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Pan American Health Organization

Better practices
on gender, race and

Star Health Services

An experience for the integration of gender considerations in first level complexity health public services

Organización Panamericana de la Salud
Oficina Regional de la Organización Mundial de la Salud

STAR HEALTH SERVICES

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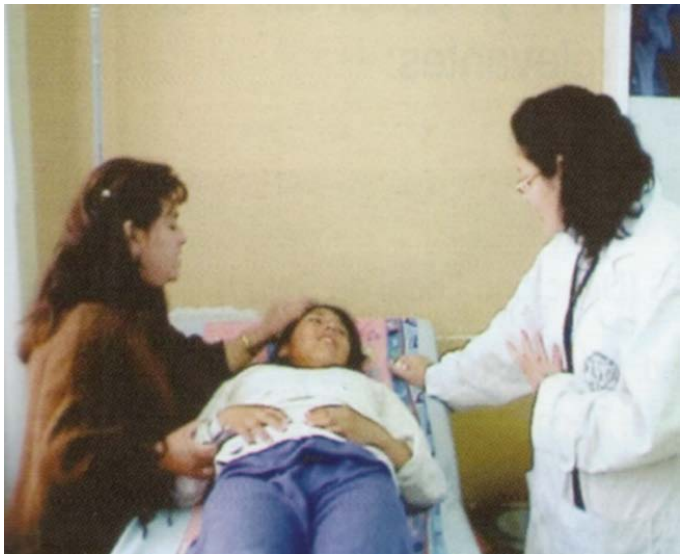

Bolivia

SEDES LA PAZ

Organización Panamericana de la Salud
Oficina Regional de la Organización Mundial de la Salud

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SUMMARY

Health situation of women in Bolivia – La Paz, show critical inequalities, such as: cancer, specially which affects to them (uterine-cervical), maternal mortality, problems on sexual and reproductive health topics, HIV/AIDS negative impact, domestic and inter-familiar violence, low educative level, scarce participation on politics, limited opportunities for job; among others.

In health services low coverages and low participation of women in attention and prevention of their own health related to discrimination topics are confirmed, mistreat and a service organization which does not respond to needs of women –for example on schedules-.

This situation motivated to work on first level complexity health public services, with the purpose of integrate considerations of gender on primary attention framework. It constitutes a contribution on quality improvement search and access to health services, identifying and answering to barriers inside the same service (that generates low coverages) and barriers in the population (women with limitations on take of decisions about their health).

The initiative was developed since 2004 to 2006 through direct intervention actions in La Paz department, focusing then, on the same name municipality and in "Pampahasi Bajo"
health service. From year 2007 to date, the initiative is on institutionalization process on La Paz Department Health Service (SEDES-La Paz).

In general terms, this experience has looked for contribute improving health conditions
through strengthening processes of services management, specially oriented to "quality with focus on gender" and to the development of empowering processes of women in the community (principally aymara immigrant and in poverty conditions) for their greater "access" to health.

The main achievements in this period, were the planning management in services incorporating gender considerations, adjustments in the organization of service
to respond to needs of women-users (signaling, language, informative material), work team and improvements on treat, users men/women satisfaction vigilance, coverages increase and development of a Program of strengthening in the community related to women health rights.

Learnt lessons of this initiative are referred specially to the rescue of identification of needs and planning incorporated processes with health staff and base organizations. Likewise, reassess health operative team role and proposing it as an "agent of change" with capabilities to lead challenges, which was an essential coadjutant to impulse such a sensitive topic, as is gender social construction.

1. WHY WE DID IT?

Women situation has passed to occupy a first level on international discussions with greater emphasis in the last ten years. Even though since the last half past century important advances on health, education and rights fields were registered, the progress in other areas have been slow and unequal. Gender disparity is still very marked in some regions, in countries and inside the same countries, especially in the poorest ones, as Bolivia

It is said with so much righteousness, that being born of female sex affects life opportunities in all societies, with different characteristics from one to another. In this framework, population's health situation and particularly of Bolivian women, has its own characteristics that show critic inequalities as in uterine-cervical cancer presence, in maternal mortality, problems on sexual and reproductive field, in HIV/AIDS impact, in domestic and inter familiar violence, in education, in participation on politics, in job opportunities and in other situations of inequality.

