

The Impact of the Bolivian SOS Social Centers

*Research into ten years
of preventing the abandonment
of children*

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La Paz, June 2000

CHILD RIGHTS

WORLD DECLARATION AND THE SUMMIT IN FAVOUR OF CHILDHOOD

Paragraph 19. "We do solemnly promise to give priority to rights of the child, its survival, its protection and development. Thus we will also contribute to the well being of all societies."

United Nations, 30
September 1990

THE PURPOSE OF THE BOLIVIAN SOS SOCIAL CENTRES

"We contribute to the rights of the children and the family in general, promoting their development and self-improvement within the family and the community. We support families who, for economic reasons, can not give their children the minimum to develop within the rights of the child,"

SOS Social Centers' Manual,
1999

RIGHTS THE BOLIVIAN CHILD

Article 1. "This code establishes and regulates the integral prevention, protection and attention that the state and society should guarantee to each child or adolescent with the aim of ensuring physical, mental, moral, spiritual, emotional, and social development in an environment of freedom, respect, dignity, equity and justice,"

Code of the Child and
Adolescent, 1999

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PRESENTATION

This is the first document measuring the impact of the work of the SOS Children's Villages Social Centers in Bolivia after 10 years in the sector.

We can be proud of the results shown.

However, the ever-worsening situation of the children, adolescents and women shows us that it is not enough, and that we must unite the efforts of the government, civil society and NGOs to increase the coverage and make the activities and the results sustainable for children at risk, to promote equal opportunities for women and fight against poverty.

This study clearly shows that it is possible to break the vicious circle of marginalization and poverty by offering quality services to the children in the different areas, empowering the women, giving incentives to the community union within the cultural framework of the beneficiaries and following the current policies of the Bolivian government.

The Children's Villages are an excellent response to the plight of orphaned and abandoned children, the Social Centers are also a response to the children who are in danger of being abandoned. They support the children within their family, even if the family generally only consists of a mother and siblings.

SOS Children's Villages is totally committed to the rights of the child and the new international coalition in favor of the child as promoted by the General Secretary of the United Nations, Kofi A. Annan in the last report on the world situation of children, 2000.

Heinrich Müller
Regional Director
SOS KINDERDORF INTERNATIONAL

THE IMPACT OF THE BOLIVIAN SOS SOCIAL CENTERS

(Executive Summary)

The SOS Social Centers is a SOS Children's Villages project which seeks to protect children at risk because of poverty. The Centers work in the peripheral areas of the cities of Cochabamba, Tarija, Oruro, Santa Cruz and Sucre.

This project is principally funded by SOS Kinderdorf International, the National Program for Attention to Children below the age of 6, the World Food Program, local governments and other institutions supporting children, women and families.

To achieve its objectives there are work programs with children which offer daily attention covering education, health and nutrition. There are also programs which work with the mothers offering personal and work opportunities, as well as work within the community.

One of the worldwide aims of SOS Social Centers is to improve the living conditions of the children, thus preventing the abandonment and abuse of children and, in general, achieve an optimum development of the child and its family.

SOS Kinderdorf International is interested in finding out the results of the work of the SOS Social Centers; to do this, an external consultant was hired to do the research.

For this research, documents and records were reviewed, interviews were held with individuals, groups and staff at the centers and mothers participating in the program, and participative observations were carried out on the work carried out at the centers.

Among the most important results the following should be noted:

At the Institutional level

1. In ten years of working, the Bolivian SOS Social Centers have attended to more than 5,200 children at risk and more than 2,200 women living in poverty in five cities in Bolivia. These women have been supported in their development.
2. The program has the capacity to attend to more than 600 children below the age of 9, having six establishments or infrastructures, each one measuring more than 700m², aimed at providing preventative attention for children at high risk.
3. There is a solid group of staff trained in the fields of primary education, health and child welfare, as well as gender, adult education and integral support for families attending the Social Centers.
4. The SOS Social Centers have a solid theoretical mission for the functioning of the Social Centers, which can be seen as welfare programs for families at high risk.
5. There are more than 15 Family Committees functioning, or groups of parents to attend to the children below the age of 9.
6. The SOS Social Centers are an important point of reference for the community although this is not so well known throughout the society.
7. Both the communities adjoining the centers as well as the participants value the transparency, the quality and the warmth of the attention received by them and their children.

8. There are no adequate follow-up records of the development of either the children or the mothers participating in the program.

At the level of results with the children

There is a significant impact on the children attended to at the SOS Social Centers. The most important findings are the following:

1. The SOS Social Centers work with poor children and families
2. The general health and nutrition of the children increases and improves. Even the families who do not attend the centers use the health facilities regularly. The mothers are very grateful for the food that their children receive at the centers.
3. The mothers agree that their children are protected in the centers from abandonment, abuse and child labor.
4. The children who participate in the SOS Social Centers perform better academically, they are in their corresponding grade and there is a lower level of truancy or attrition. The longer the children stay at the centers, the better their performance at school.
5. One problem found with the records is that there is no systematic, integral follow-up of the children's academic courses and achievements.
6. The work with the children below the age of 2 needs to be improved and more affective.
7. There is a good gender balance, both the boys and the girls equally enjoy the right to study and protection against having to work from a young age. There are differences in leisure and extra-curricular activities, which are more focused on the boys.

At a level of results with the mothers

1. The mothers find that the SOS Social Centers are places dedicated to being a family and social meeting place, not only for training but also for relaxation. This is also felt by the children older than 2 years.
2. The research indicates that the development of the mother and her family is generally positive. The mothers report that during their time at the Social Centers the relationship between them and their children improves greatly, the relationship is less aggressive. This is also the case with relationships between partners.
3. The mothers feel more confident, their self-esteem, participation in the community and leisure time have all increased.
4. Some material aspects of their life and their family in general have improved since they have attended the Social Centers. The families have been able to equip their homes better and, in a few cases, have been able to buy their own homes.
5. They continue with the same jobs as before but their income has increased. The quality of housing has not improved and they continue to live in overcrowded conditions.
6. A small number of the women feel that they are not treated well by the educators and that the rules of the centers are very rigid.
7. All said that the SOS Social Centers are a great help for them and their families. The majority are of the opinion that their life has changed for the better since their participation in the Social Centers, at affective and emotional levels as well as material levels. The results show that the longer a family attends the program, the more their standard of living increases.

CHAPTER I

Institutional and study background

1. The Institution

The SOS Children's Village is a private social institution, a non-profit world movement, independent of any religious, political or racial affiliation. It is committed to children and adolescents who, for whatever reasons, have no family, or have a family which cannot care for them.

To attend to these children and adolescents, the SOS Children's Village is made up of the following:

The Children's Villages protect children who have been abandoned or orphaned. The Children's Village offers a home, a substitute mother, siblings and a community where the child can grow up in safety.

The Youth Homes, where the development of adolescents and young adults from the Children's Villages is supported. Small groups of young adults live here and finish their preparation.

The Education Centers, where education and training is offered to the children and young people from the villages and the community. There are kindergartens, schools, and different types of training colleges.

The Social Centers, where the children of families without the necessary finances to support the development of their children are protected and educated. The children are attended to during the day and have access to health, nutritional and education services. The center also promotes women and the families of the children attended to at the centers.

2. The social setting of the Project

Bolivia is the poorest country in South America with poverty levels in some of its regions comparable to some in Africa.

The economic indicators for Bolivia are very low, the annual income per capita is U\$2,598.

- 70.5% of the Bolivian population is considered poor because it cannot satisfy its basic needs. The standard of living of this population is alarming.
- 69.9% of the population lives in overcrowded conditions
- Only 50% of the population owns its own home, which is of poor quality.
- 65.7% have been held back at school. The illiteracy rate is 12%, of which the majority are women.
- 53.4% of the population does not look after its health.
- Child labor increases every year from the age of 7.

¹ Bolivia Poverty Map. Ministry of Human Development, La Paz, 1993

The Social Centers
Support families in
extreme poverty. It
Cares for integrally
the
Children and also
seeks
the advancement of
women.

3. The study

The SOS Children's Villages evaluate, every five years, the impact of the results of the policies, objectives and goals of their work with the young people who have left the Villages and Residential Homes.

Thus adjustments and improvements can be made to the services offered to the children and young people.

This work is a global impact study carried out by the Social Centers. Different factors were taken into account: the development process, current organisation, the institutional and social impact achieved, and the impact on the family of those participating in the Social Centers.

The work comprises 9 parts: i) the background of the SOS Children's Villages, the socio-economic climate of Bolivia and the background to the work carried out (objectives and methodology of the research); ii) the current conceptual bases of the Social Centers and their work philosophy; iii) the historical background of the Social Centers in Bolivia, where the process of setting up the first Center will be detailed, its development process and changes observed to date; iv) the impact of the work of the Social Centers at an institutional level; v) the impact on the children; vi) the impact on the women and the families participating; vii) the impact on the community; viii) conclusions and recommendations, and ix) an index with comparative tables.

a) Study objective

The National Association of SOS Children's Villages Bolivia realized that among the different alternatives of projects or institutions offered by SOS Kinderdorf International, the SOS Social Centers are growing at the same rate as the SOS Children's Villages, which only respond to a part of the large demand for these services from the community.

This is why the institution requested an evaluation of the impact of its Social Centers on the children and mothers who participate and have participated in these services. The objective of this study is to verify both quantitatively and qualitatively the effects that these Social Centers' programs would have had on the same institution, the children and the families participating.

b) Methodology

Design. A quasi-experimental design was drawn up for this study.

Population. 3 of the oldest Social Centers were taken: Cochabamba, Tarija and Santa Cruz.

Population. A statistical population was taken from the beneficiary population of both those who had left the Centers and those who still participate. This data was collected from the Social Centers with some difficulty as there was no completed record of the participants. In some cases, such as Cochabamba, an improvised list of participants was drawn up.

Sample. A skewed sample was taken for the qualitative data. Informants were chosen who could explain the experiences and the changes within their family and women who stood out as having positive or negative changes. For the quantitative data, a random stratified sample was drawn up, corresponding to 20% of the total population. The sample was stratified into three groups:

- **Group 1:** Women who had been in the program for less than a year. This group made up 25% of the sample.
- **Group 2:** Women who had been in the program for between 1 to 2 years. This group made up 15% of the sample.
- **Group 3:** Women who had been in the program for more than 2 years. This was the largest group making up 60% of the sample.

The stratification was made to enable comparison, to avoid the use of control groups which are difficult to manage. Thus the comparisons were made internally according to the length of time the women had stayed in the program.

However, the sample was the result of the real make-up of the data found in each group, where there was more data on the families or women who had been participating in the program for a longer period of time; because of this the largest group corresponds to this group of women.

In spite of this, the sample is statistically valid.

Collection of information. To collect institutional information, existing documents were used: the Social Centers Seminar Report (2 to 5 May 2000); The Social Centers Evaluation Report (written by Walter Cadima, November 1999); Social Centers documents, etc.

To collect the qualitative information, individual and group interviews were held, accounts and life histories were recorded. Each interview was based on a questionnaire although the interviews were not limited so that the interviewees could recount other opinions and experiences which were important to them.

The previously tested interviews used in the homes of the majority of the mothers were used to collect the quantitative information.

Processing of data. To process the quantitative data, first a data base was created, which worked with the statistical program SPSS. For the qualitative data, the filing and classifying of the responses and observations collected was carried out.

Analysis of data. Once the data had been ordered and processed, the respective analysis methods were applied according to the questions being asked by the research. No data was discarded in case it was later found to be useful or interesting to the study.

Variables studied:

Institutional variables. The conditions and results of 10 years of functioning:

- ?? Daily working of the Centers
- ?? Experiences accumulated with reference to the population attended to
- ?? Experience with reference to the construction and equipping of the Centers
- ?? Experience and training of the teams attending the Social Centers
- ?? Experience with reference to the contents of the work programs

Context variables. These are the personal conditions of the subjects of the study which are not affected by the program, but which serve to understand the profile of the beneficiaries and to orientate or focus the participant groups. These variables are:

- Age of mother polled
- School level attained by the mother
- Marital status, where there is no difference between married and cohabiting, or between separated and divorced
- Family size, taking into account the number of children and other people living in the home
- Ages of the children, these were grouped into below and above 6 years of age
- Birthplace of the mother, classified as: i) from the place; ii) from the rural area of the department; iii) migrated from eastern Bolivia, and, iv) migrated from western Bolivia.

Dependant variables: these are the current life circumstances which could have resulted from the intervention of the Social Centers; these variables are:

- Work conditions. Referring to the type of work, the frequency and amount of income, job permanency and satisfaction.
- Living conditions. Type of housing, basic services, hygiene and neatness, quality of the housing, and furnishing.
- Child health. Recurring illnesses, attitude towards illnesses, use of healthcare services.
- Education of the children. School attendance, school performance, grade commensurate with age.
- Participation of the mother. Taking family decisions, in community groups, types of participation.
- Family leisure and recreation time. Family trips, family games.
- Opinion of the Social Center benefits.

In each case the field work was begun by informing the management staff of each Social Center about the work to be carried out; facilitating possibilities for corrections, suggestions and recommendations from the local teams.

As the research proceeded the support of the staff in all the Social Centers was counted on; they were ever-present informants and facilitators for all of the processes.

The mothers participating were also a constant support to the study; they were always available to offer information and participated willingly in the focus groups, the interviews and the surveys. Many of the mothers who had not been chosen to be part of the sample asked why they had not been considered and expressed a great desire to comment and give their opinions on the centers and their lives in general.

