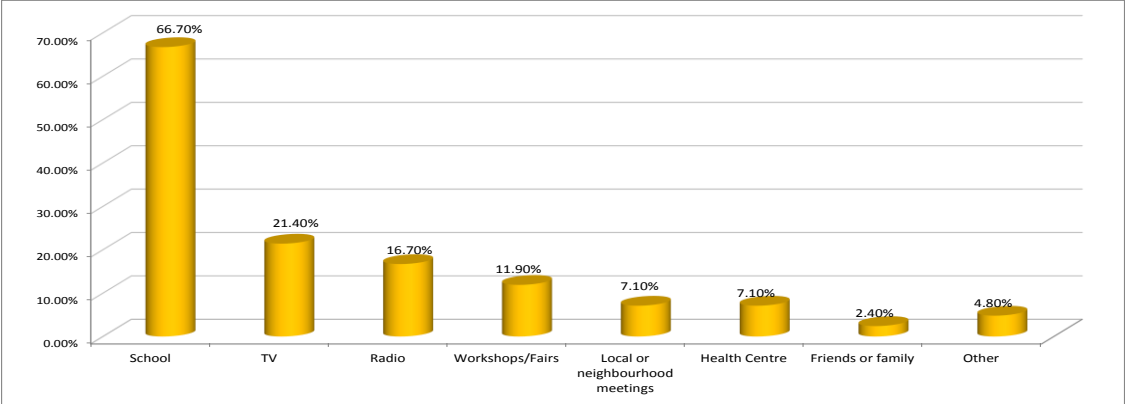


Source: Survey of teachers

Importantly, more than 70% of the teachers trained say that they transferred the information to parents through workshops or informal evaluation and information meetings, thus reinforcing the sharing of the information and to some extent the changes in attitudes and habits regarding HIV/AIDS issues among these parents. Likewise, the percentage of teachers trained who transferred the information to their students was even higher, reaching almost 100% in all the schools involved.

With regard to the second component, which sought to *inform people about HIV/AIDS*, it is important to differentiate the channel or means through which the participants and beneficiaries received the information. Nearly 70% of the parents surveyed said that they received information through the school from trained teachers or sensitised children who shared the information. However, a smaller but equally important percentage said they received information at fairs and workshops, from the television or radio or in local or neighbourhood meetings. All of these were activities taken forward by NMA-B through the project, which means that project implementation covered all the important means of disseminating information and training, thus reinforcing the transfer of information appropriately.

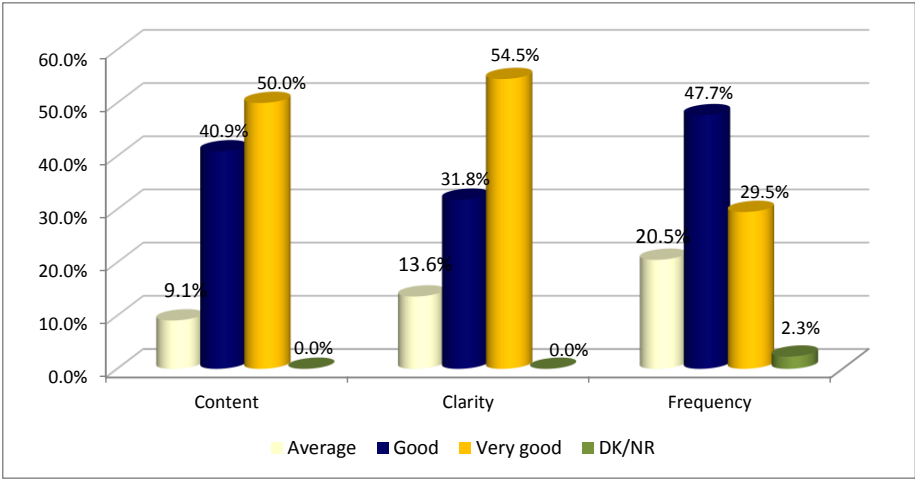
**Figure Nº 6: Means through which People Received Information**



Source: Survey of parents

The television spots and publicity jingles, which were produced in both Spanish and Aymara, were vitally important ways of sharing the key information messages on HIV/AIDS prevention. It is important to point out that the radio jingles had the greatest impact, as the information broadcast on this type of media was better assimilated by the direct beneficiaries and, through them, by the indirect beneficiaries as well. The content and production of the jingles was closely coordinated with NMA-B’s Communications Unit, which influenced the quality of the product and also reduced its production costs.