Next some data will show us the panorama which we are talking about:

Demographic aspects:

- Bolivia has 37 native and aboriginal people goups, who constitute more than the half part of the national population, it is more tan 4 million persons(native monolingual and bilingual) who reside in the 9 departments and in the 324 municipalities according to Municipal Associations Federation, 2008.
- The Bolivian population has female predominance (50.16% are women).
- Population with unsatisfied basic human needs –housing, energy supplies, education and health-according to last National Census 2001 is 39% for urban areas and 90.8% for rural areas.
- Female Bolivian population resides fundamentally in urban areas. Thus, 2.517.06 men and 2.648.124 women live in cities and; 1.606.744 men and 1.502.351 women in the rural area. (National Census 2001)
- Women in current reproductive age –from 15 to 49 years old- have increased on 85%, due to high fertility in past decades (ENDSA - Demography and Health National Poll -2003).
- Fertility rate reaches to 4.4 children by woman. (National Census 2001).

Sexual and reproductive health

- According to INE (Statistics National Institute), there are breaches between knowledge and access to contraceptive methods, between men and women. In a global way is established that 89% of consulted men and women knew some method, in so far as a 31.4% of women and a 41.9% of men made use of that. differences: while women, in average want to have 2.5 children, they really have 4.2 children. This information disaggregated by residence establish that the difference is bigger in rural area than in urban, indeed, in the first case 3.2 children is desired and 6.4 is had, in so far as in urban area 2.2 and 3.3 is had respectively (ENDSA - Demography and Health National Poll -2003).

- Women represent 26% form the infected adults with HIV/AIDS. Between young men and women, those of female sex represent 35%. Since 1998 the increase among young women under 24 years old is observed more speedily, exceeding to the infection increasing of males in this ethereal group. (National Program Inform STI, HIV/AIDS – MSD 2008).

- During year 2000, according to CNPV/01 (Housing and Population National Census 2001) data, 60.5% of childbirth was attended for qualified staff.

- Maternal mortality, one of the highest ones in the continent, was estimated in 229 x 100.000 n.v. for year 2003 and in 222 x 100.000 n.v. for year 2008 (ENDSA -Demography and Health National Poll- 2008 preliminary).
- Each day 5 women die for uterine-cervical cancer, according to realized research by INLASA (Laboratory in Health National Institute). About gynecological samples from La Paz and El Alto cities (years 2004 and 2005) it is indicated that the population with greater risk is between 25 and 40 years old, concluding that the incidence of neck uterine cancer is more frequent in young persons.

Health situation

- Standardized rates of circulatory system diseases mortality for 100.000 hbts: 385,2 for men and 382,6 for women (Health and Sports Ministry, Basic Indicators 2003).
- Standardized rates for neoplasic diseases mortality for capital cities x 100.000 hbts.: 57.4 for men and 89.7 for women (Health and Sports Ministry Basic Indicators 2003).
- Rate for sex of population from 15 to 65 years old who smoke regularly: 48,4% for women and 68% for men (Gender Indicators MSD, PAHO/WHO, Public Health Society 2005).
- Rate of obesity prevalence for sex: 36% for women and 22% for men (Gender Indicators MSD, PAHO/WHO, Public Health Society 2005)
- Rate for sex of population who got sick and/or had an accident: 17.9% for women and 14.9% for men (Gender Indicators MSD, PAHO/WHO, Public Health Society 2005).

Education

- Illiterate rate at a national level is greater in women than in men. In effect, it reaches to 18.87% of women and 6.76 % of men. (National Census 2001).
- Although female enrollment has increased, desertion from educative system affects more to women than to men. Of every 100 women at school age, 27 do not have access to education. (CEPAL -Demographic Bulletin of Latin America and the Caribbean- 2002).
- High rates of infantile mortality and in younger than 5 years old are associated to low educative level of women-mothers, above all in rural areas where the half part of them are illiterate. A child, whose mother does not have education, has tripled the risk of dying than a child with a high school level mother. (ENDSA -Demography and Health National Poll- 2003).