Another rich source of information was my participation in the International Social Centers Seminar, where I was able to obtain a more global vision of the centers.

The draft of this document was revised by the Boards of the three Social Centers where the study was carried out. The observations made were taken into account, but these did not affect the study or change the results but rather helped to clarify the concepts as well as the results.

CHAPTER II

The Mission of the SOS Social Centers. Conceptual and Methodological Bases

The SOS Social Centers, started as projects complementing the SOS Children's Villages, are based on two principles:

- The need to prevent the abandonment of children, especially those who have biological mothers who, because of poverty or family break up, want to leave their child in some sort of institution.
- The need to establish a project which complements the SOS Children's Villages, so that the Children's Villages can be integrated into the community or outlying districts.

Although when this type of project was started, there was no theoretical basis which summarized the conceptual, organizational and methodological bases, as the project grew a document was developed which we will summarize here²

1. The vision of the SOS Social Centers

Happy children
Responsible families
Involved community

2. The purpose of the SOS Social Centers

"We contribute to improving of the quality of life of children, and women, promoting their development and self-improvement in the family and the community"

3. The principles and values of the Social Centers

The fundamental principle of the SOS Social Centers is aimed at keeping the family together, within the context of a humane lifestyle. Motherhood is seen as valuable to the community, as is the child-mother bond.

Respect for the rights of the child and the woman. We consider gender equity to be an important part of our work. We work respecting the individual and their differences, no one is excluded for any reason.

We promote the autonomy of groups and individuals, in a process of co-education, and teamwork, along with cultural identity and mutual respect. We also promote the preservation of and respect for the environment.

Values:

We work with co-responsibility, solidarity, obligations, love and affection, social sensitivity, honesty, justice and tolerance. We also seek the participation of everyone and transparency in our work.

4. Description of the project

The Social Centers are SOS Children's Villages projects aimed at decreasing the impact of the socio-economic factors which interfere with the integral development of the child and its family. They attend to

² Minutes of the SOS Social Centers' International Seminar. May 2000

children and families living near the project, who wish to participate actively in the improvement of their quality of life according to the resource capacity of the project.

It is a social project which, dynamically, identifies with the child and seeks ways to contribute to the child's welfare and its immediate environment through health and nutrition initiatives, initial education and child protection. These all include training, promotion, small businesses, family development, and community organization and participation for the mothers.

Our whole aim is to give the child back what is his by right, recognizing him as a human with the right to be within the family group. We value the role of the mother and the family and do not wish to substitute that work.

We believe in motherhood along with other positive factors which allow it to be developed; this is why we believe that all change for the good of the child must stem from respect for the culture and traditions of the region.

We believe in the capacity of the community to overcome poverty, and so we are against any type of aid which generates dependency.

The aim is to create communities sensitized to the issues facing children and families committed to the well being of their children.

(Summary of the "SOS Social Centers Manual")

5. Organizational Structure

The SOS Social Centers are projects belonging to the National Association of SOS Children's Villages Bolivia, and are judicially and organizationally part of the national structure.

Each SOS Social Center relies on, more or less, the following staff:

- A Director or Project Manager.
- Teaching staff, in charge of a concrete area of support or benefit to the beneficiary children or mothers.
- A group of educators.
- Health personnel, basically composed of a pediatrician, a pediatric dentist and a nurse.
- Administrative staff, generally comprising an administrator, a cook, a janitor and a maintenance person.

6. Approach to objectives

The Social Center offers day-care facilities for the children whose parents work. This helps avoid the possibility of abandonment and poverty, preserve and consolidate families at risk of disintegration due to economic and social reasons, overcome the emotional damage to the abandoned child and create spaces in the community where the child has a sense of belonging.

The Centers aim to work with the women and mothers so that they can find faith in themselves and make substantial changes to their personal life and that of their family.

Objectives

Prevent the abandonment of children at risk by:

- Achieving the highest possible level of development of their potential and capacity.
- Strengthening affectively and humanely the family nucleus.
- Establishing a protective environment for the children.
- Developing alternatives for social integration and cultural identity.
- Improving the quality of life with hopes for the future.
- Promoting the participation of the community in solving problems.

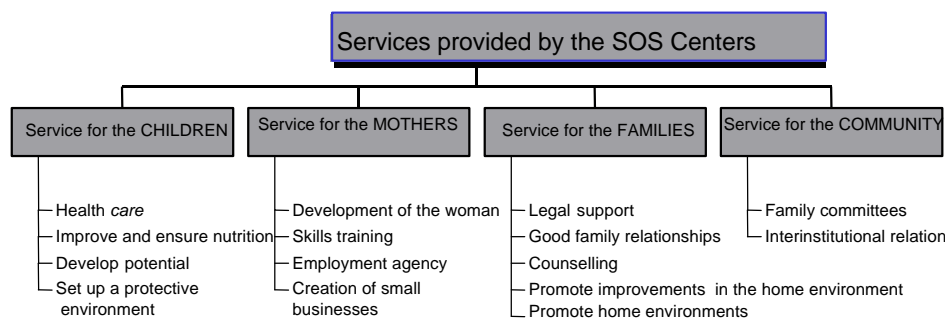
Promoting the development of women – marginalized mothers

- Achieving the highest possible level of development of their potential and capacity.
- Empowering women as a group and as individuals.
- Increasing their income.
- Improving their working conditions.
- Developing their community participation.

Supporting the construction of a society:

- More centered on the well being of children
- Sensitized to the issues facing children
- Capable of restoring the right to live a happy and protected childhood to children.
- Developing physical, communal or home-based spaces for the affective growth of family ties.

7. The project services and participants



The Social Centers benefit children from between the ages of 6 months and 9 years who come from families in extreme poverty living in the peripheral areas of the city where the SOS Social Centers have been built.

The group of women whose children attend the Social Center participate in the project and benefit directly from a group of services such as training, employment advancement, legal assistance, family assistance or small businesses, all of which aim to strengthen the individual as a woman, a person and a mother.

The surrounding community is another beneficiary group, benefiting from the pediatric and dental services offered to the community at low cost, and through the organized services of the Social Center through the Community Homes.

8. Work Components or areas

In the Hermann Gmeiner Social Centers specific areas have been developed where the goals, efforts and resources are concentrated and results are measured.

The six work areas of the Social Center are:

- a) Nutritional improvement and sustainability
- b) Integral child health
- c) Early stimulation, preparation and assistance with schooling
- d) Training and promotion of women
- e) Family development
- f) Community organization and participation

Annual goals are set for each area where key activities are planned, human and financial resources are assigned and a follow-up and evaluation of the results is carried out.

9. Management by area of results

SOS Children's Villages takes the areas of results as the management methodology. In the case of the Social Center this can be seen in the 6 areas where 90% of the actions, efforts, human and material resources are concentrated to achieve the expected results with a high level of quality.

A description, the objectives, key activities, expected results and evaluation of each one is given below.

a) Area of Nutritional Improvement and Sustainability

The work in this area is directed to giving the children a diet which covers the daily requirements using a balanced diet, permanent check-ups of the individual nutritional curve, and training the mothers in nutrition, which provides a back-up for the Social Center's work.

Objectives

- Improve and maintain the nutritional status of the children who attend the Social Center, providing them with food which covers between 80 and 90% of their daily nutritional requirements.
- Train the mothers in nutrition to guarantee the sustainability of the nutritional health of their children.

Expected results

- Children with weight commensurate with height
- Mothers with basic knowledge of nutrition
- 0% severe malnutrition among the children attending the Social Center
- Growth chart filled in three times a year

b) Area of Integral Child Health

This area is aimed at safeguarding the health of children using preventative measures and treatment when necessary.

The medical and dental surgery at the Social Center should be able to diagnose and treat the child population. It is supported by a network of professionals, friends of SOS, and institutions which can assure the transference of conferences, hospitalization, and diagnostic support at low cost, respecting the socio-economic situation of the child population.

There is also an low cost medical-surgical support program which attends to cases outside the reach of the Social Center surgery.

An internally managed pharmacy which gives access to cheap, generic medicines.

A vaccination center which does not charge for its services.

Objectives

- Improve and maintain the health of the Social Center beneficiaries.
- Ensure the diagnosis and treatment on demand of the children in the zone in pediatric and dental services.
- Decrease the death rate of children because of illness in the catchment area.
- Offer high quality, low cost medicine which is also used in prevention.

Both the pediatrician and the dentist attend to the target population; the children who belong to the Social Center and the children in the community.

Expected results

It is hoped to achieve the following results in this area:

- Widespread Immunization Program for all the children.
- Diagnosis and treatment by a pediatrician for all sick children, whether from the Social Center or the community.
- Diagnosis and treatment by a dentist for the children from the Social Center and the community.

- Active participation of the mother and father in the healthcare of their children.
- Mothers and children trained in basic healthcare principles.

c) Area of Early Stimulation, Preparation and Assistance with Schooling

This area is aimed at stimulating the development of the potential of all the children between the ages of 6 months and 9 years through education actions defined in programs according to age. These programs follow the Montessori Method, work comers, toys, etc.

Objectives

- Promote a good level of development of the physical and emotional potential of the children in a stimulating, humane, respectful, and educational environment.
- Promote the social and affective development of the child in its immediate environment so that he achieves independence concurrent with his age.
- Prepare the children to do well at school, with educative development programs in accordance with chronological age.

Expected results

It is hoped that results in the field of early stimulation, preparation and assistance with schooling will be achieved:

- Increase the development of each child
- 90% of pre-school age children will be prepared to enter school.
- 80% of the children will be successful in the first years of primary education.
- Independent, autonomous and self-confident children.
- Children who can form relationships with other children and adults.
- Children who respect and preserve the environment.
- Trained educators and mothers in the community.

d) Area of Training and Promotion of Women

This area is directed at supporting the women whose children are at the Social Center, in the development and strengthening of their potential as a person and a woman through a series of actions and opportunities which contribute to the appreciation of their rights, training in technical areas which will allow them greater job opportunities, and the promotion of all aspects of their lives.

Objectives

- Support the women who participate in the Social Center to improve their personal and family living conditions through an improvement in their working conditions.
- Encourage cooperative or individual work in small businesses or services which serve to support an improvement in their income.
- Rescue and strengthen the work experience and skills of the women within and outside their homes to socialize them systematically with their peers.

Expected results

- Increase in the families' income
- Work stability in the group of women
- Implementation of individual or group small businesses
- Percentage increase in the salaries of the women throughout the year
- Distribution of monthly expenses
- Job satisfaction
- Employer satisfaction
- Number of small businesses set up per year
- Profitability of small businesses
- Loans authorized for the strengthening of small businesses

e) Area of Family Development

The fundamental purpose of this area is to work on the self-improvement of the families which form part of the Social Center, so that, on their own initiative and from their own perspective they can effect changes in their daily life, habits, and affective relationships with their children and achieve better emotional stability.

Objectives

- Participate with a focus on the improvement process of the affective aspects, personal growth, and legal rights of the mothers and their families.
- Regain and strengthen the responsibility of the maternal and paternal roles in the education of their children.
- Encourage the development of the family and cultural ties of the mother and her family.
- Promote and aid the self-esteem of the mothers to achieve a real participation in their family, work and community life.
- Develop an environment of support in education, emotions and integration among women in similar circumstances.

Expected results

- Good affective relationships with their children
- Economic and affective stability in the family
- Greater self-esteem in the women
- Women who cope on their own and take control of their own lives
- 100% of the children have a Birth Certificate.

f) Area of Community Organization and Participation

Community participation and organisation is an area which tries actively to involve the whole community in caring for and attending to the children. This is done through the formation of Family Committees and the building of community homes in areas near the Social Center services.

The policies of the institution aim to offer a dignified and efficient support which is not aid oriented but rather seeks alternatives for the child and its family to help themselves through organized action.

Objectives

- Achieve active and organized participation with the parents to solve family, work and communal problems. Emphasis is always placed on the woman's participation.
- Regain and strengthen the experiences of the community in organization.
- Build up the Family Committees to amplify the work of the Social Centers in the community, by creating Community Homes.

Expected results

- Family Committees which become the mainstay of the community.
- Women capable of organizing themselves to solve problems.
- Family Committees recognized by the community organizations.

10. The Community Homes

Description of the program

SOS Children's Villages also wishes to form a program which expands the SOS Social Centers. This is aimed at wholly supporting the children in marginalized, poor neighborhoods through developing the potential of the mothers drawn together with their families into community nuclei, which can then make full use of the resources of their community.

The work objectives, as well as the activities and the expected results with the children and the mothers are the same as those mentioned for the Social Centers.

Concepts and strategies for the Community Homes

A well developed motherhood has always been a natural instrument used by humanity for thousands of years to protect its young. However, due to socio-economic changes, the institution of the family has been seriously damaged and, as a consequence, groups of children have been left without protection over the last few decades.

Promote the creation of Family Committees as part of the framework of shared responsibility

It is understood that motherhood is not only the function of the woman but rather an effect of the family group with the father, mother and children altogether; when the Family Committees are created, the presence and participation of the fathers is required although not obligatory.

The Family Committees are the result of the uniting of a group of eight to fifteen families with children aged between 0 and 9 years; these groups, once consolidated, analyze their needs, problems, and resources in an organized and participative way, to try to solve and use them.

These committees are responsible for the planning, organisation, implementation, and evaluation of the Community Homes; all of this is supported and overseen by the staff at the Social Centers as a way of collectively attending to the community's needs.