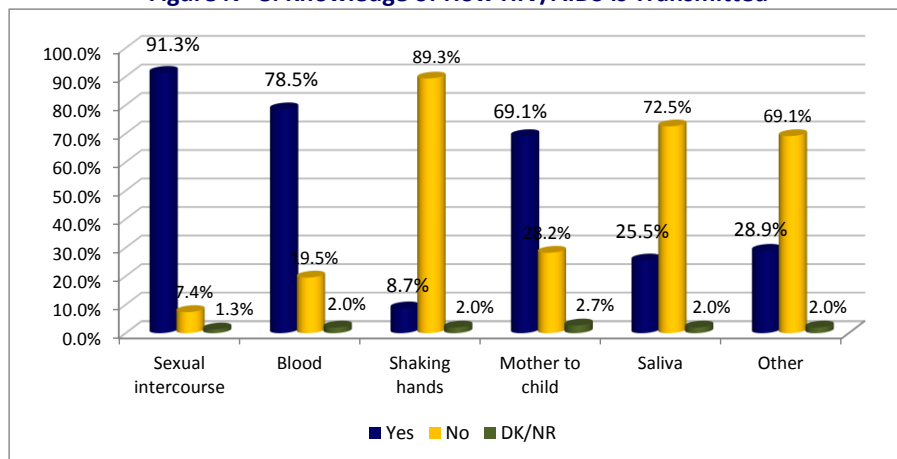
**Figure Nº 7: Parents’ Rating of the Radio Message**



Source: Survey of parents

In general, parents rated the radio jingles as very good and highly approved of them. More than 50% of the parents surveyed said that the content and quality of the messages broadcast on the radio were very good. However, some of these products could have been better adapted for a younger audience – primary school children – and the need to broadcast these messages in rural areas is also important. The figures also show that perceptions of this, though still positive, are not as decisive as when people are asked about the frequency of these messages.

**Figure N° 8: Knowledge of How HIV/AIDS is Transmitted**

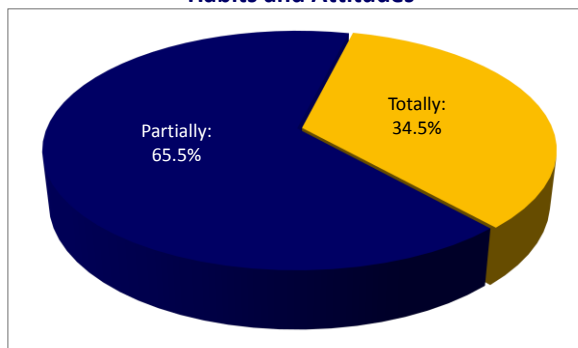


Source: Survey of schoolchildren

The quality of the information received and whether it has been correctly assimilated can be measured by assessing people’s specific knowledge of HIV/AIDS issues. With regard to this, it is important to point out that more than 90% of the schoolchildren surveyed managed to identify sexual intercourse correctly as one of the ways in which the virus is transmitted, almost 80% identified blood as a means of transmission, and nearly 90% categorically denied that shaking hands is a means of transmission. This knowledge has an influence on changing people’s beliefs about this aspect and helps to reduce stigma and discrimination against HIV-positive people. In general terms, the assimilation of knowledge was adequate among the schoolchildren, although the information about vertical transmission from mother to child needs to be reinforced.

Participants’ perceptions of the changes in habits and attitudes among parents, teachers, schoolchildren and even indirect beneficiaries are positive. In the case of teachers, nearly 70% of those surveyed think that a partial change in attitudes has been achieved and the rest expressed the view that a total change in attitudes has taken place, especially among the students, who have even sought and asked for more information on the subject. This represents significant progress with regard to prevention.

**Figure N° 9: Perception of Changes in Beneficiaries’ Habits and Attitudes**

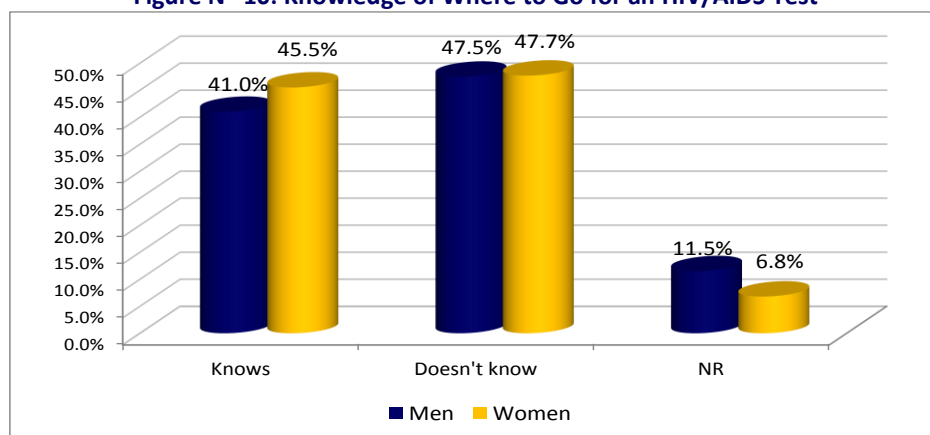


Source: Survey of teachers

It is important to emphasise that the intervention strategy has given rise to some changes in the participants. Although we cannot yet state that these changes have become consolidated, this is an important indication that it is possible to generate long-term changes through a genuine empowerment of the beneficiaries on the subject and with appropriate follow-up and monitoring.