Participation on Politics

- Participation of women as municipal council woman has increased in 1999, with regard to 1995, year where from 8.55%, 17.85% has been reached, however it does not reach to 30% expected (Quotas Law).
- The relation of mayors and mayoress, according to municipal authorities, is of 13% women end 87% men. The number of women that appears as substitute reaches to 69,52%. From a total of 252 council women, 9,12% became a mayoress (Popular Participation Vice ministry, 2001).
- In the National Congress there is a greater feminine presence in Deputies Chamber, with 18.5% of permanents, whereas in Senators Chamber, feminine presence barely reaches to 14.8%. Women Worker, Deputies, Ministries and Native women 2007.

Employment

- Unemployment affects more to women. From the global rate of 4.79, 5.86 belong to women and 3.94 to men. (Dossier UDAPE (Social and Economic Policies Análisis Unit 2002).
- Percentage of women head of household has increased, estimating that it reaches to 38%, which points out that woman are the most that look for generate incomings for the familiar sustain. (Work International Organization 2006.
- The average incomings per hour of women and men head of household reflect substantial differences to the detriment of women.
- According to the World Bank, in 1999 it is registered that women have greater possibilities of being poor. In effect, in main cities there is 47% of women opposite to 45% of men, in rural area, 83% opposite to 81%%, respectively.

Violence against women

- A research about prevalence of domestic violence on three municipalities of the country done in 1998 points out that of every 10 married or in union women, between 5 or 6 admit being violence victims at home, with predominance of physical aggression.
- From received reports in the Protection to Family Brigade (National Police), for violence at home, 86% of the victims are women.
- On sexual violence cases in boys, girls and teenagers, men aggressors act, in 74%, without alcohol or drugs effects. Most of the victims who report belong to female sex (88%). Most of the sexual crimes are committed for persons close to the victim, being frequently

committed at their own domicile. (Sexual and Reproductive Health 2004-2008, Violence Attention and Prevention National Plan 2004-2007).

This general panorama has motivated the need to promote special attention to the health of women beginning principally from the acknowledgement that they and men occupy different positions in front of utilization and the provision of different resorts as health care.

In La Paz department – one of the nine of the country and seat of government - the situation is not better than at national level. Thus for instance, the population is economically depressed and is mostly dependant on informal business, low educative levels; and it possesses deep-rooted cultural traditions product of the legacy of aymara native people who dwelt this part of the country and from the immigrations produced internally.

Some data show us for example that infantile mortality is of 52 x 1000 n.v., reaching to 67 in rural areas of the department; maternal mortality reached to 345 x 100.000 n.v. for year 2003; the four prenatal controls indicated according to norms do not reach 50%. Use of contraceptive methods in the department barely reaches to 4,87% and the need of contraception persists in 22,02%. With regard to Cancer , the opportune detection of CACU (cervical uterine cancer) through Papanicolau sample barely reaches to 15,09% , PAP's simple does not coincide with the lecture of the same ones (just 50% of the same ones are read in cytopathology laboratories).

This context was the framework to work in the pilot experience in first level complexity public health services with the purpose to integrate considerations of gender from the perspective of elementary health attention. In this way, the experience is constituted an contribution in the search of quality and better access in health services, when identifying and responding effectively to existent barriers, of both in services and in the same population. In this case, the population with greater needs: women.

2. WHAT WE LOK FOR?

Main motivations which took to develop the experience "Star Health Services" were the women health situation as main problem and low coverages in services associated to weak participation of women on health topics as subjacent problems.

La Paz department was identified as territorial space that concentrates a whole of attributes that could make easier the implementation and replica of the initiative in other fields, such as aymara native people and other immigrants, poverty conditions , presence of first level complexity public services, among others.

The objectives were directed to:

• General

Contribute to improve women health situation through actions for the increase of coverage attention and the promotion of communitarian participation in La Paz`s municipalities department in the health primary attention and current national politicies framework.