Use resources from the community for the functioning of the Community Homes

The Family Committee is responsible for the search for, the preparation and use of a physical space which will be a typical community living place. The furnishing of the Community Homes is carried out gradually and always with a counterpart from the Family Committees. The materials and household goods should also be obtained from the neighborhood.

The homes function all day, like the centers, but with groups of around 15 children.

Support the mothers so that they protect their children

The Family Committee chooses two women from the group who take on the responsibility of attending to the children. Checking their daily nutrition and educational activities.

The support among the mothers is collective; as they receive support from the group, they maintain this group and expand it.

Train the community mothers or those responsible for the Community Homes

One of the most important roles of the program is the training of the beneficiary mothers since the sustainability of the program depends on them.

The mothers participating in this program should be trained in a modular system according to their own capabilities, time, and need to be trained within the scope of the program.

Permanent evaluation of the development of the program

Just as with the Social Centers, the evaluation of the Community Homes is a very important process within the development of the work. The same areas of result are evaluated.

All the members participating in the program should know what is expected of them, the results which should be produced and their quality.

Development of the management ability of the community

One of the fundamental goals of the program is the sustainability of the groups, but with the intention of creating dependency on the part of the beneficiaries. Therefore the main protagonist of the program is the community which should create or improve its management ability finding solutions to the principal needs of the community.

CHAPTER III

The development of the SOS Social Centers

1. The creation of the first SOS Social Center in Bolivia

In 1984, a time of great economic crisis in Latin America, Bolivia, due to its high levels of poverty, was one of the countries most severely affected by the crisis. The children's homes in Bolivia were not capable of looking after the hundreds of children who had been abandoned by their parents.

The decision to open kindergartens for children in extreme poverty was finally taken when a mother drowned her two daughters aged 3 and 5 in a lake in the city of Cochabamba. She killed them because "I couldn't look after them and I couldn't work with them." This situation could have been avoided if the mother had had somewhere to leave her children when she was at work..

After this happened, the first SOS kindergarten in Bolivia was opened in 1985; it was set up in a small rented house in the "Cruce de la Taquiña" neighborhood and attended to 24 children in extreme poverty in the area.

After 2 years of working in rented houses in the neighborhood and attending to 60 children, who were only the tip of the iceberg, the Social Center "Wawasninchis" was built, with a capacity of attending to around 85 children.

There was a need to open other centers in the cities of Tarija (1993), Oruro (1995), Santa Cruz (1995), Sucre (1997) and Potosí (1999).

2. The move from the concept of attending to the child to attending to the family.

The first kindergarten arose from the need to attend to the child so that he was not abandoned by his mother and, at the same time, could develop his abilities. This is why there were early stimulation programs from the very beginning in the kindergartens.

But it was soon noted that in order for the child to develop well, the support of the mother is vital, and so programs were set up exclusively so that the mother would look after her child better, but these programs did not think about the personal development of the mother. Soon other necessities emerged, the women (all single, abandoned or widows) were extremely poor, this meant that they could not feed their children at the weekend, and so different productive projects (pasta and bread making, potato planting and others) were started, always with ups and downs and hiccups due to the inexperience of the staff and the women.

It was not until a few years later that the gender focus was incorporated into the work with the women (female empowerment, self-esteem, leisure time, etc.). The work with the mother in relation to the child passed through a second stage where the development of the mother and the family was the central theme. The child was no longer seen as a separate entity from the family and the community but rather the community was a unit to which the child belonged.

3. From unstructured work with the children and women to structured work.

From the beginning the development of the children was the focus, there were early stimulation programs; however, these developed into a more systematic and general proposal with the Montessori method.

In the case of the mothers, shortly after beginning the work, there were orientation programs for them, aimed at child care. These programs have developed and now have a more integral approach but I do think that the work with the women needs to be more systematic and have a more solid gender focus.

4. From uncoordinated to coordinated work

In the first years of the first kindergarten, the work was focused exclusively on it being a “daycare center”; beginning to work with the women was the strengthening of its role to help productivity. It was only when it saw the need to broaden the scope of its work with the women that it started to coordinate with other institutions (health, education, training, etc.)

Now all the centers coordinate with other organizations which support women and families so that they can take advantage of the experiences and external facilities which lowers the cost of maintaining the program and guarantees a good product.

It is worth mentioning here that there are many more services available which the centers could use to improve and complement the work that they are currently doing. For example, in the area of gender there is a need to support the work with more expertise; also, a point which constantly crops up in the surveys and questionnaires is that the participants need more support with loans and the formation of small businesses.

There is a huge number of NGOs and other governmental organisms which support this kind of work and should be contacted. A concrete example can be found at the Tarija Social Center where some women, on their own initiative, work with Pro-Mujer and the Banco Sol, thus improving their businesses or housing. It is worth taking advantage of these institutions to carry out more integrated work with the women, and systematize work with these organizations.

Another problem has been that some of the school age children from the Social Centers have not been able to enter schools in the neighborhood as there is a lack of spaces. It is imperative to work and coordinate with the schools so that they give priority to those children who participate in the center programs.

he SOS Social
Centers have gone
through a phase
which
has allowed them
to develop
integral work with
solid bases and
which are on the
way to
decentralization
and autonomy

5. From welfare to autonomy

This has been a very significant advance made during the time that the centers have been functioning. For many years the decisions were made in a very centralized way; sometimes the opinion of the participants was requested but usually they were just informed of decisions already taken.

Decentralization and autonomy can be seen in Tarija through the Family Committees which take decisions on many activities and processes regarding the Center and the Community Homes. In Santa Cruz, it can be seen in the community creation of soup kitchens for the older children who no longer have access to the center but still need to be protected.

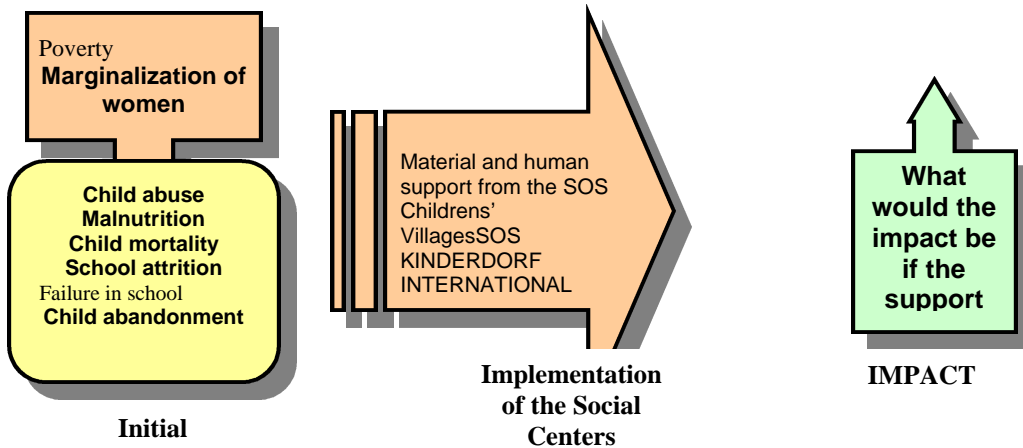
This objective is making good progress.

CHAPTER IV

***Institutional impact
over the last 10 years***

While trying to diminish the impact of poverty on the poorest children in Bolivia, SOS Children's Villages has developed a very significant institutional base, in its human, organizational and image, etc. aspects, which can be changed into a model for the prevention of abandonment, a model for the promotion of gender, and/or a model for the war on poverty.

The following diagram shows the structure of the Social Centers proposal with reference to a real situation, a work process and the desired results.



It can be seen that the poverty and marginalization of women are taking their toll on the children, producing child abuse, malnutrition, school attrition, etc.

International cooperation, channeled through SOS Kinderdorf International, has destined funds to modify this problem situation. There are two basic questions posed by SOS Kinderdorf International:

What impact does 10 years of aid through SOS Social Centers have on the beneficiaries?

What remains as an organizational or institutional base after 10 years of help from this type of project?



What human resources remain trained?



What infrastructure remains standing and functioning?



What organizational abilities remain available?

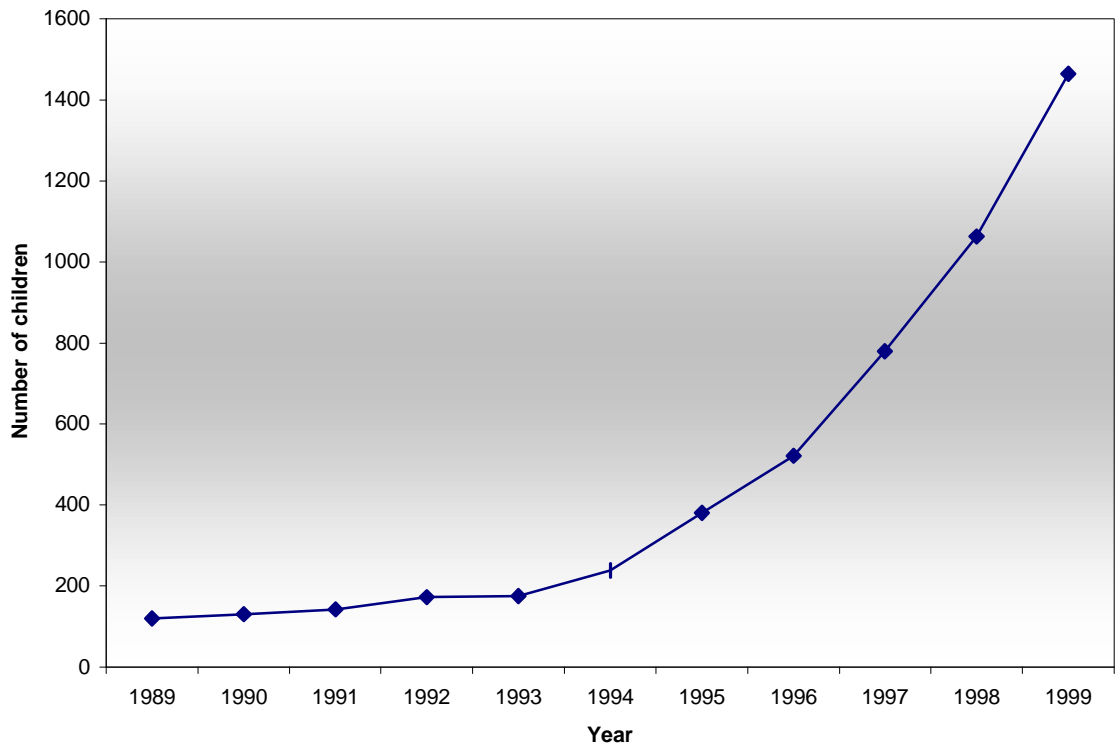
The other questions, which stem from the previous two, are many. The following are some examples: This chapter will note some of the achievements of the institution, some experiences and learning processes which can last and be duplicated.

1. Experience regarding the population attended to.

Benefiting more than 5,000 children and 2,000 women.

Although there has been no explicit goal in the past ten years regarding the coverage desired it can be noted that there is a desire to extend coverage which increases rapidly every year.

Growth in the number of children attended to



The following table shows the cumulative number of women and children who have been attended to until now in the Social Centers of Cochabamba, Tarija, Oruro, Santa Cruz and Sucre

**NUMBERS OF BENEFICIARIES ATTENDED TO PER YEAR
IN THE BOLIVIAN SOS SOCIAL CENTERS**

		1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	TOTAL
Social Center COCHABAMBA	Nr. children	120	130	125	140	140	140	150	250	280	285	389	2149
	Nr. Mothers	60	63	58	65	60	58	60	55	53	69	96	697
	Nr. families	5	6	4	10	14	16	28	36	57	58	158	392
Social Center TARIJA	Nr. children			17	32	35	42	142	155	240	365	400	1428
	Nr. Mothers			9	16	17	19	68	72	95	120	185	601
	Nr. families			9	16	17	19	68	72	95	120	185	601
Social Center ORURO	Nr. children						57	86	180	182	245	317	1067
	Nr. Mothers						19	28	58	60	103	133	401
	Nr. families								60	63	105	134	362
Social Center SOS SANTA CRUZ	Nr. children							31	31	78	135	285	560
	Nr. Mothers							20	20	62	107	230	439
	Nr. families							20	20	64	108	232	444
Social Center SUCRE	Nr. children										33	74	107
	Nr. Mothers										16	35	51
	Nr. families										16	35	51
TOTAL PER YEAR	Nr. children	120	130	142	172	175	239	380	522	780	1063	1465	5188
	Nr. Mothers	60	63	67	81	77	96	167	175	270	415	679	2150
	Nr. families	5	6	13	26	31	35	116	128	279	407	744	1790

In temporary facilities
 In permanent facilities

The data is a rough estimate as one of the worst problems found in the 3 centers visited was a lack of adequate documentation of enrolment, follow up and leaving of the people who pass through the Social Centers. Although better registering began, it is important to improve the current system. It is recommended that the SIG-SOS be used (SOS Management System) for the follow up of the families, mothers and children at the Social Centers.

Characteristics of the population attended

One of the goals of the SOS Children's Villages is to attend to the most needy. To do this it focuses on the most vulnerable populations, such as orphans, children who have been abandoned, and those who live in extreme poverty.

The population attended to by the SOS Social Centers shows the following characteristics:

- **Age of the women participating:** The women have an average age of 30.5.

- **Marital status of the women:**

Single:	8.07%
Married:	4.50%
Separated:	12.29%
Widowed:	5.14%

This data shows that 25.5% of the families participating in the program are headed by the mother, this situation puts the family at greater risk as there is less income and the mother, while trying to keep the home together, has less time to attend to the emotional and material needs of the children.

Throughout the country the number of houses headed by women is almost 24%.