“Thanks to this project the students have changed and they’re now more aware of this issue. They are even asking more intimate questions and when they approach us as teachers we have to help them.”  
**Head of Juan Pablo II School**

**Figure Nº 10: Knowledge of Where to Go for an HIV/AIDS Test**



Source: Survey of students

To complement the work, information and education materials aimed at the different groups of participants were developed. These include flip-charts, CDs and manuals for teachers, which are also useful for transferring information to parents and students. These materials were given to every teacher trained as a process facilitator. However, the teachers themselves identified the need to have more educational materials, considering the number of teachers and students in each school.

“The materials they gave us are very good, attractive and easy to understand. But they only gave them to the teachers who were trained, who use them in school. There aren't enough for everyone who'd like to give talks and if a teacher leaves the school they take the materials with them.”  
**Teacher at Walter Alpire School**

**Table Nº 2: Achievement of Logical Framework Indicators for the Positioning of PLWHA**

Hierarchy of Objectives	Objectively Verifiable Indicators	Target Achieved	Achievement %
<b>Goal:</b> Improve people’s quality of life by helping to change attitudes to HIV/AIDS			
<b>Purpose:</b> Enhance the position of organisations of PLWHA and consolidate knowledge of HIV/AIDS	70% of organisations of PLWHA have been made more visible in society	• 3 organisations of PLWHA are more visible in society	-
<b>Component Nº 1.</b> The organisations of PLWHA are known in the social setting	70% of PLWHA who attend their organisations’ events know their rights	• 333 PLWHA participate in the activities	-
	80% of members show solidarity to their peers in the organisation	• There is no information available to measure this indicator	-
	One weekly radio programme for PLWHA helps to raise people’s awareness	• The radio programmes were made	-
<b>Component Nº 2.</b> PLWHA have more knowledge of HIV/AIDS.	70% of PLWHA in the organisations are trained on HIV/AIDS	• 333 PLWHA participate in the activities	-
	90% of PLWHA go regularly for medical check-ups	• There is no information available to measure this indicator	-

Hierarchy of Objectives	Objectively Verifiable Indicators	Target Achieved	Achievement %
	In their self-help meetings, 80% of PLWHA remember information about HIV prevention	<ul style="list-style-type: none"> <li>The self-help workshops were held but it is not possible to measure whether 80% of the PLWHA who attended them remember the information about prevention.</li> </ul>	-

Source: Project Document and NMA-B Annual Reports; Prepared by: The Authors.

Once again, there are difficulties when it comes to measuring achievement of the indicators in the second sub-project. While the evaluation was being carried out, however, it was noticeable that the project responded to the need of PLWHA and their organisations for strengthening and empowerment, both of themselves as civil society organisations and of their active and/or passive members. This involved providing initial training on human rights, as well as technical and legal support to strengthen their advocacy work as they lobbied for legislation that would protect people living with HIV, defend them against stigma and discrimination, and allow them to obtain timely and free antiretroviral treatment. These achievements are set out in Law N° 3729, which was campaigned for by civil society organisations. In the city of El Alto, the organisations involved in the campaign received technical support from NMA-B through the HIV/AIDS Project.

The expectations of the direct beneficiaries – people living with HIV – were analysed by means of various research methods, including focus groups in which people living with HIV participated. The results of these enquiries allow us to state that the project met these beneficiaries’ expectations and responded to the needs of PLWHA, not just from the point of view of their empowerment as civil society organisations and/or HIV-positive people but also as productive individuals, as they were given training to develop craft-making skills (knitting, macramé, appliqué work, etc.). This has enabled them to earn an income, become financially independent, and even support their families.

“Mission is the only organisation that really identified with us. Other organisations just brought us along to sign their lists of participants. Here they helped us with the things we really needed.”

*Participant in focus group of PLWHA*

Another important factor was the building of the Surveillance, Information and Referral Centre (CRVIR) in El Alto, which has managed to increase the coverage of the care provided to vulnerable groups, PLWHA, sex workers, etc. It has become an important focal point for the identification of HIV-positive cases, rectifying the under-reporting that used to exist in the local context. Despite this important progress, however, more than half of the students surveyed did not identify this service as a place to go for a consultation on the subject of HIV/AIDS, and there were no significant differences between men and women on this point.