• Specifics

a. Develop a qualitative and quantitative diagnosis with services lenders of first level complexity in 5 urban-peripherals and rural municipalities of La Paz department.
b. Develop a qualitative approximation about perception of women of the community related to health.
c. Execute an analysis of results meetings cycle of of the diagnosis and identification of proposal with the community and with services renders from the gender perspective.
d. Elaborate and validate an acting model in services and in the community that makes easier lines of quality and access with focus on gender.
e. Implement and evaluate the acting model with participant actors in the process and other guest key actors.

The experience was started on 2004 in El Alto municipalities (10 de Mayo Health Center), La Paz (Los Pinos Health Center), Pasankeri Health Center, Coroico (Coroico Hospital) and Achacachi

1 SANIS Data La Paz department 2008
2 Inform 2008 Sexual Reproductive Health Program La Paz Dept.
3 INLASA Inform 2008

(Achacachi Hospital) for the evaluation of a qualitative diagnosis and then it focused in La Paz municipality, in "Pampahasi Bajo" service (aymara term that means "high plain, level ground"). Pampahasi zone belongs to the east slope of the city; it is an urban peripheral neighborhood. The public services network that is located there (Nº4) has an influence population of 123.733 hbts. and belong to Cochapampa and San Simon neighborhoods.

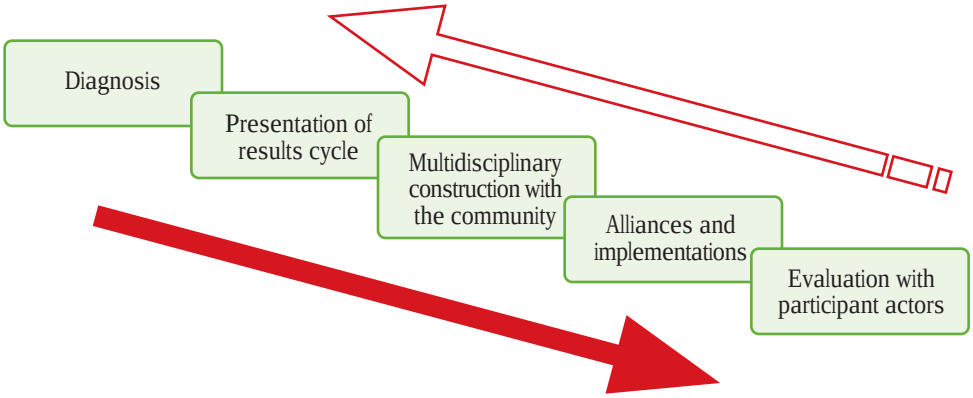
Due to accelerated and uncontrolled urbanization process and housing deficit in the central part and la Paz city adjacents, immigration trends were generated mainly in the already named east slope. Over there were formed peripheral belts of social exclusion and poverty, triggering off various social characteristics that manifest for unemployment, low incomes, lack of access to basic services such as electricity, water, drains, etc. The most important immigrations that settle on this slope come from aymara native people from provinces of Murillo (Palca), Omasuyos and Ingavi of La Paz department and in a lower scale from other provinces from inland of the country.

3. HOW WE DID IT?

Health Service Departmental (SEDES – La Paz), is the sanitarian authority that at departmental level carries out national policies stemmed from Health and Sports Ministry. This office has promoted some actions on gender topic since 2003, year in which a Gender and Violence Responsible is incorporated to the organic structure, and a limited budget is assigned through an operating plan approval.

In this framework, in coordination with the PAHO/WHO office in the country, were established agreements to support the experience "Star Health Services"..

The main given steps on development of the initiative were:



Fundamentally "qualitative" diagnosis

With some qualitative research techniques (open interviews, observation and focal groups) were identified "perceptions about the situation", of both services renders and women in the community adjacent to a service.
Thus for example, some findings are the next ones:

- From renders

They were concentrating their labor efforts almost exclusively on SUMI (Infantile-Maternal Universal Assurance) application, directed to eliminate economical barriers of women on their reproductive role attention exclusively. Additionally, they were assisting by Uterine-Cervical Cancer demand and sometimes domestic violence.