- **School attainment of women attended:** The data shows that the women attended to in the program have studied for an average of 6.1 years. The data can be shown in the following way:

Illiterate	9.6%
Not finished elementary school	23.7%
Finished elementary school	25.4 %
Junior high	17.5%
Not finished high school	8.5%
Finished high school	15.3%

This data shows that although the women who are participating in the program have a low level of education, their level is higher than the national average, which is usually only 4 years of studies. It is interesting to note that the women with the highest level of education are in the Social Centers in Cochabamba; this is different from the national data which shows that the women with the highest levels of education are from Santa Cruz.

The rate of illiteracy among women in Bolivia is 28%, much higher than the average in the women participating in the Social Centers.

• **Number of children:** The families attended to in the centers usually have an average of 2.99 children; the average in Bolivia is 3.99. This is because the Social Centers work with young women with small children, since the program focuses on children between the ages of 1 and 6, and occasionally until 9.

• **Birthplace of the mothers attended:** 70.8% of the women polled are migrants, their birthplace being:

the rural area of the department:	34.0%
migrant from the east:	7.1%
migrant from the west:	58.9%

It is important to note that the majority of the women are migrants, which shows which population is most at risk.

• **Work activity of the women:**

• Housework:	11.8%
• Work from home:	20.8%
• Vendor:	29.8%
• Educator/promoter:	9.6%
• Artisan	5.0%
• Salaried worker	16.0%
• Other	7.0%

Most of the women who reported that they were homemakers were from Santa Cruz. When asked why they did not work outside the home, they replied, “Our husbands don’t want us to work, they say that people will say that he isn’t able to maintain the household.”

Another motive given in Santa Cruz is that some women do not need to work and send their children to the center just for the kindergarten and to ensure their acceptance into the “Hermann Gmeiner” school.

• **Working conditions of the women:**

- Average number of hours worked per day: 9.05
- Average number of days worked per week: 5.94
- Average monthly income: 400.00 Bs.

• **Work activity of fathers:**

• Laborer:	26.6%
• Driver:	13.7%
• Salaried worker:	28.2%
• Technician/artisan:	16.9%
• Vendor:	5.6%
• Other:	9.0%

The average income of the fathers is Bs. 554.6 per month.

This data is interesting when compared with national data. The national data shows that the average income for women is 485.18 Bs. and for men is 897.41 Bs. It is interesting to note that the salary of the women who participate in the Social Centers program is almost the same as the national average whereas their husbands' salary is much lower.

It may be that when comparing the salaries/incomes of the men it is logical, as the Social Centers work with the poor. In the case of the women it may be thought that it is an effect of the program with relation to the quality of their work as their income is almost equal to the national average.

• **Housing Status**

• Own:	28.0%
• Rented:	41.6%
• Anticretico:	5.6%
• Living with parents:	16.0%
• Lent by work or others:	8.00%

It is interesting to note that the majority of home owners live in Santa Cruz and Tarija. The strategies used by families to build their own homes will be looked at later.

▪ **Housing conditions**

85% of the people polled live in one room only.

Of this 85%, only 53% have a separate kitchen.

14% have no bathroom or toilet facilities.

54.6% of the families share a bathroom with other families.

Only 31.4% of the families have their own bathroom.

With reference to the quality of housing, according to the parameters observed, it can be said that 60.6% of the families live in good quality rooms. To be of good quality, the construction of the house or room must fulfill 5 requirements: i) roof with ceiling; ii) plastered walls; iii) a covered floor (cement, wood, brick, etc.); iv) solid, secure doors and, v) windows with glass or wire meshing.

Another of the indicators of the poverty in which the people attending the centers live is the fact that, at a national level, only 25.5% of the population live in one room only.

In spite of the overcrowded conditions in which the population attending the Social Centers lives, they manage to build or equip a bathroom at higher levels than the national figures show; nationally, 24% of the population does not have a bathroom.

It is worthwhile to mention that some women interviewed in Santa Cruz received support from the Social Center there to build their bathroom.

Home furnishings were also looked at and 47% of the families polled were classified as good. It is qualified as good when the family owns some furniture and basic household implements, such as: a stove, beds, tables, chairs, closets or somewhere to store clothes, and a shower even if it is shared.

From all this data it can be seen that the SOS Social Centers really work with needy families who, in the majority of cases, cannot cover the most basic needs.

The women interviewed also see themselves and their families as poor because “We can’t feed our children well, sometimes we don’t have money for food, we don’t have a house, poor people are always having to ask for favors.”; “But now that we are coming to the Center we almost never have to ask for favors”

The following are some accounts which show the reality in which many of the women attending the Social Centers live.

“I never went to school but I taught myself to read, I didn’t have any textbooks or notebooks but I read the tins, boxes, papers – anything I could get my hands on that had writing on it. I read while I looked after the goat, we lived in the countryside.

“When I was ten I came to the city, there wasn’t enough food for my brothers and sisters at home, there were eight of us; I worked in a family home and there I learnt many things, I worked there until I got married. My husband is good, we have always been hard workers, responsible. We’ve built our own home and our older children are now grown up.” (cook in a community home in Tarija)

“My parents separated and no one wanted to look after me so when I was 13 I came to the city and worked until I was 20. I got married, I only went to school until 3rd grade..

When I got married I had two children and my husband didn’t want me to work but later he began to complain that I didn’t bring in any money and he was always fighting with me. When I found out that there was a day care center, I put the children in and started work selling food, it went well from the start, I borrowed money to buy pots, plates and all that, I paid the money back. Then I took out another loan from a cooperative to buy material to build my house, my husband did it in his free time. When I finished paying that loan back I borrowed again to open a kiosk and sell my food there. I go to school now and I’ve finished 4th grade.

I don’t spend any money, not even on clothes, I just save and am making my house; my father always told me to take advantage of the fact that my children are small.” (mother attending the Social Center in Santa Cruz)

“I grew up on my own, my dad left my mother and my sisters, my mum didn’t know what to do because she was illiterate. I started to work when I was 7, I helped the women who were selling in the market, I learnt everything I know from them.

I got married when I was 15 and had 4 children, when the last one had just been born my husband went off with another woman, I suffered a lot but luckily I have always been a great believer and have lived and educated my children with God. Now my children are grown up, the eldest is at university and the other is at the seminary, the two younger children are good, I've always set them a good example.

When my husband went, I left my two small children in the day care center and started work at 6am selling meat; in the afternoon I helped in a hairdresser's where I learnt to cut hair and then I cut my neighbors' hair until late at night. On Saturdays and Sundays I worked at the public restrooms in the neighborhood, the center helped me a lot, sometimes they gave me work.

Now I live well, I've got my house too. But my husband isn't doing well." (mother who has left the Social Center in Cochabamba)

These are accounts which show a life of shortages, suffering, abandonment, work from an early age, lack of opportunity to study and many other opportunities lacking in the lives of many of the women participating in the Social Centers.

2. Achieving and maintaining a group capable of learning

The policies, both implicit and explicit, regarding the human resources of the SOS Children's Villages have maintained a group of people who have, individually, achieved a good level of training in their work specialty and who, as a group, have been able to develop an array of experience and learning. There are many characteristics of this group, some of which are highlighted below.

The work stability of the group:

The work stability is good in the group of executives or Directors of the SOS Social Centers, three out of every five are founders of the project.

Table of length of service of staff in the Bolivian SOS Social Centers
Only taking into account the last 10 years

	Cochabamba	Oruro	Tarija	Santa Cruz	Sucre
Executive staff					
Project Director	10,00	3,50	5,81	4,58	0,92
Socio-Pedagogic staff					
Longest serving Educator	10,00	5,17	5,33	4,58	1,96
Educator 2	10,00	4,50	4,25	3,92	1,96
Educator 3	10,00	4,17	2,38	3,91	1,38
Educator 4	7,33	2,33	2,36	3,67	1,38
Educator 5	7,25		2,00	2,42	0,83
Educator 6			1,92	0,42	
Educator 7			0,26	0,42	
Educator 8			0,25	0,42	
Facilitators in the Community Homes			5,81		
Health staff					
Paediatrician			2,80	3,25	
Dentist	10,00	2,25	5,81	3,42	
Nurse	4,80	0,35	5,80	3,50	
Administrative staff					
Accountant	3,00	5,17	3,58	4,58	6,92
Social Center Assistant	10,00				
Maintenance attendant		0,33	2,33		
Catering manager		0,33	4,75	4,42	1,38
Catering manager				1,92	0,21
Janitor or night watchman		4,17	0,01	1,80	0,21
Average per project	8,24	2,93	3,26	2,95	1,72
Length of project	10,00	5,17	5,81	4,58	1,96

The same phenomena can be seen in the group of socio-pedagogic workers, educators, facilitators of the Community Homes, etc. A good many of these people are founders of the projects.

During their time at the SOS Social Center many people are trained by the project both internally and externally (using resources from outside the institution). This training has been granted especially to the socio-pedagogic staff.

3. Training educators, the Montessori method

This is probably one of the most important institutional effects or impacts as Bolivia now has a group of Educators who are highly trained to carry out their educational functions. This is very necessary given the major issues facing the Bolivian education system.

Training women with no skills

Special emphasis is given to promoting a group of women who, before belonging to the SOS Social Center, had no profession or technical skills. This has become a very important effect or impact.

The SOS Social Centers, after 10 years, have enabled around 50 women to acquire a profession or trade with which they can, as well as fulfilling themselves, maintain their homes. These women are highly qualified as classroom teachers through special sessions, individual training and classroom observation.

Training in the Montessori method

It is worthwhile mentioning the training of 20 women, professional and non-professional, in the Montessori method. This group received training from specialists from abroad for two years. The training was part-time. The trained staff went to Cochabamba every two months for two weeks to study.

4. Training in management.

The SOS Social Centers in Bolivia are directed by Social Workers (4), Psychologists (1) and a pediatrician (1); none of them learnt any management skills at university.

The development of this phase of the SOS Social Centers has quickly set up innovative ways and assimilation of management techniques. This has all permitted the growth or development of the Directors of the Projects in fields regarding administration, accounting, personnel management, etc.

However, this growth has been characterized by the pressure and urgency to give answers to concrete problems; it can be seen that there are no clear policies or planning to train the executive or the intermediary staff.

The group of directors along with the members of the National Office of Coordination continue to develop the management system by areas of results, applying them to the administrative, accounting, teaching and social fields.

This system is upgraded every year at the “Seminar Workshop for SOS Social Centers”. The strengths of this system can be seen in the following:

- A clarity and balance in the concepts of service.
- Efficient management of human and financial resources.
- The use of a common language, from the Director throughout all the staff.
- An image and concept of service perceived by the beneficiaries as a request or demand.

The weaknesses which result from this system are:

- The lack of a data management system. There is no data base, no chronological accumulation of registers, etc.
- The Directors of the SOS Social Centers are not receiving serious, regular training.
- The Directors of the SOS Social Centers do not take on full responsibility for the accounting procedures.
- The Directors of the SOS Social Centers do not carry out periodic, systematic evaluations of the processes and results.

5. Learning to build and equip Social Centers

Five SOS Social Centers have been built and equipped over the last 10 years. (Cochabamba, Tarija, Oruro, Santa Cruz and Sucre).

There are plans to develop the projects by building a SOS Social Center in Potosí based on the experiences of the last 10 years.

The execution of these projects has developed knowledge and skills in:

- The drawing of architect’s plans.
- Building in different ways.
- Establishing adequate equipment and furnishings.
- Acquiring and administering the equipment and furnishings.

These skills have been gradually acquired throughout the time which Social Centers has been working. The SOS Children’s Villages infrastructure can be used as a model for the construction of future centers and the staff are able to assess the process.

Quality of delivery of services

Another of the aims of the SOS Social Centers is to offer high quality services. According to this study, it achieves this goal.

Among other institutions, the SOS Social Centers are recognized for quality, although this is not widely recognized as there are other institutions which are not aware of the work of the SOS Social Centers.

Looking at data from the interviews, people are satisfied with the services they receive at the centers, the people value the food for their children the most. “In our homes we can’t give them food like this” was heard time and time again. Education is also highly valued by the mothers interviewed and polled. “Our children now teach us, everything, they even tell us not to fight,” is another statement constantly repeated.

The external health, training and other services are valued by the people spoken to.

However, some of the women interviewed in Cochabamba said that they felt mistreated by the educators who are always complaining, are inflexible and do not seem to understand the extremely difficult situations in which some of the women find themselves. They also reported that they have to wait for long periods of time for medical attention, and meetings to begin.

People who no longer attend the program in Tarija reported that they had left the program because of the insistence that they attend the meetings, the inflexibility for paying contributions, and the schedule: “I want to take my children to the center because I work, but

because of this I have lost several good jobs because they wouldn’t let me go to attend the meetings.”

These are things which undermine the quality of the services offered by the centers. It should be made clear that the services offered are for the children and the women, and the programs should adapt to their needs and the possibilities.

The staff at the centers should remember that 88% of the women who attend the centers work, and that they spend an average of 10 hours a day, 6 or 7 days a week working. This leaves them very little time to spend at home, with their children and to participate in the center activities.

CHAPTER V

***The impact on the
children of 10 years of
work***

As it is the children who receive the direct service from the centers, the impact is much greater on them. All the mothers perceive, recognize and value the changes in their children since they have been attending the Social Centers. “I couldn’t give them the food that they receive here at home.”; “My child is more intelligent and smart since he started at the day care, he teaches us stuff at home, he even tells us what to cook and how to cook it.”; “My child is ‘whiter’ and prettier.”