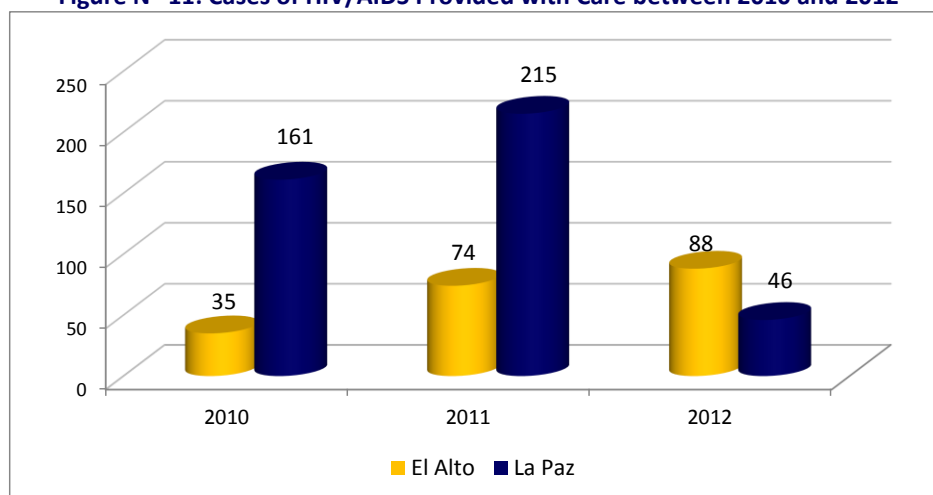
With regard to the infrastructure built by the project, i.e. the CRVIR in El Alto, the satisfaction of the PLWHA is clear, not only with the facility itself but also with the services it provides. It has become the referral centre for HIV-positive people in the city of El Alto, as well as the point of reference for the provision of care to other groups vulnerable to STIs (Sexually Transmitted Infections). The existence of this centre has lifted a significant burden on the local health system in the city of El Alto and managed to increase the coverage of care, not just in outpatient consultations but also by ensuring adherence to ARV treatment for people with HIV. This is positively valued by the service’s users, who mention the quality of the care they receive. The strategies implemented by the project have contributed to

“We also have the CDVIR, where we get better and more sensitive treatment from the doctors. They also receive support from Mission in the form of equipment, medicines, and sometimes even free tests for some of us who can’t afford them. And we’re not the only ones who go there.”

*Member of REDBOL*

improved identification of cases of HIV/AIDS, as it managed to raise awareness of the subject and the importance of early diagnosis and timely treatment.

**Figure Nº 11: Cases of HIV/AIDS Provided with Care between 2010 and 2012**



Source: NMA-B

As the graph above shows, between 2010 and 2012 the number of cases of HIV/AIDS provided with care in the city of El Alto was increasing constantly. According to the information provided by NMA-B, this tendency seems to have continued in 2014, when 172 cases were provided with care in the city of El Alto alone. This is a clear indication of the positive impact produced by the project's work.

With regard to the work of the CRVIR, the health staff in the centre value the support provided by NMA-B for infrastructure, equipment and transferring information. This support has clearly been diminishing as a result of the administrative cuts in the project, but it has nevertheless been important and in some cases the only support they have received.

"Thanks to NMA-B we have this infrastructure and they've also been supporting us with the laboratory tests and getting antiretrovirals. The coordination has always been very smooth and I think all of us who've been involved regret that the project is ending."

**Dr. Juan Vega, CRVIR EL ALTO**

The CRVIR in El Alto is currently functioning in a regular and stable manner, providing services to vulnerable groups, PLWHA, sex workers and others who receive integrated care and information on how to prevent HIV/AIDS and other sexually transmitted infections. The project also provided support to and coordinated its work with the CDVIR in the city of La Paz, where the health staff were actively involved in the project's activities in close coordination with NMA-B and PLWHA.

The infrastructure built in El Alto has been transferred to the municipal government. The centre is now operating with municipal government funding and has medical staff paid by both the municipal government and SERES in El Alto. The health staff who worked in close coordination with the project and NMA-B believe that the project's support has been vitally important for preventing HIV/AIDS, raising awareness on the subject and ensuring adherence to treatment. They also value the organisation's support for the antiretroviral treatment provided to PLWHA, training events and joint activities.

One form of added value was the diaconal approach that the organisation included in the implementation of the project, promoting essential Christian values to individuals and society. To

accomplish this, the project worked with Evangelical churches that were able to help in this area (a list of the churches that participated is provided in Annex N° 4).

According to the information provided by the project's technical staff, in 2010, 2011 and 2012 a regular counselling service was provided, identifying some PLWHA who had problems adhering to their antiretroviral (ARV) treatment and strengthening them spiritually by means of the Word of God. In 2013 and 2014, training on HIV/AIDS in the light of the Word of God was provided to leaders of Evangelical churches (pastors) in the city of El Alto. This was designed on the basis of the experience of the *Canales de Esperanza* or Channels of Hope programme, adapting it to the setting of the city of El Alto. A total of 150 church leaders were trained and 20 PLWHA spiritually strengthened. The work was complemented by the support of a pastor who worked with both the churches and a group of PLWHA. The spiritual strengthening of the PLWHA is reflected in their adherence to their ARV treatment to prevent the recurrence of opportunistic infections.