With regard to epidemiologic information and vigilance, although the 10 first causes of mortality were recognized they did not manage information with desegregation by sex and they were not analyzing the situation of certain population groups, as women are.

4. Last National Census 2001.
5. East Network Management Data.

Communitarian participation. Even though in the current managing model "shared management with the community" is established, frequently meetings with base organizations were done, without the presence or without effective participation of women for the decisions making.

Organization of services. Attention schedules on services were frequently incomplete. There were not shared mechanisms with the community and women, to set attention schedules according to the noticed needs. There was not any procedure that would allow, men and women user, to ask a specific provider. There were done some attempts for the patients` attention in their native language, nevertheless it was not systematic and on the contrary it was noticed dependent on the personal will of the health staff member. Services had lack of informative resorts (signaling and directions) for the displacement of women/men user inside the same place. The health institution did not do a daily diffusion action of the offered services, schedules and other useful information for the community. Labors in the community (talkings, detection, visits) were done eventually and not in a systematic way.

• Women perceptions from the community.

In general terms, women recognize their total lack of education or the precariousness of these that in some cases the have received. Nevertheless they recognize themselves as persons who must do many and diverse activities linked to their reproductive role on society:

> "We, women are so many things: mothers housewives, workers out of home; men are just workers" (Community adjacent to Los Pinos Health Center, La Paz).

> "Women have to take care of the house, cook for everyone, take care of animals, work in the country, send "wawas"* to the school, we have to do everything, carry out with our obligations, there is too much to do, we have no time" (Community adjacent to Coroico Hospital).

> "Women in this place, are like any other woman, who has their thing to do, take care of the husband, take care of the "wawas"* we have to do the farm too, we knit too" (Community adjacent to Achacachi Hospital).

Areas Women health problems are habitually pushed into the background when accomplishing with the productive and reproductive roles socially established. This behavior could condition low coverages e.g.: uterine-cervical cancer detection, since these ones would not be assumed in a decided way for women. Women's decisions about their health situation – to go or not to go to health services - are subjected or conditioned to the husband or partner's decisions or another member of the family. This"subordinated" behavior would not only be impeding prevention actions only, but would be placing barriers to health attention actions (e.g.: institutional childbirth assistance, diabetes assistance, tuberculosis assistance, etc.)

"Even we are howling in pain, if there is work to do at home, we cannot go to bed" (Community adjacent to 16 de Julio neighborhood Health Center, El Alto)

"In the country women who take things to avoid having children are not well-seen we just have to have children" (Community adjacent to Achacachi Hospital).

"If our sister or husband's sister gets sick, we must travel to the country
to take care and help, even more if she is the mother in law" (Community adjacent to 1º de Mayo neighborhood Health Center, El Alto).

> "As he was assisted –the husband-, that is the way he wants the childbirth, just at home. I sometimes got permission…" (Community adjacent to Achacachi Hospital).

When women use health services, they perceive problems with treat from the staff (cultural discriminatory for native language and clothing, for economical-social level; and verbal maltreat); and in general they coincide indicating that these do not work out adapted to their needs:

"The staff makes us delay on consult, the whole morning is wasted"(Community adjacent to Pasankeri neighborhood Health Center, La Paz)

"They do not consider that we have to cook, take care of the animals, everything, a lot of time is wasted" (Community adjacent to Achacachi Hospital).

"When I talk to them in aymara,´I do not understand, talk to me in Spanish` nurses say, who could believe it if they are añike to us" (Community adjacent to 16 de Julio

neighborhood Health Center).

"´You thought that it was easy to have a wawa (baby), don't you? You have to bear, it is suffering, but you learn`, the nurse told me while I was crying for pain" (Community adjacent to Los Pinos Health Center, La Paz).

"The nurse don't like the way we go dressed, I don't go anymore for that. She has told me off because of my petticoats (underskirts); ´Too much useless clothes`, she told me" (Community adjacent to 16 de Julio Health Center neighborhood, El Alto).