The interviews collected data about 275 children from the mothers who participate in the Social Centers. This number only refers to the children between 5 and 22 years old; this age group was taken so that data about school and work could be taken from this Group.

74% of the total attended the center, the rest did not because of their age but their mothers and younger siblings did.

Of the children who attend, 6.5% had been attending for less than a year; 30% had been attending for between 1 and 2 years, and 63% had been attending the centers for longer than 2 years. From this data we can conclude that the children had a good average length of permanency and this helped achieve better results as will be seen later. However, it could be misleading as the centers have no follow up documentation on the children who were only in the center for a short period of time.

Among the most important impacts are the following:

1. Child nutrition

Nutrition is the main impact seen in the children. All the mothers and the educators see it this way. Only a month is needed in the majority of cases for the children with nutritional problems to recuperate.

In a spot check of the children’s health cards, where the growth curve is charted, it was found that of the 60 cards checked, 18 did not have the growth plotted.

It is important to take this visual material into account as mothers as well as the educators can see immediately the nutritional status of the children; this helps them to carry out much more integral work.

Of the cards with the growth curve plotted:

- 64% showed an upward trend;
- 27% maintained the same line as when the child had entered, but this was adequate;
- 9% of the cards showed a downward trend. These belonged to the youngest children in the centers, below 2 years of age.

With respect to this last group of young children who lost weight, it can be seen as normal when children who have recently entered the center and change their dietary habits, but it was also observed that these children eat alone, without the help of their educators, and so do not eat all that they are given as a large part of the food is spilt.

It is important to carry out more frequent follow ups of the weight and height of the children below 2 years; we know that it is the most important stage for the child's nutrition and growth and that later recuperation is much harder.

2. Health

The health of the children at the centers is adequately controlled, since all the centers have medical services which carry out permanent programmed check ups of the children, and help them whenever necessary. Also vaccinations form part of the disease prevention program of the children and are also offered to the families.

However, when the 60 health cards were checked, it was found that 19 did not have details of vaccinations; 15 had incomplete vaccination information (it may be because the children, despite being of correct age, still were not up to date with their vaccinations). This is data which should be on the card to enable a more efficient control.

On the other hand, in the interviews, the mothers reported that their children's health was generally good and noted the following sicknesses that their children had had in the previous 30 days:

- None 36.5%
- Respiratory tract infections 35%
- Diarrhea/stomach infections 18%
- Others 10.5%

This data is in line with national data, although much improved.

The most important result of this impact with reference to the health of the children is the attitude of the mothers to their children's ill-health.

Throughout the country, access to health services is between 46.6 and 50% of the overall population. It is a great achievement of the institution that it has been able to offer health care to the children although the family is no longer taking part in the program; this can be seen in the table below:

Service used	Uses the	No longer	Average
	Service	participates	
Uses the SOS Social Center	80.0%	54.4%	71.8%
Goes to a Hospital	11.7%	31.6%	18.1%
Uses private or insurance services	3.3%	5.3%	4.0%
Self medicates	5.0%	0.0%	3.4%
Asks a pharmacist	0.0%	5.3%	1.7%
Other	0.0%	3.5%	1.1%
Total	100.0%	100.0%	100.0%

The health of the children attending the Centers is adequately checked. All the Centers have medical services which periodically carry out check - ups

It can be seen that 95% of the families participating in the program take their children to the health center. This is because the check ups are obligatory, but from the table above, it can be seen that it becomes habitual and, even when the families no longer are participating in the program, 94% take their children for check ups.

Having check ups remains a habit but the mothers use the services of the Social Center as well as the public health services.

3. Protection

Other important data which had a great impact on the children. All the mothers interviewed value the protection afforded their children by the Social Centers, “there the children are fed, are educated and are in no danger; the educators take care of them and educate them well, something which we can’t do because we don’t know how or we don’t have time; before, we educated our children with our fists; here we’ve learnt to have more patience with them”.

The mothers thought that before entering the Social Center their children were unprotected, they were locked in their houses, often with nothing to eat. “I got up early to get them ready and make food for them, but they didn’t eat, they went out and played in the street”. Many other women took their children to work but they could not work properly or look after their children.

Other forms of protection

• Against abandonment

There are two types of abandonment; partial or total. Families, as seen above, have to leave their children all day because of work. The Social Center solves this by protecting the children without the family giving up its responsibility.

The Social Center also prevents total abandonment as it looks after the children when they are at the most difficult stage, needing care and attention. When the children leave they are better qualified to look after themselves.

The mothers say, “Now we don’t abandon our children, because they are well looked after here; before they were on the streets or locked in the house with no one looking after them.”

• Against abuse

Of the 178 families polled and the almost 50 women interviewed individually and in groups, almost all stated that their children are protected against abuse in the Social Center, and they also recognize that before participating in the programs their children were abused by them, the mothers, and by the lifestyle which they had.

However there were two reports of abuse, one in Santa Cruz and another of neglect in Cochabamba. Although these are not significant, it is important to take them into account.

“ At the centers the children are fed, educated and are not exposed to any danger. The educator look after them and educate them well”
Testimonial of the mothers.

- **Against work**

The SOS Social Centers protect the children from entering work early; they do not need to work as they have their basic needs covered at low cost.

The older children of the families participating are protected also. National data shows that 14% of the children between 10 and 14 years old work outside the home.

The polls showed that 3.6% of the group of children work full-time and outside the home, but this group is older than 16. 6% of the children who help their mothers selling but only for short periods of time, giving priority to their studies; this group was above the age of 10, occasionally it included a girl of 8.

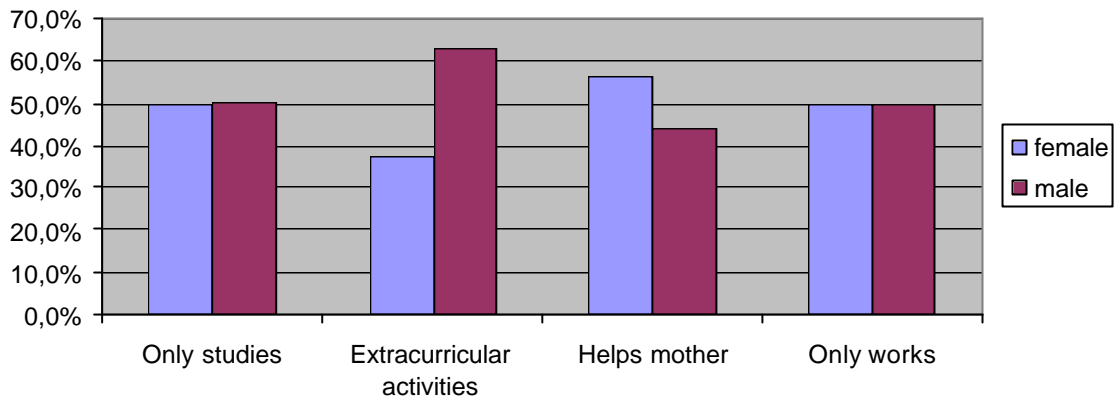
The following table shows data for this:

Activities of the children and young people

Children's age	Only studies	Extracurricular activities	Helps mother at work	Only attends institute	Only works
Under 10	60.7%	62.5%	6.3%	0.0%	0.0%
From 10 to 15	33.9%	25.0%	93.8%	0.0%	9.1%
Over 15	5.4%	12.5%	0.0%	100.0%	90.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

We can see the same data but broken down by sex. From the table it can be seen that there is no discrimination against girls such as is found in the national statistics where fewer girls attend school than boys.

Activities of children and young people by sex



The same proportion of the sons and daughters of the families participating in the Social Centers attend school or work; except when the children have other extracurricular activities (football schools, workshops, etc.). This shows that, in spite of advances made in relation to gender equity, the families give more time for leisure activities to their sons. Another data, albeit not significant, is that the girls help their mothers work.

4. Education

Other very significant impacts and objectives are those referring to the education of the children directly participating (attending or have attended the centers) and those who indirectly participate (those who do not participate but whose families do)

In the case of the children participating, they receive two types of educational activities: those younger than 6 receive initial education and those older than 6 receive school support.

In the case of those who participate indirectly, the children benefit from the knowledge and the attitudes of their families who make great sacrifices to allow their children to study. "I don't want my children to be like me; I couldn't go to school. I want this history of suffering to end here and my children to have a better life than mine."

• School attendance

97% of the children and young people of the families interviewed attend school.

The remaining 3% do not attend because of work, but they are older than 16 as seen in the table above. Some work during the day and study in the evening.

• Educational achievement

The mothers report that 91.7% have a good educational achievement; that is that they bring home grades acceptable within the range of the Ministry of Education and Culture and the teachers give good reports to the children and young people.

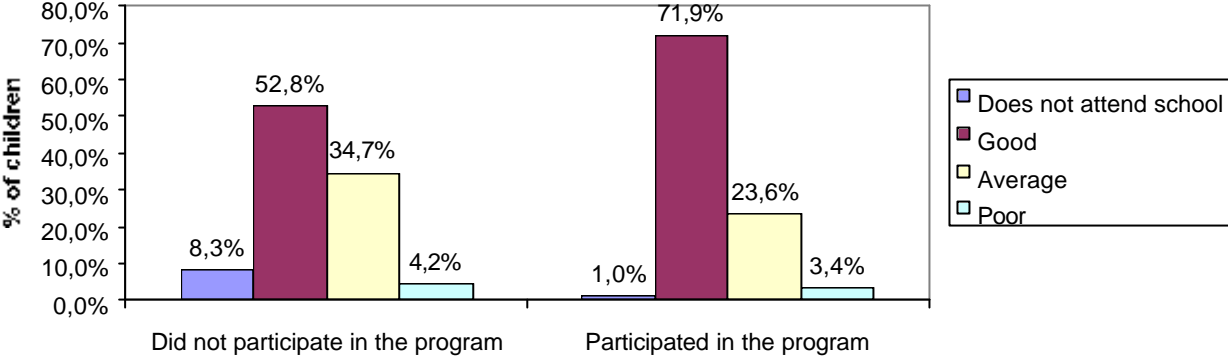
This data is only based on the perception of the mothers. The centers should follow up the educational achievement of the children who have left the centers and are in the school system. This would help better programming and reinforce areas where the children have weaknesses.

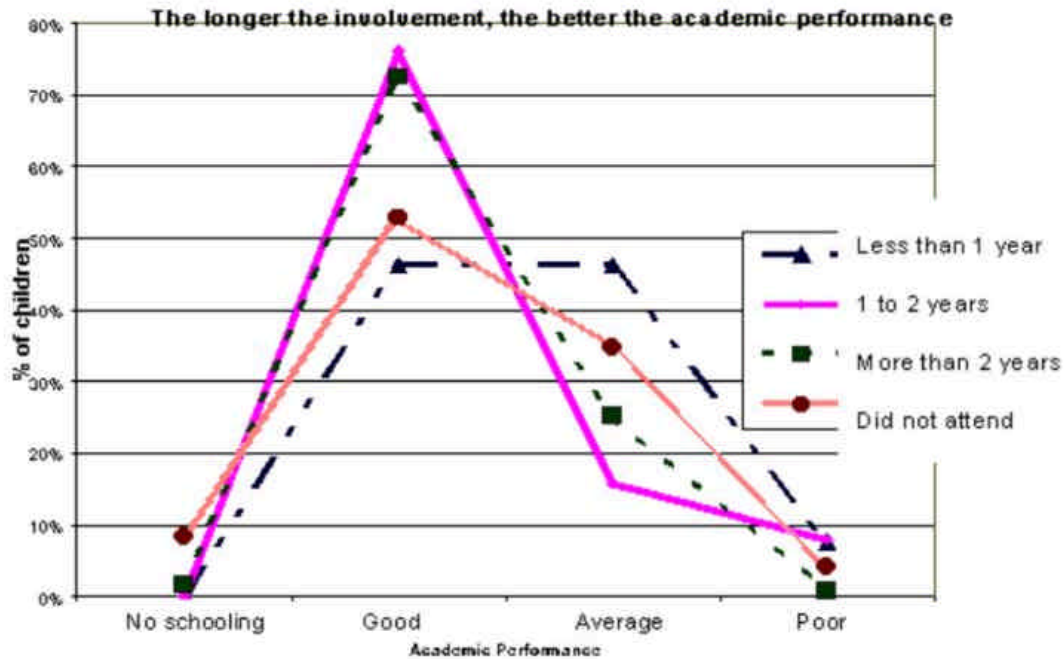
When looking at all the variables to see associations, the following results can be seen as regards the educational achievement associated with attendance to the Social Center.

It can be seen that the children who attend the center do better at school than those who do not attend.

The length of time at the Social Center also affects educational achievement.

The SOS Social Centers improve children's academic performance





The graph shows that the children with the better educational achievement are those who have participated in a Social Centers program for one year or longer.

There is no difference between those attending for less than a year and those who do not attend. This suggests that the effects are not seen until a year of participation in the program.