Finally, the perception of the PLWHA with regard to the project is satisfactory. They consider NMA-B to be one of the few organisations that allowed PLWHA to get really involved in the project's work, and value the NMA-B staff's great commitment to the work and their genuine sharing of the experience with the beneficiaries. However, some of them also mentioned the organisation's paternalistic attitude to PLWHA, which hampered their independent development to some extent, as it created a certain level of dependency on the organisation and its staff to deal with various issues.

"Although the Mission supported us, we also need to recognise that they sometimes adopted a paternalistic attitude that is unhelpful, treating us like those poor people with HIV, and that makes us very dependent."

*Participant in Focus Group with PLWHA*

This paternalistic attitude was identified by the PLWHA themselves, who recognised the dependence that it created on the organisation and its staff, especially to solve problems of a financial nature. However, when the project's staff were asked about this perception they mentioned that it is due to the fact that in many cases they were the only means of support for these PLWHA and had to help them individually, arrange for the purchase of medicines they needed for their treatment and even, in extreme cases, buy coffins for those who had died.

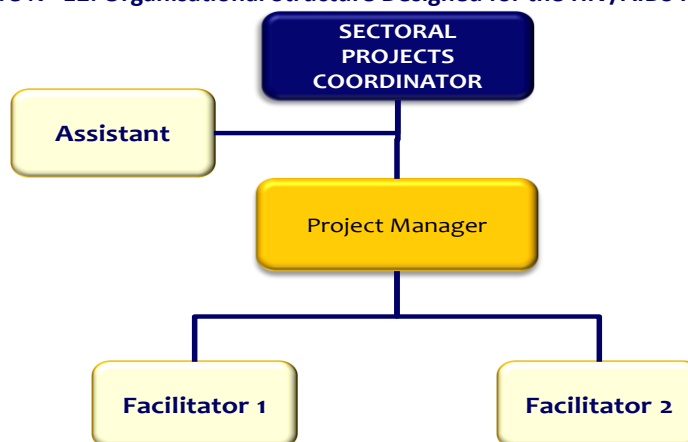
### **3.3. Efficiency**

Efficiency is understood as the appropriate use of human, financial and material resources to achieve the expected results and established objectives. To analyse it adequately, it is important firstly to describe the organisational structure that facilitated the project's implementation, then identify the use of funds and finally identify the contacts developed with other related initiatives working on the same issues in order to avoid the duplication of effort.

The organisational structure defined for the project is shown in the following diagram:



**Figure Nº 12: Organisational Structure Designed for the HIV/AIDS Project**



Source: NMA-B.

According to the information provided by the project's staff, the structure was appropriate but what caused certain difficulties were the staff changes and especially the reduction in staff numbers in the final period of project implementation.

When the subject of the budget is analysed, it can be noted that the budget gradually increased from one phase to the next. The budget for the Pilot Phase was Bs. 72,000, for Phase I it was Bs. 536,123 and for the Phase that is the subject of this evaluation it was Bs. 609,742. The breakdown of the budget figures is shown in the following table:

**Table Nº 3: Planned Budget for the Project (2002–2014), in Bs.**

DESCRIPTION	Pilot Phase			Phase I					Phase II				
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Infrastructure and Equipment	0	0	7,500	32,500	33,500	72,650	30,000	3,528	4,500	0	0	3,000	0
Training etc.	4,500	30,000	0	31,976	50,345	43,501	44,837	52,304	68,697	88,454	64,153	69,615	64,153
Administration Costs	7,500	0	22,500	17,011	20,154	21,005	30,192	52,620	45,299	49,721	56,541	41,648	53,961
<b>Total</b>	<b>12,000</b>	<b>30,000</b>	<b>30,000</b>	<b>81,487</b>	<b>103,999</b>	<b>137,156</b>	<b>105,029</b>	<b>108,452</b>	<b>118,496</b>	<b>138,175</b>	<b>120,694</b>	<b>114,263</b>	<b>118,114</b>

Source: NMA-B

In the final phase of the project it can be noted that the planned budget tended to grow, particularly in 2011 and 2012. According to the annual reports, this is attributable to the pressing need to support PLWHA "...who do not belong to the existing organisations, as well as the information that needs to be provided to the general public, the coverage of which can be increased by using the media."<sup>1</sup> Provisions were also made for potential changes in the cost of materials and supplies, due to the economic situation the country was experiencing.<sup>2</sup>

With regard to budget spending in the three phases of project implementation, Phase I is when the percentage of the budget spent was highest, reaching a spending level of 92.7% of the planned budget. The second highest level of budget spending was in the Pilot Phase, with 91.6%, followed by

<sup>1</sup> NMA-B Annual Report on the HIV/AIDS Project 2010, p. 4.