"´How dirty` -a nurse told me-, ´you should take a shower and wash yourself at least once a week`. I do not have where to take a shower, so I left my controls. I just take my kidto the controls now" (Community adjacent to Achacachi Hospital).

PRESENTATION OF RESULTS CYCLE WITH DIFFERENT ACTORS

Starting from fulfilled diagnosis, analysis of results meetings were programmed and a panorama which shows elements that difficult health attention processes was structured, specially in the local space that constitute on barriers between the community and persons who have health needs and the health service.

Barriers related to two aspects werte identified:

a) Quality. Health service does not execute services rendering according to the peoples`needs in general and particularly of women (weakness on suitable schedules, signaling, use of native language, privacy, staff election, information and counseling. As well the staff does not analyze dissociated information by sex, exists weak or null promotion and planning with participation of organized groups of the community and representatives of women. Maltreat, indifferent treat and even discriminatory, constitute aspects that contradict any pretention of being rendering quality services).

b) Accessibility. Persons, especially women, do not go to services due to norms of behavior socially learnt that generates weakness in the take of decisions with regard to their own health care (construction of gender). Thus self-appraisals get down, women avoid talking, they do not look for information, and they do not participate actively as product of their subordinated role on society). Many women feel ashamed for getting undressed and submitted to tests, some of them go just for their kids, and they consider it is a big waste of time when they go for themselves. Habitually they push their own health into the backgrounds.

MULTIDISCIPLINARY CONSTRUCTION WITH THE COMMUNITY OF THE ACTING MODEL IN SERVICES WITH FOCUS ON GENDER ("STAR HEALTH SERVICES")

After the analysis of results of diagnosis, was elaborated in a participative way, a program of interventions with different professionals (sociologist, psychologist, nurses and nurse assistants) general medics, salubrity medics, social workers), the organized community, groups of women and national and departmental medical authorities, the Acting Model on Health with Focus on Gender.

This Acting Model with focus on gender was called "Star Health Services" in allusion to a service which covers expectations of excellence on its performance with the community. The purpose of the same one is referred to:

Contribute to improve health conditions through improvement of processes of first level complexity services health management, in elementary attention strategy framework, through the integration of the perspective of equity of gender, in La Paz municipality, in Pampahasi Bajo area.

Its components are:

On Quality of services field

- Strategic conduction. Destined to strengthen capabilities on HR area on health with the purpose of establishing planning processes which recognize different needs of different groups of the population (women and men) and make easier adequate interventions on technical aspects, about treat and environment.

- Minimal group of organization. Oriented to stimulate processes of organization on service which respond to the feminine people characteristics (privacy, schedules, language, etc.).

- Social abilities of Human Capital. It is about to establish internal consensus in the team health that allow to develop room for the updating and knowledge strengthening that contributes to the internal and external approach of conflicts, rights and treat management.

- Users (women/men) satisfaction vigilance. It pretends to count on a mechanism that allows monitoring or "supervise" service users satisfaction, and integrate results in established processes of information management.

On accessibility to health field

- Form woman to woman. This component looks for destroy barriers that difficult use of services on behalf of women, derived of roles or behaviors that reflect existent gender inequities and cultural characteristics typical of the community.

ALLIANCES WITH OTHERS ACTORS AND IMPLEMENTATION

For the implementation of the Acting Model with focus on gender, Pampahasi Bajo area was selected and the First Level Complexity Health Service that develops their actions in the named zone. At this moment alliances with Municipal Government and Health and Sports Ministry were important. One for its attributions related with the equipment y maintenance of health services, and the second one, for its regent character in the health of the country.

EVALUATION WITH PARTICIPANT ACTORS

A process of results and evaluation was realized. For that quali-quantitative methodology was used which results were presented to national authorities as well as departmentals.

In general terms results of the experience have the next characteristics:

It promotes a change: Changes on health team qualitatively identified arte generated (motivation) and for the increase of attention coverages.

It has an innovative focus: We work with the team health at a local level to motivate and promote the leadership on development of its own work and on its interaction with groups of the community.