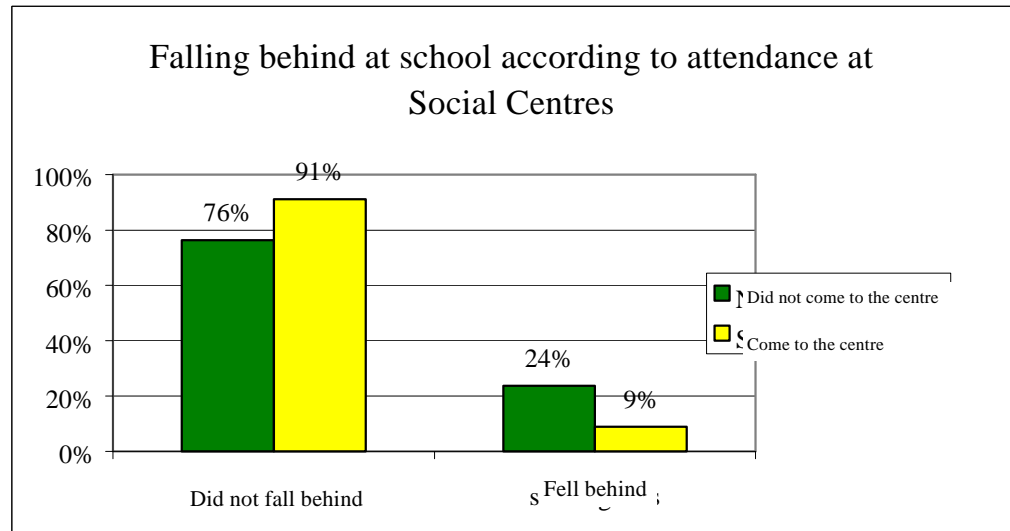
• Age-grade relationship

87.3% of the children of the families polled are in the correct grade for their age; this shows that the children of participants in the Social Centers services do not have high rates of being held back.

The cases of children being held back are generally because of: i) lack of spaces in the neighborhood school; ii) health problems associated with visual and language problems, and two cases of severe mental handicap; iii) very few cases of problems with learning and behavior.

Here we can see the cases of being held back associated with the attendance to the centers.

This table shows clearly that the children who do not attend the Social Centers have higher levels of being held back.



• **Continuing in education**

Bolivian data shows that 40% of the children who enter the school system do not finish elementary school and leave for different reasons. An average of 97% of the children of the women participating in the centers stay in the school system.

5. Affectivity

The mothers report that their children who attend the centers teach them not to fight, and are more affectionate towards their siblings.

The mothers show affection in the short periods of time they can spend with their children; playing with them is a demonstration of this affection. 80% of the women polled reported that they play with their children at least once a week.

This data shows no difference between the amount of time of participation in the program; the newcomers and the women of longer standing play with their children.

However, the women do recognize that they do not know how to show their feelings; there is always the fear that their children “will respect them less if they play with them, or when they are very affectionate towards them”.

The centers should work with techniques of showing affection with the women, to help them express their feelings positively, not only towards their children but also towards other adults.

6. Leisure activities

This topic is still not within the mothers’ grasp; they do not see leisure as an element in the quality of life of their children. Only 14% of the mothers take their children out for a walk, or to play in a park or square. It seems that the families have not learned that leisure activities offers a feeling of well being. It is understandable when we see the number of hours and days that the mothers work outside the house.

There was no significant differences between the old group and the new one with respect to the leisure time of the children.

The families clearly showed that they carried out activities which did not involve any cost.

CHAPTER VI.

The Impact on the Women of 10 Years of Work

1. Education and training

The women interviewed appreciate the classes at the Social Centers, the fact that they learn to express themselves and to develop within their group at the center and in other groups (this is very much the case in Tarija); in Santa Cruz the mothers value the provision of educational facilities, many participate in the school and literacy programs; in Cochabamba they value the handicraft classes (cooking, cleaning, baking) and the literacy courses.

The educators interviewed from the Community Homes value highly the classes that they give in reading and writing skills, child care and management for the mothers' groups, although they complain about attendance and want more training. They feel very proud to be educators.

The account of a woman from Cochabamba states, "After doing a cleaning course at the center, I went looking for work from house to house with my certificate. I got a good job in an office. I'm happy there, they treat me well and the work is easy."

2. Work

The most frequently given comments on the support received by the women from the Social Centers are: i) they take care of my children; ii) I can work better, and iii) I learn, they train me.

All of the women say that they can work in peace and that the quality of their work has improved along with their income.

The table below shows a comparison of type of work done by the mothers and the length of time they have been participating in the program.

Type of Employment	Length of Participation			Total
	Less than 1	Between 1 and 2	More than 2	
Housework	20.0%	7.7%	9.4%	11.9%
Maid	24.4%	15.4%	20.8%	20.9%
Vendor	26.7%	30.8%	31.1%	29.9%
Educator or Promoter	4.4%	7.7%	12.3%	9.6%
Artisan	2.2%	11.5%	5.7%	5.6%
Salaried worker	15.6%	26.9%	14.2%	16.4%
Other	6.7%	0.0%	6.6%	5.6%
Total	100.0%	100.0%	100.0%	100.0%

The table shows that there is no significant change in the type of work done by those women recently entering the program and those who have been there for some time. There are only differences between the categories of housework and the educators or promoters; in the former category the time spent at home decreases with more time at the program, and, in the case of the educators or promoters, they increase when they have been for a longer time in the program.

When looking at those working in small businesses, there is no significant change.

The following table shows the population per type of work and the income they receive.

Type of Employment	Monthly income of the mothers in Bolivianos					Total
	Less than 350	From 350 to 500	From 501 to 700	More than 700	Without income	
Housework					100.0%	100.0%
Maid	64.9%	24.3%	10.8%			100.0%
Vendor	30.2%	13.2%	28.3%	22.6%	5.7%	100.0%
Educator or Promoter	94.1%		5.9%			100.0%
Artisan	30.0%	60.0%		10.0%		100.0%
Salaried worker	44.8%	17.2%	24.1%	13.8%		100.0%
Other	50.0%		10.0%	10.0%	30.0%	100.0%
Average	43.5%	15.3%	15.8%	10.2%	15.3%	100.0%

The table above shows income per occupational category. It can be seen that those earning more than 700 Bs. are sellers, salaried workers and artisans. Those who earn less than 350 Bs. are educators/promoters and maids.

The table is interesting because the data can be used to form policies or plan which areas of work to train women in so that they have skills and resources to become sellers, artisans or salaried employees.

In Tarija, where many of the women are sellers, it was found that some of these had well established businesses such as: selling spare parts, cosmetics, clothes, etc., which require more capital. Some increase their capital by saving, others by obtaining loans from Pro-Mujer and the Banco Sol, thus they are able to count on a higher income now.

In the case of salaried employees, this category is mainly concentrated in Cochabamba and is mainly women who work in offices, as messengers, cleaners, or tea ladies. The center has training programs which present certificates after the woman has completed the course. These help the women to find good jobs.

Artisans (seamstresses and bakers) are concentrated in Santa Cruz but it was too small a group to be able to generalize.

The lowest paid categories include the maids and the educators.

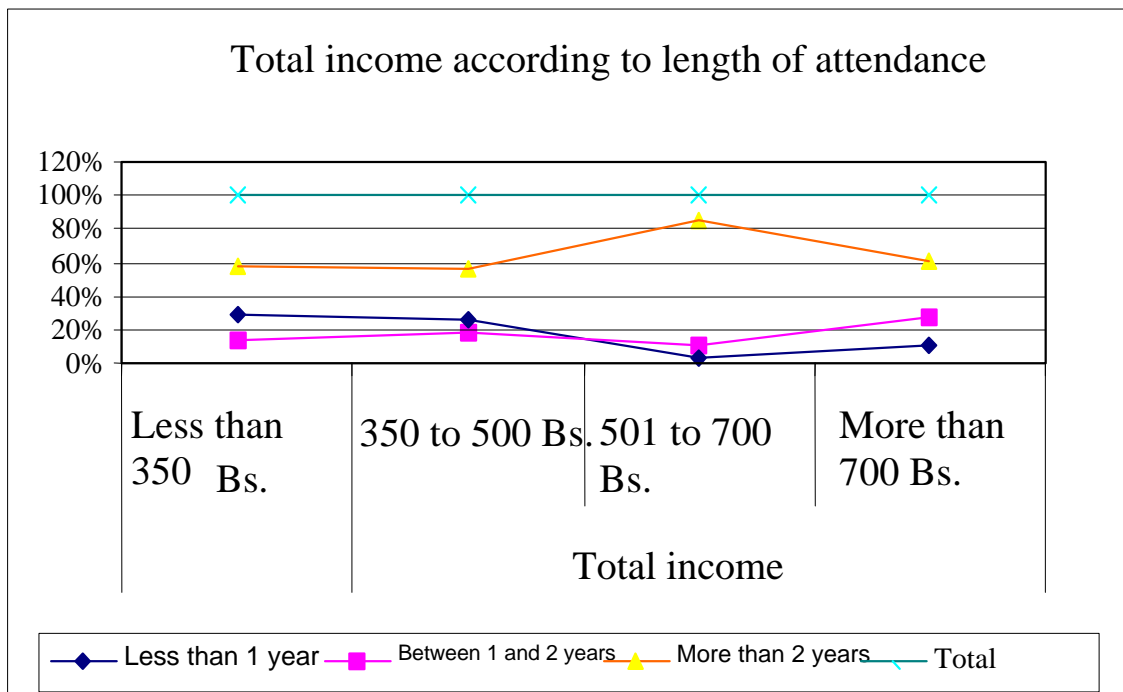
The maids rarely receive more than 500 Bs. a month and so it is not a job which should be promoted facilitated by the Social Centers.

The case of the educators or promoters is special because although the salary is low, these women enjoy conditions which allow them to decrease their costs and take home a salary higher than it seems. They work home or nearby, they have no travel expenses and eat at work, they can take their children to work with them, of which allows them to decrease their costs

considerably. But it is a job which is highly valued by the women, they feel valued and are strengthened on all levels by this work.

3. Salary or income

Another of the objectives of the institution is that, through skills upgrading programs, it is hoped to increase the income of the women participating. The results show the following:



The graph shows that there is no difference in the salary curve of the women who stay in the program for up to two years, but for those who stay for longer than two years, there is a difference; it can be seen that they earn more.

This result does not seem to be because of any specific program directed at improving income but rather as an effect of the program in general. When the women participate in the Social Centers they have more time to dedicate to paid work, acquire better negotiating skills to use with their bosses, and are better equipped to work, among others.

If there were more specific and systematic programs to support women in their search for work, setting up small businesses, etc., the results would, undoubtedly, be much better.

One interesting result among the data found is that the level of schooling does not affect the income earned. As can be seen from the following table, there was no increase in salary with more years of schooling as happens in other social classes.

Schooling of mothers	Income				Total
	Less than 350	350 to 500	501 to 700	More than 700	
Illiterate	248.57	360.00	560.00	750.00	248.13
Elementary school incomplete	258.00	384.00	604.29	912.50	364.88
Elementary school completed	249.55	427.50	582.50	797.86	396.48
Junior High completed	231.43	442.86	587.50	787.50	381.94
High school incomplete	244.00	426.67	586.67		369.33
High school completed	282.22	412.50	627.50	774.50	305.52
Total	251.82	418.52	593.93	815.78	356.34

The same data is seen by percentage of the population by category of work and monthly income. This table also shows that there is no difference between the income and the level of schooling of the mothers.

Schooling of the Mothers	Income of the mothers				Total
	Less than 350	Between 350 and 500	Between 501 and 700	More than 700	
Illiterate	63.6%	9.1%	18.2%	9.1%	100.0%
Elementary school incomplete	55.6%	13.9%	19.4%	11.1%	100.0%
Elementary school completed	53.7%	9.8%	19.5%	17.1%	100.0%
Junior High	48.3%	24.1%	13.8%	13.8%	100.0%
High school incomplete	35.7%	42.9%	21.4%	0.0%	100.0%
High school completed	47.4%	21.1%	21.1%	10.5%	100.0%
Total	51.3%	18.0%	18.7%	12.0%	100.0%

4. Housing

We know that home ownership is one of the worst problems facing the poor. They see themselves thus when they state they have no food or shelter. As a house is difficult to obtain, the poor normally lived in rented accommodation or settle in improvised houses or rooms.

The table below shows some interesting data on the housing situation of families participating in the program.

Housing status	Participation in the program			Total
	Less than 1 year	Between 1 and 2	More than 2	
Rented	53.3%	46.2%	35.8%	41.8%
Anticretico	6.7%	7.7%	4.7%	5.6%
Living with parents	20.0%	30.8%	10.4%	15.8%
For work	6.7%	3.8%	3.8%	4.5%
Other	0.0%	0.0%	6.6%	4.0%
Home owner	13.3%	11.5%	38.7%	28.2%
Total	100.0%	100.0%	100.0%	100.0%

The first column in the table shows that the families who have recently entered the centers (less than one year) generally live with their parents or rent, only 13.3% have their own house. The second column (families who have been in the program for between one and two years) shows no significant differences from the first column. However, the third column shows that families who have been in the program for more than three years are more likely to have their own home - 38.7%.

But this number is very low compared to national statistics which show that 50% of families own their homes. This is another piece of data which shows that the population that the Social Centers works with is very poor. However, some families manage to build or buy their own home thanks to the support of the Centers, as the families explain.

It is in Tarija and more so in Santa Cruz where the families are home owners. To achieve this they use different strategies.

For example, in Tarija, the way in which people manage to build their home is by migrating to Argentina for short times where they can work for a few months and save money; the husbands then return home and start to build. When the money runs out they return to Argentina to look for work and the process continues until the house is finished. This then allows them to live better and some even rent out rooms in order to have extra income.

The women say, "While I work to maintain my children, thank God that I can work while my children are in the day care center, also I hardly spend anything, I only have to pay the tuition for my children."