<sup>2</sup> In December 2010, the government enacted Supreme Decree Nº 748, which increased the price of gasoline and diesel, triggering a generalised rise in prices. Although the measure was later reversed, the tendency for prices to rise continued.

Phase II with 90.6%. One striking finding is that in 2006, 2008 and 2010 budget spending was higher than 100%, while in 2005, 2007 and 2014 levels of budget spending were lower than 80%, the lowest percentages in the entire project life cycle. The figures are shown in the table below:

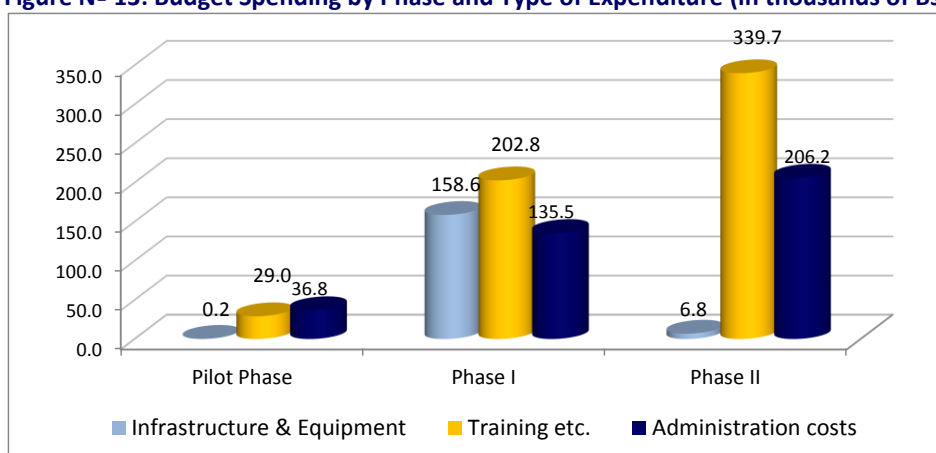
**Table Nº 4: Budget Spent on the Project (2002–2014), in Bs.**

DESCRIPTION	Pilot Phase			Phase I					Phase II				
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Infrastructure and Equipment	0	0	200	1,772	61,665	45,863	47,912	1,433	4,794	0	0	2,007	0
Training etc.	3,641	25,343	0	32,929	40,035	40,223	48,476	41,096	70,112	87,315	59,809	64,404	58,088
Administration Costs	8,359	0	28,394	20,351	17,667	19,824	31,589	46,118	45,887	45,917	44,490	39,680	30,212
<b>Total</b>	<b>12,000</b>	<b>25,343</b>	<b>28,594</b>	<b>55,052</b>	<b>119,367</b>	<b>105,910</b>	<b>127,977</b>	<b>88,647</b>	<b>120,793</b>	<b>133,232</b>	<b>104,299</b>	<b>106,091</b>	<b>88,300</b>
% spent	100.0%	84.5%	95.3%	67.6%	114.8%	77.2%	121.8%	81.7%	101.9%	96.4%	86.4%	92.8%	74.8%

Source: NMA-B

With regard to the composition of budget spending, it differed in each of the project's phases. This is attributable to the fact that the main objective was different in each phase. The Pilot Phase was aimed primarily at setting up the project's technical team and strengthening the organisations of PLWHA; Phase I mainly prioritised the building of the Health Centre to provide care to PLWHA and carry out epidemiological surveillance, as well as increasing knowledge of HIV/AIDS among teachers, parents and schoolchildren; in Phase II the work concentrated mainly on strengthening knowledge of HIV/AIDS.

**Figure Nº 13: Budget Spending by Phase and Type of Expenditure (in thousands of Bs.)**



Source: NMA-B; Prepared by: The Authors.

In the Pilot Phase, administration costs exceeded 55% of the budget. This is attributable to the nature of this phase of the project, which focused on setting up and equipping its technical team. In the next two phases, administration costs were equivalent to 32.3% on average, a percentage that is consistent with the priority activities in each of these phases.

Based on these figures and with the aim of analysing the **cost-efficiency** of the intervention, it is important to separate out the analysis because the project worked with two groups of beneficiaries: i) People Living With HIV/AIDS (PLWHA) and ii) teachers, parents and students in the different schools where the project worked.

With regard to the first group of beneficiaries, as already mentioned several times in this report, one of the main objectives of the work was to support organisations of PLWHA and support networks, as well as building and equipping the *Health Centre to provide care to PLWHA and carry out epidemiological surveillance*, for which approximately Bs. 165,000 was invested in infrastructure and equipment. If this is calculated on a per capita basis distributed among the 850 PLWHA reported in the Municipality of El Alto, it shows an investment of Bs. 194.11 (US\$ 27.89) per person. This is a modest investment compared with the potential benefits received by each of the beneficiaries.