It possesses a multiplier effect: The experience allowed developing validated instruments that made possible to extend it to other services and communities.

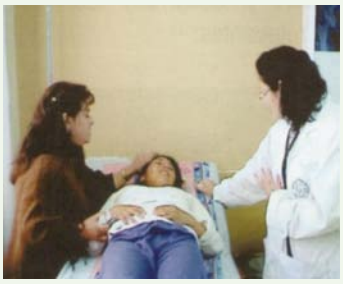
It is relevant: It allows incorporating considerations of gender (a determinant on health) in services management processes on the elementary health attention framework.

It integrates a holistic focus: The experience has as core the gender analysis to affect on planning processes of SEDES La Paz, in the strengthening of the community participation with emphasis on women and in the reorientation of first level complexity services to improve quality and access to health.

4. WHO DID IT WITH?

Considering the Acting Model in Health Services with Focus on Gender from a view of the system, next relevant actors intervened on its construction and development:

Actors and attributes	Who
Supplier	SEDES (Health Departmental Services) and DILOS (Health Local Directory).
Operative actors	First Level Complexity Health team services Medics (General and Specialists), Nursing bachelors, Nurse Assistants, Health Technicians, Administrative and Manual Personnel. The most important contributions to the experience of health teams were related to show the daily experience of their services and then to the interest of changing the actual situation (low coverages).
Organized actors	Health Services Network Managers
Clients	User women and potentially users, and their families. We counted on the participation of organized groups of women. Contributions of women presidents and health secretaries, to show their daily experience in front of health services, their experience about their roles in the family and community; and analyze and suggest key components to improve the access of women to services.
Intervenients	MSD through Gender and Violence National Program.



5. WHAT WE ACHIEVED?

After the application of the initiative "Star Health Services" in Pampahasi Bajo Maternal-Infantile Health Center a mid-term evaluation was realized, about processes and results. Findings were:

Strategic Conduction Component. A training process on Planning with focus on gender was developed, focused on indicators analysis of women health.

Organization Component. Through workshops and meetings were identified organization basic elements, to respond better to women-users expectations.

Star Health Services Evaluation 2006
La Paz - Bolivia

Element	Before the initiative 2005	During the initiative 2006
Signaling	Scarce, without taking into account opinions from the people	It has been modified, there is more signaling with signs. However 100% was not reached, because of the Mayor´s office non-fulfillment (Paint was not assigned)
Native Language Use	Sometime	Personnel with specific functions for monolingual pacients cases has been assigned.
Consensuated schedules	The center has 24 hours attention functions	Special schedules in pediatric and gynecological attentions are assigned
Robes for patients and curtains	The need was not noticed	The need of changing colors to respond to cultural characteristics was identified
Informative material	We had some material, but specific for health programs.	Material for promotion of Health Center services was negotiated and had at disposal

Source: own elaboration with base on evaluation informs 2006.

Human Capital Component. After analyzing with the health staff, internal relations and treat toward users service (women and men), the need to count on an "agent of change" was identified, which was elected for own consensus. The same has functions to coordinate training times inside the team about human relationships.

Vigilance of Satisfaction Component. Amphoras to insert – through fliers – an evaluation of the attention on behalf of users (women/men) were put. There are three kinds of fliers with drawn faces on it ("smiling" – I'm happy with the attention – "serious" – I think things should be improved – and "angry" – I think the attention needs to be improved a lot –).

Communitarian Program "From women to women". We worked with groups of women from the community. A Communitarian Guide for the health staff was elaborated, approved with organized groups, its contents are directed to strengthen its work with the community on rights, gender and violence, self-esteem, leadership and communication, and manliness.