Another group of women go to other institutions such as Pro-Mujer and the Banco Sol where they can obtain small loans to advance the construction of their houses or rooms. One educator says, "This is how I can offer my house for a day care center, all my salary goes to pay back the loan, we live on what my husband earns. Now I'm building the wall of my house with a loan from Pro-Mujer".

In Santa Cruz the women obtain loans from Savings and Credit Cooperatives and for higher amounts ; "My husband's earnings pay the loan and what I earn buys the food for the family. Luckily there's the day care."

All the women recognize that they could not manage to build their houses without the support they receive from the Social Centers, since, on the one hand, they can work regularly, and on the other hand, they can save a significant amount. They recognize that with their children in the centers they lower their costs considerably.

Something else seen in these cases is that those who manage to own their own home are those families headed by both a mother and a father, this can be seen in the table below:

Housing	Marital status of the mother				Total
	married	separated	single	widow	
Rented	37.9%	47.6%	54.5%	50.0%	41.8%
Anticretico	4.8%	0.0%	13.6%	10.0%	5.6%
Living with parents	17.7%	4.8%	18.2%	10.0%	15.8%
For work	4.0%	4.8%	9.1%	0.0%	4.5%
Other	2.4%	19.0%	0.0%	0.0%	4.0%
Home owner	33.1%	23.8%	4.5%	30.0%	28.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

In this table it can be seen that only 4.5% of the single women own their home; 95.5% of homeowners are married, divorced or widowed.

Regarding the quality of housing, the table below shows:

Length of participation	Quality of housing			
	good	poor	average	Total
Less than 1 year	60.0%	22.2%	17.8%	100.0%
From 1 to 2 years	46.2%	26.9%	26.9%	100.0%
More than 2 years	64.2%	15.1%	20.8%	100.0%
Total	60.5%	18.6%	20.9%	100.0%

This table shows that the majority of families live in good quality houses or rooms.

To be of good quality, the construction of the house or room must fulfill 5 requirements: i) roof with ceiling; ii) plastered walls; iii) a covered floor (cement, wood, brick, etc.); iv) solid, secure doors and, v) windows with glass or wire meshing to protect against the cold or insects.

The mother's length of time at the center made no difference to the quality of housing.

5. Housekeeping and home environment (cleanliness, tidiness, furniture, improvement of dietary habits, family integration, affectivity, games)

Almost all the women state that they have learned many things since participating in the center: to look after their children better, organize their homes better, improve their family relationships.

With relation to furnishings, this also shows interesting data on the quality of life, since the family can have certain commodities. This data is shown below:

Length of participation	Home equipping			Total
	good	poor	average	
Less than 1 year	31.1%	46.7%	22.2%	100.0%
From 1 to 2 years	61.5%	15.4%	23.1%	100.0%
More than 2 years	51.9%	15.1%	33.0%	100.0%
Total	48.0%	23.2%	28.8%	100.0%

It can be seen that less than half the families have well furnished homes. A home is considered well furnished when it has 5 out of 6 of the following items: i) a stove; ii) beds; iii) a dining table where homework can be done; iv) chairs; v) a closet or chest of drawers where clothes can be kept, and vi) a shower.

Here it can be seen that of the families who have recently entered the centers, more than two thirds have poor furnishing conditions. But after the first year of participation in the center, the families increase considerably the amount of furniture they have.

In the interviews, the women always said that the first things they bought with money saved were beds, tables and chairs. One interesting data is that almost all the families had a television; most of those who did not said it was because it had been stolen recently.

With regard to the cleaning and tidying of the home, although it is an observation which can be said to be too subjective, it was observed that the homes were relatively clean and tidy. In this case there is a great difference in favor of the mothers who have participated for more than one year.

In other qualitative aspects, the majority of mothers commented on the difference in the way that they related to their children and partners; "Before I was really grumpy, I was always fighting, and shouting at my children and my husband; now I've changed, I don't complain, I talk to them."

Although the Social Center has not specifically changed the character of the people, the children no longer prevent mothers from working or relaxing, and cease to be a permanent source of tension. The mothers in many cases make great sacrifices to feed and care for their children, but the relationships are obviously much more relaxed and at least the women do not have to let off steam at their children and their partner.

With reference to dietary habits, the women confirm that they have changed because of courses in nutrition at the centers or simply because they see the menu that the children eat in the Social Centers.

6. Self-esteem

"The lack of communication between men and women is always present and leads to frustration. At home the woman is silent and the man opines."

This quote shows the oppression of women in Bolivia, the reason why women hardly participate at all levels. However, the women interviewed value highly being able to learn to express themselves in the group; “Now demand things, I’m not scared of talking to people now, and I make them respect my rights.”.

The women’s opinion of their importance in the home is very high. Almost 89% of the women polled consider themselves important in their homes; this increases according to the length of stay as can be seen in the table below.

Length of participation	Importance in the home		
	No	yes	Total
Less than 1 year	22.2%	77.8%	100.0%
From 1 to 2 years	15.4%	84.6%	100.0%
More than 2 years	5.7%	94.3%	100.0%
Total	11.3%	88.7%	100.0%

The women confirm that they take all the important decisions for going out, their children’s participation in school and other activities, the buying of furniture, and almost all other important domestic affairs. This increases as the length of participation of the women increases.

“Since I’ve been working, my husband respects me more; now he helps me in the house, with the kids and is more considerate.”. Although this statement is important from a quantitative point of view, it is still too uncommon to be generalized.

7. Participation

Participation is also a very important theme for human development, since it allows people to express themselves and seek change and improvement in their community. The women were asked if they participated in the community activities outside those carried out in the centers. It was concluded that only 28.2% of the mothers participate.

The table below shows the difference in the participation of the beneficiaries by length of stay in the centers.

Length of Participation	Participation in the community		
	No	yes	Total
Less than 1 year	82.2%	17.8%	100.0%
From 1 to 2 years	69.2%	30.8%	100.0%
More than 2 years	67.9%	32.1%	100.0%
Total	71.8%	28.2%	100.0%

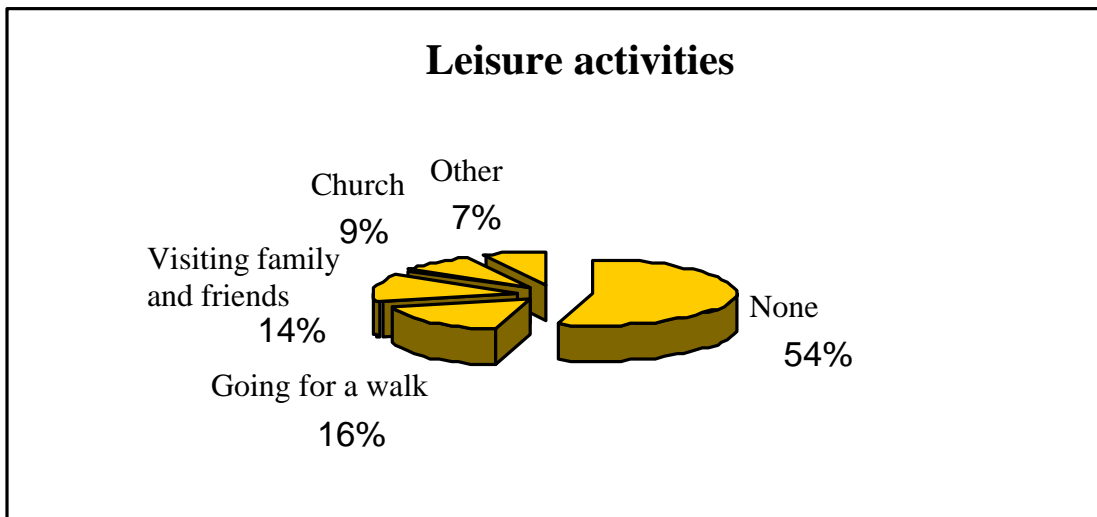
Of the women who participate in the community activities, just 17.8% are women who have recently entered the Social Center, the remaining 82.2% are among those who have been there for more than one year and participate more significantly.

The participation of the women is seen more in the Neighborhood Boards, the Mothers' Clubs, Family Committees (only taking board members into account) and a few in cultural and sports activities in their neighborhood or in the organization the women belong to.

The highest levels of participation are seen in Santa Cruz.

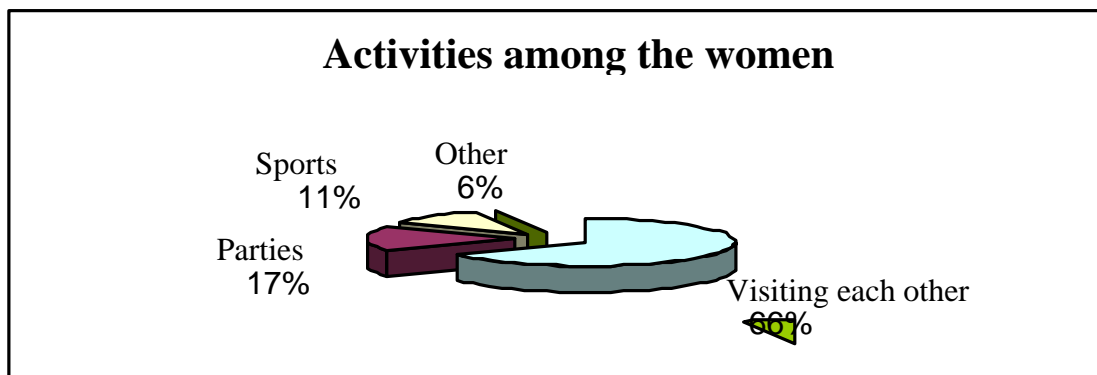
8. Leisure and recreation

This is a difficult question to ask the mothers as there is a kind of taboo around the topic. It seems that they perceive it as poor to admit to having spare time or to have some sort of leisure activity. To make it a little easier to ask this question which is important to find out about human development, the question was thus phrased: What do you do on Sundays or on your days off? All the women replied that they did household chores. The question was asked again and they replied:



Another question was: Do you meet other mothers outside the center? 79.8% replied "no" and 20.2% "yes".

Those who replied "yes" said that they met to:



Those who had made friends with the other mothers were women who had been for a longer period of time at the centers.

8. The mothers' perception of the services offered by the Social Center

All the women who attend or had attended the Social Centers said that it had been a great help to them. The most frequent responses included the child care, that they worked better and received training.

9. Perception of the change or improvement in their lives brought about through their participation in the Social Center activities.

This question sought to see whether their lives had changed or improved since they had entered the program. The majority answered that it had, that the center had helped them a lot. In the individual and the group interviews, the women told many heart-breaking stories of what their lives and those of their children had been like before.

Some of the women said that they had taken advantage of the services offered to escape from extremely abusive relationships.

When asked how their lives had changed, the women replied:

How the situation had improved	Length of Participation			Total
	Less than 1 year	From 1 to 2 years	More than 2 years	
Savings/investment/capital	22.2%	0.0%	77.8%	100.0%
Training (mother)	25.0%	0.0%	75.0%	100.0%
Education (family)	27.3%	15.2%	57.6%	100.0%
Home equipping	8.3%	25.0%	66.7%	100.0%
Home improvement	0.0%	14.3%	85.7%	100.0%
Improved work/income	18.8%	25.0%	56.3%	100.0%
Various	2.0%	14.3%	83.7%	100.0%
Total	13.1%	15.4%	71.5%	100.0%

This data shows the impact that the SOS Social Centers has had on the lives of more than two thousand women who attend the centers in Cochabamba, Tarija, Oruro, Santa Cruz and Sucre.

The accounts offered by the women show the striking reality in which poor Bolivian women live. They are victims of poverty, of their partners and all the other general conditions. Many of them have found a space for their family in the centers. One woman said, "for me the center is more than my family, the people here help me more than my parents ever did, more than anyone did. I owe everything to the center, without the center I wouldn't have been able to do anything."

CHAPTER VII

***The impact on the
community of 10 years
of work***

1. Healthcare for the children in the area.

The dental and pediatric services offered at the Centers cover the demand of the community including that of surrounding neighborhoods. In all the Social Centers, the health and dental services attend to an average of 16 patients a day.

Although the Social Centers' health care facilities can only cover primary health care, they have agreements with Centers which attend to secondary and tertiary health care at a very low cost in both private and public hospitals.

These services are recognized by the community for their high quality.

2. The protection of the children

Many people who do not participate in the Social Centers program turn to it to report cases of abuse of children and women. They also seek social guidance for their own families and others.

Although the centers are a place of refuge for the children, women and families in the community, these centers are not adequately prepared for this type of work, the advisory services are still not systematized or programmed in such a way that they can adequately respond to the needs of the community.

In this case it is important to count on professionals who can respond to the needs of the complainant by carrying out a systematic job, working with institutional networks.

3. The Social Centers are community and social reference points

The Social Centers are community reference points, they are sites of information, complaints and services to the community. This can be seen by how often the community and those people who do not participate in the regular programs in the centers use the medical, social and advisory services.

It is important to respond adequately to the need to protect children, women and families at the Centers. To do this there must be professionals and solid networks which help and protect children, women and families (Women's Legal Office, the Rights of the child and adolescent, and others). These protection agencies should also use the SOS Social Centers as points of reference.

In the case of society in general, it is necessary to work more on the promotion of the work of the SOS Social Centers. Society's image of the SOS Children's Villages is that they work with orphaned and abandoned children, and it is necessary to broaden that concept.

The idea should be spread that the SOS Children's Villages attend to children at risk, be it because they are orphaned, abandoned or in extreme poverty, specifying that this last group can count on the Social Centers to attend to the child daily.

4. Suggestions from the women interviewed and polled as to how to improve the service.

In the polls and interviews, the mothers were asked about what other activities the Centers could develop to improve their services.