With regard to the second group, according to the available information on the final phase of the project's work, an average of 9,040 people benefited from the training and information activities. The distribution by type of beneficiary is shown in the table below:

**Table Nº 5: Number of People who Benefited from Information / Training in Phase II of the Project (2010-2014)**

Type of Beneficiary	Year					Average per Year
	2010	2011	2012	2013	2014	
Teachers	54	60	60	60	60	58
Parents	0	0	0	620	827	723
Students	9,914	8,638	9,400	9,511	8,400	9172
<b>TOTAL</b>	<b>9968</b>	<b>8698</b>	<b>9460</b>	<b>9571</b>	<b>8460</b>	

Source: NMA-B; Prepared by: The Authors.

Considering that in Phase II alone a total of Bs. 339,728 was spent, this is equivalent to an investment of Bs. 37.58 (US\$ 5.40) for each person who benefited from the training or information. Once again, this shows that the per capita investment made was modest in comparison with the benefits received, especially considering that this type of work has a multiplier effect when it is carried out with teachers, whose mission is to replicate the training received, while in the case of parents and schoolchildren it has the potential to be transferred to other family members.

Finally, with regard to the coordination that should be developed with other initiatives working on the same issues, in Phase I of project implementation it is noticeable that significant efforts were made to reach agreements with other institutions. These were identified in the external evaluation carried out in 2009 and the list is as follows:

- Mutual Cooperation Agreement between NMA-B and the organisation "Mas Vida"; two-year agreement starting on 6 April 2005.
- Inter-Institutional Agreement with the District Education Office for Northern El Alto, signed on 7 April 2005.
- Inter-Institutional Agreement with the Departmental STI/HIV/AIDS Programme in La Paz; two-year agreement starting on 13 April 2005.
- Inter-Institutional Agreement to implement the Municipal STI/HIV/AIDS Centre in El Alto between NMA-B, the Municipal Government of Al Alto and the SEDES (Departmental Health Service) of La Paz; start date 16 September 2005.
- Inter-Institutional Agreement with the Departmental STI/HIV/AIDS Programme in El Alto; two-year agreement starting on 10 March 2006.
- Inter-Institutional Agreement with the Departmental STI/HIV/AIDS Programme in La Paz; two-year agreement starting on 10 March 2006.

- Inter-Institutional Agreement with the Departmental STI/HIV/AIDS Programme; two-year agreement starting on 11 April 2008.
- Inter-Institutional Agreement with CRVIR El Alto; two-year agreement starting on 15 April 2008.
- Inter-Institutional Cooperation Agreement with the Ibis-Hivos Association, Global Fund Principal Recipient, and NMA-B; 13-month agreement starting on 26 November 2008.
- Inter-Institutional Agreement with District Education Office for Northern El Alto, to provide support with educational materials and training for teachers – 2009.
- Inter-Institutional Agreement with the organisation “Una Luz en el Camino”; one-year agreement starting on 12 February 2009.
- Inter-Institutional Agreement with the organisation “Nuevo Camino”; one-year agreement starting on 12 February 2009.
- Inter-Institutional Agreement with the organisation “Mas Vida”; one-year agreement starting on 12 February 2009.
- Inter-Institutional Agreement with the organisation “Fundación Grupo Solidario Cumbre”; one-year agreement starting on 12 February 2009.
- Inter-Institutional Agreement with CDVIR La Paz; two-year agreement starting on 13 April 2009.

During Phase II, the project participated as a member of the El Alto Inter-Institutional Committee and the Departmental Coordination Mechanism on HIV/AIDS. This enabled it to coordinate operational activities with other similar projects, strengthening the departmental Sexually Transmitted Infections Programme and avoiding any overlap or duplication of activities.

### **3.4. Sustainability**

With regard to the sustainability of the project’s impacts, these can be seen as lasting into the long term, due firstly to the fact that it has brought about a change in attitudes and habits in relation to preventing HIV/AIDS and, consequently, other sexually transmitted infections.

Changes in attitude lead to a shift towards healthy lifestyle habits. This generates a long-term process that will be sustainable over time if the transfer of information is maintained and the information is shared in any everyday life setting.

The actions of a technical nature taken forward with PLWHA may likewise be sustainable if the information is replicated. The empowerment achieved by PLWHA, both as an association and as individuals, will be sustainable over time if people constantly pass on the information. However, sustainability on the financial side is seriously compromised without the involvement of NMA-B. This is because, through the project, the organisation has been supporting PLWHA in different ways, including treatment, laboratory tests, covering funeral costs, providing food, etc. These financial aspects will be seriously affected with the ending of the project.