Results on Health Attention. Certain improvements on attention coverages were produced, thus for example:

Pampahasi Bajo Health Center Coverages 2006
La Paz - Bolivia

Some selected indicators	Number of attentions on first semester 2005	Coverage in relation to their goals	Number of attentions on first semester 2006	Coverage in relation to their goals
First Prenatal Control	144	66%	209	68%
4th. Prenatal Control	146	50%	169	97%
Childbirth attended by qualified personnel in the institution	94	86%	96	95%
Woman user p/PF	119	88%	142	98%
PAP	242	71%	296	97%

Source: Departmental – SNIS data (National Integrated to Health Service)

6. HOW WE SUPPORT IT?

The experience allowed generating changes on health team in relation to a greater motivation and sensitivity about the work on equity context. This fact promoted mechanisms development to incorporate the experience in SEDES`s work planes since 2004 to date. On the programming of the Annual Activities Operating Plan (AOP), for health, economical funds of the nation for the expansion of the initiative in La Paz and El Alto municipalities were assigned.

SEDES-La Paz assigned, in the organic structure, a departmental responsible for the initiative development (Mental Health, Violence and Gender Responsible). Fact which at its time, responds to national policies on equity and rights in vulnerable populations matters.

Additionally, SEDES-Santa Cruz is promoting the incorporation of the initiative in four peripheral-urban network areas and on the other hand, the initiative is developed in two health service networks in mining districts of Potosi department impulsed by COMIBOL (Bolivian Corporation Mining).

7. WHAT WE LEARNT?

The experience generated a set of facts or lessons that we consider should be taken into account for the application in other contexts. These facts were related with:

- An actual diagnosis of the situation is habitually an essential condition to initiate any project on public health field. Nevertheless, these diagnoses do not frequently involve a qualitative component about what people think, feel, perceive (health staff women of the community, services women user, men head of house holding, etc.) We consider that this methodological aspect is of a great importance to propose adequate answers and motivate the participation of the intervenient actors.

- The main obstacles in the initiative development were concentrated on economical resources limitation, in political-follower opposition problems between some institutional actors; and in the roots of cultural patterns that tolerate gender inequalities in certain takers of decision.

- The Acting Model replica to incorporate gender considerations in other contexts, should be based on training and sensibilization of health human resources on quality and access topics with the transversal "gender" included. In the community the approaching to leaders women and men, will make easier all effort of strengthening for gender equity.

> "…for the second workshop, we were taught how to elaborate a guide, in a clear language, understandable and practice, that called out my attention…it was a good experience because I did not know how to do it and it was not so complicated as I thought…" Interview to a social worker, Achachicala health team, November 2006.

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"STAR HEALTH SERVICES"
ANEX 2

PROCEDURE GUIDEBOOK TO GET INFORMATION FROM THE USER WOMAN/MAN

OBJECTIVE

To potenciate to users about different dimensionsof services on accessibility terms (geographical, cultural, economical) institutional relationship, monitoring and technical competence.
The provider must:

- Be a support for the women take into account their own decisions about health.
- To avoid moral judgements, about their health, experiences, beliefs, sexuality, relationship with thier partner.
- The mutual respect.
- The integral approaching.
- Respect to rights as consultants, to a honorable treat this is the right to a truthful and complete information, to ask, to say no, toreport inadequate and/or abusive medical practices, to respect their knowledge.
- Right to the satisfaction for the service renders.
- Use of a simple language, inderstandable and sensitive to needs of translation in case of ethnic groups.
- To provide elements that uplift self-esteem of user woman, refering to or praising her will, recomendations and medical treatment.

"...I had the opportunity of applying the workshop contents (Planning with Focus on Gender) with my family, starting with my mother, my wife, my daughter, my sister and women that I assist in the Center. Women are much subjugated to the husband and they suffer of mistreat for the economical dependence, they should fulfill themselves as persons, it is important their performance in the family, but that cannot be used as an excuse to cut short their wish of overcoming..." Interview to a gynecological medic, Achachicala team health. October 2006.

"... for the second meeting the whole staff was there and we all got happy, the project was something that could be done as a co-gavernment between the community and the health center, women were asked how they wanted the center be like and it was interesting, the color requirements inside the rooms, the signaling, the treat from the beginning, where would they fell more comfortable... women manifested certain problematic, certain disadvantage in comparison to men...for example, about familiar planning, they did not have time for their own health..." Interview to a pediatrician medic. Pampahasi Bajo health team.October 2006.

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