The sustainability of the CDVIR from the point of view of infrastructure and equipment is guaranteed because this service is now managed by the Municipal Health Office and has a budget from the municipal government. However, it will be affected by the withdrawal of the outside support that NMA-B provided for activities such as group meetings for PLWHA, training talks, and recreational activities between health staff and PLWHA.

## 4. Conclusions and Recommendations

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### 4.1. Conclusions

The main conclusions identified are the following:

#### a. Pertinence and Relevance

- The project was aligned with institutional policies and corresponded closely to them. It provided a positive response to the needs and expectations of the beneficiaries, within the framework of national health policies.
- The objectives set were fulfilled in their entirety and the transfer of information exceeded the expectations outlined at the start of the project.
- The NMA-B staff were a key factor in the success of the project. They were committed not only to the strategy established for the work but also to the direct beneficiaries, with whom they built a relationship characterised by its quality and smooth communication, thus enabling the established objectives to be achieved.

#### b. Efficiency

- Although the organisational structure was appropriate for the needs of the project, it is clear that the reduction in the size of the technical team and the changes in the staff responsible for implementing it caused difficulties in the normal conduct of the activities.
- Significantly high levels of budget spending were achieved in the different phases of the project, thanks to the effort made by the technical team responsible for project implementation.
- An interesting strategy was developed for building relationships with different institutions working on the same issues, which minimised the risk of any duplication of effort.

#### c. Effectiveness

- The materials produced were appropriately designed, but the quantity was insufficient for some beneficiaries such as teachers or schools that have a large number of students and teachers.
- The cascade strategy used for training and providing information to the stakeholders and social networks involved was effective, as it achieved the involvement of a large number of beneficiaries.
- Changes in habits and attitudes were partially achieved but have good prospects of sustainability over time.
- The expectations of PLWHA were met on the technical and legal side and, above all, in moral and emotional aspects, as they developed a relationship of trust with the organisation.

#### d. Sustainability

- The sustainability of changes in habits to those of a healthy lifestyle depends on the ongoing sharing of information, firstly by the people involved at the start. The change in habits is a process indicator that is difficult to measure in the short term. However, it is possible to identify that it has taken place in the direct beneficiaries.
- The sustainability of the infrastructure will depend on the Municipal Health Office, which is now responsible for it under the Municipalities Law, as well as the continuity of its staff and the regular replacement of its equipment.

- The empowerment of PLWHA as a civil society organisation will be sustainable over time, but their technical and legal work and specific activities will require the financial support that is essential for their continuity.

#### 4.2. Recommendations

The evaluation team offers the following recommendations:

- It is important to put the necessary conditions in place to maintain a stable organisational and staff structure throughout the lifetime of any project with similar characteristics.
- It is important to build on the experience gained by the implementation of the HIV/AIDS Project. It will therefore be advisable to consider the possibility of extending the project's implementation period, as well as mainstreaming the issues in other interventions being carried out by NMA-B in other regions of the country.
- It is important to place limits on the technical, financial and emotional support provided by the project in order to avoid a paternalistic attitude to PLWHA, genuinely strengthen their own activities and limit their dependence on the organisation.
- The participation of PLWHA presenting their life testimonies during the training events was vitally important for reinforcing and encouraging the change in habits and attitudes among students and parents. It will therefore be important to continue this strategy in other interventions.
- The experience could be replicated and extended to rural areas and to primary school children, bearing in mind that education and information should start at an early age.
- The stability and adequate implementation of this and any other project depends on the stability of the staff who are part of it.

### 5. Lessons Learned

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The lessons learned identified include the following:

- Having ***professionals committed to diaconal work*** facilitated the project's implementation. Diaconal work should not be something that people do because they are obliged to. It should come from within, and it is something that is lived and practised on a daily basis.
- Maintaining the ***commitment of the school teachers*** is vital for the sustainability of the results, the ongoing sharing of information and the changes in attitudes and habits.
- The ***transfer of information that is appropriate***, up to date and imparted by professionals leads to a significant change in attitudes and reduces the stigma and discrimination against people living with HIV.
- The ***training courses to develop the craft-making skills of PLWHA*** were a personal and productive development experience for many PLWHA, enabling many to achieve financial and personal independence.
- The ***inclusion of Christian and moral values*** which were mainstreamed in the project contributed to the empowerment of the beneficiaries and changes in habits related to their sexual and reproductive health and everyday life – aspects that were widely acknowledged by the beneficiaries.
- The ***continuity and stability of the staff implementing the project*** is essential for the activities to be carried out properly and, above all, for adequate follow-up and monitoring of the work.
- The ***close coordination with officials*** in the National HIV/AIDS Programme contributed to the project's success and should be maintained in any future work on this and other issues.