25% did not know or did not reply to the question, the rest were divided among: i) grant soft loans for home improvements and work; ii) promote cooperatives or small businesses; iii) more training workshops; iv) attend to older children; v) open more Community Homes; iv) others such as helping more single mothers and young women who want to study.

CHAPTER VIII

Conclusions and recommendations

After analyzing the data the following conclusions were drawn:

- . **The SOS Social Centers have a coherent work proposal.** Based on the needs of the population to which it attends.
- . **The Social Centers have adequate organizational structure and management,** which allow them to carry out work corresponding to their vision, purposes, principles and objectives set out.
- . **They have developed adequate management in accordance with the objectives and goals of the program.** This is in agreement with the latest Pedagogic Evaluation Report written by the SOS-KDI Bolivarian Countries' Regional Office.
- . **The SOS Social Centers work with the poorest populations, as their principles and objectives state.** This population is considered poor because the majority do not have access to basic services; are not homeowners; live in overcrowded conditions since the large majority live in one room with all their family. The indexes observed in this study are less than those of the national population.
- . **There is adequate programming and execution of the work programs with children.** Especially in the case of children older than 2.
- . **The attention to children younger than 2 is regular,** there are deficiencies in the programmed activities for initial education and basic child care (seen in Tarija and Cochabamba).
- . **The nutrition of the children participating in the Social Centers has improved considerably,** above all in the children older than 2. In the children younger than 2 there were some data showing that some children were losing weight.
- . **The health of the children improves and is constantly controlled,** both within the centers and outside by the children's families.
- . **The academic performance of the children at the Social Centers is optimum.** There is a high degree of school attendance, achievement and course parity.
- . **The children participating in the programs at the Social Centers are protected,** against abandonment, abuse and early entry into the workforce.

11. There is gender equity for girls' access to education and work. But there is discrimination where extracurricular and leisure activities are concerned. The girls spend their free time to helping their mothers at work, while the boys spend their time on leisure activities.

12. Not all the work objectives for the mothers are being applied. There is no systematic program aimed at improving the working conditions of the mothers; although there is training, the women are not responding to a programmed approach.

13. The programs with the mothers do not have a solid gender focus. There is no gender proposal applied to the programs.

14. The relationship educators have with the mothers is very often paternalistic. There are still many cases of educators having an authoritarian relationship with the mothers; there is a lack of respect for the values of the population attended to.

15. There is positive impact of the training on the women. The women improve their conditions of education, training, self-esteem and general relationships.

16. There is no improvement in the working conditions of the women. The working conditions remain the same, just as the length of work does.

17. The income of the women increases the longer they stay at the centers. There is an increase in the income of the women, but this should be due to the program overall and not just to a work plan defined for this end.

18. The women with greater length of participation in the program manage to become home owners They recognize that they have achieved this because of the savings made by taking their children to the center they can work more and spend less on maintaining their children.

19. The quality of housing does not improve because of participating in the center. The housing continues to be average; overcrowded and with no access to basic services.

20. The furnishing of the homes increases as participation in the program increases. The families acquire furniture and equipment quickly when their children enter the centers.

21. The women with greater length of exposure to the program are those who participate more in the community.

22. The families participating in the Social Centers do not participate in any recreational activities.

23. The SOS Social Centers are an important resource and reference point for the community. To which children, women and families in general go for protection.

24. There are families who use the SOS Social Centers as a way of surviving. These are very few, they participate for up to 7 years in the program, they do not improve their standards of living and have many children who were born while the family was at the center. It should be asked if, in some cases, the centers are helping to improve the living standards or promoting irresponsible families.

25. The Centers still cannot satisfy the demands of the neighborhoods. There are children who need to enter the Centers but cannot due to a lack of spaces.

26. Thanks to the Family Committees, an interesting process of self-help is starting. This was beginning in the city of Tarija. The other centers are just starting the process of setting up Family committees.

We make the following recommendations:

1. The SOS Social Centers should have better documentation of the families participating, noting their development according to the follow up procedures.
2. Collection and systematization of all the information which is dispersed. To do this, documents and the memories of staff and mothers must be consulted. The evolution of the families must be documented and followed up.
3. Specialist support must be found to strengthen and generalize a gender focus.
4. Work with affectivity, where the mothers learn to express positive feelings through gestures, words and concrete actions.
5. Interinstitutional coordination. Take advantage of institutions which work with micro credits and small businesses, such as the Banco Sol and Pro-Mujer; obtain information from the women in the Community Homes in Tarija who already use these services.
6. Improve and expand the coordination and cooperation of the work with the neighborhood schools. Connect the education programs of the centers with the primary education programs of the Ministry of Education, Culture and Sports. Use, for example, some of the Education Projects of the official programs.
7. Follow up the education of the children who have left the centers; to reinforce where necessary areas of low academic performance.
8. Train the staff to have better relationships with the mothers.
9. Adapt the times of meetings and other activities to the convenience of the mothers.
10. Make the work of the Social Centers more widely known in society, make these Centers a point of reference and production of ideas and work methodologies.
11. Improve the evaluation indexes of the mothers in such a way that they are commensurate with the achievements in the areas of results of the group.
12. The length of stay of the families in the services of the Social Centers should not be less than 2 years or more than 5. There is no significant impact on the mothers or the families of those who stay less than 2 years. Staying more than 5 years could encourage families to rely on the system and produce no positive results.

CHAPTER IX

Indexes

1.Comparative tables by city

a) Data on children

Table No. 1. Length of involvement of the children at the center by city

Length of Attendance at the center	City			Total
	Cochabamba	Santa Cruz	Tarija	
Less than 1 year	2.6%	3.8%	7.6%	4.7%
From 1 to 2 years	29.9%	32.1%	6.5%	22.9%
More than 2 years	53.2%	25.5%	64.1%	46.2%
Did not attend the Center	14.3%	38.7%	21.7%	26.2%
Total	100.0%	100.0%	100.0%	100.0%

Table No. 2. What the children do, by city and length of participation

City	Length of Attendance	What the children and young people do				Total
		Only studies	Extracurricular activities	Helps at work	Works	
Cochabamba	Less than 1 year	0.0%	0.0%	100.0%	0.0%	100.0%
	From 1 to 2 years	84.0%	16.0%	0.0%	0.0%	100.0%
	More than 3 years	83.0%	0.0%	6.4%	10.6%	100.0%
	Did not attend	64.3%	14.3%	21.4%	0.0%	100.0%
Total Cochabamba		75.0%	6.5%	13.0%	5.4%	100.0%
Santa Cruz	Less than 1 year	100.0%	0.0%	0.0%	0.0%	100.0%
	From 1 to 2 years	91.7%	0.0%	8.3%	0.0%	100.0%
	More than 3 years	100.0%	0.0%	0.0%	0.0%	100.0%
	Did not attend	49.3%	0.0%	0.0%	50.7%	100.0%
Total Santa Cruz		72.1%	0.0%	2.2%	25.7%	100.0%
Tarija	Less than 1 year	100.0%	0.0%	0.0%	0.0%	100.0%
	From 1 to 2 years	100.0%	0.0%	0.0%	0.0%	100.0%
	More than 3 years	66.2%	13.5%	20.3%	0.0%	100.0%
	Did not attend	20.8%	0.0%	37.5%	41.7%	100.0%
Total Tarija		53.3%	7.4%	24.4%	14.8%	100.0%
Total		65.8%	4.4%	13.2%	16.5%	100.0%

Table No. 3. Health services used by the children, according to participation at the Center, and city

City	Participation at the Center	Health services used by the children						Total
		Social Center	Public Services	Private Or Insurance	Self medication	Only Pharmacy	Other Alternatives	
Cbba	No	19.5%	48.8%	7.3%	0.0%	24.4%	0.0%	100.0%
	Yes	56.1%	17.5%	5.3%	21.1%	0.0%	0.0%	100.0%
Total Cbba		40.8%	30.6%	6.1%	12.2%	10.2%	0.0%	100.0%
Sta. Cruz	No	46.9%	18.8%	0.0%	0.0%	15.6%	18.8%	100.0%
	Yes	56.9%	20.7%	15.5%	6.9%	0.0%	0.0%	100.0%
Total Sta. Cruz		53.3%	20.0%	10.0%	4.4%	5.6%	6.7%	100.0%
Tarija	No	26.7%	33.3%	20.0%	0.0%	0.0%	20.0%	100.0%
	Yes	68.9%	13.3%	0.0%	17.8%	0.0%	0.0%	100.0%
Total Tarija		52.0%	21.3%	8.0%	10.7%	0.0%	8.0%	100.0%
Total		48.3%	24.3%	8.0%	9.1%	5.7%	4.6%	100.0%

Table No. 4. School attainment by city and length of participation at the Center

City	Length of participation	School attainment				Total	
		Does not attend	Good	Average	Poor		
Cochabamba	Less than 1 year		50.0%	50.0%		100%	
	From 1 to 2 years		95.7%		4.3%	100%	
	More than 2 years		70.7%	29.3%		100%	
	Did not attend		54.5%	36.4%	9.1%	100%	
Total Cochabamba			75.3%	22.1%	2.6%	100%	
Santa Cruz	Less than 1 year		50.0%	50.0%		100%	
	From 1 to 2 years		64.7%	23.5%	11.8%	100%	
	More than 2 years		85.2%	14.8%		100%	
	Did not attend	9.8%	56.1%	31.7%	2.4%	100%	
Total Santa Cruz		3.8%	66.0%	25.5%	4.7%	100%	
Tarija	Less than 1 year		42.9%	42.9%	14.3%	100%	
	From 1 to 2 years		66.7%	33.3%		100%	
	More than 2 years	3.4%	67.8%	27.1%	1.7%	100%	
	Did not attend	10.0%	45.0%	40.0%	5.0%	100%	
Total Tarija		4.3%	60.9%	31.5%	3.3%	100%	
Total			2.9%	66.9%	26.5%	3.6%	100%

Table No. 5. Children held back at school, by city and length of participation

City	Length of attendance	Held back		Total
		no	yes	
Cochabamba	Less than 1 year	100.0%	0.0%	100.0%
	From 1 to 2 years	100.0%	0.0%	100.0%
	More than 2 years	90.2%	9.8%	100.0%
	Did not attend	90.9%	9.1%	100.0%
Total Cochabamba		93.5%	6.5%	100.0%
Santa Cruz	Less than 1 year	100.0%	0.0%	100.0%
	From 1 to 2 years	85.3%	14.7%	100.0%
	More than 2 years	92.6%	7.4%	100.0%
	Did not attend	75.6%	24.4%	100.0%
Total Santa Cruz		84.0%	16.0%	100.0%
Tarija	Less than 1 year	85.7%	14.3%	100.0%
	From 1 to 2 years	100.0%	0.0%	100.0%
	More than 2 years	89.8%	10.2%	100.0%
	Did not attend	70.0%	30.0%	100.0%
Total Tarija		85.9%	14.1%	100.0%
Total		87.3%	12.7%	100.0%

a) Data on women

Table No. 1. Number of children of the women participating, by city

Average	City			
Number of children	Cochabamba	Santa Cruz	Tarija	Total
Total	2.53	3.14	3.38	3.00

Number of Children	City			Total
	Cochabamba	Santa Cruz	Tarija	
1	33.87%	7.94%	15.38%	19.21%
2	25.81%	38.10%	13.46%	26.55%
3	12.90%	15.87%	34.62%	20.34%
4	17.74%	22.22%	17.31%	19.21%
5	4.84%	6.35%	7.69%	6.21%
6	1.61%	4.76%	3.85%	3.39%
7	1.61%	4.76%	3.85%	3.39%
8	1.61%	0.00%	1.92%	1.13%
10	0.00%	0.00%	1.92%	0.56%
Total	100.00%	100.00%	100.00%	100.00%

Table No. 2. Marital status of the mother by city

Marital Status	City			Total
	Cochabamba	Santa Cruz	Tarija	
Married	51.61%	76.19%	84.62%	70.06%
Separated	17.74%	11.11%	5.77%	11.86%
Single	20.97%	7.94%	7.69%	12.43%
Widow	9.68%	4.76%	1.92%	5.65%
Total	100.00%	100.00%	100.00%	100.00%

Table No. 3. Schooling of mother by city

Schooling of mothers	City			Total
	Cochabamba	Santa Cruz	Tarija	
	4.84%	3.17%	23.08%	9.60%
Elementary school incomplete	22.58%	19.05%	30.77%	23.73%
Elementary school completed	14.52%	30.16%	32.69%	25.42%
Junior High	20.97%	23.81%	5.77%	17.51%
High school incomplete	12.90%	9.52%	1.92%	8.47%
High school completed	24.19%	14.29%	5.77%	15.25%
Total	100.00%	100.00%	100.00%	100.00%

Table No. 4. Birthplace of the mothers by city

Birthplace	City			Total
	Cochabamba	Santa Cruz	Tarija	
	37.10%	30.16%	19.23%	29.38%
From the rural area of the province	16.13%	31.75%	25.00%	24.29%
Migrant from the east	3.23%	6.35%	5.77%	5.08%
Migrant from the west	43.55%	31.75%	50.00%	41.24%
Total	100.00%	100.00%	100.00%	100.00%

Table No. 5. Type of employment of the mothers by city

Type of Employment	City			
	Cochabamba	Santa Cruz	Tarija	Total
	9.68%	15.87%	9.62%	11.86%
Maid	35.48%	11.11%	15.38%	20.90%
Vendor	12.90%	25.40%	55.77%	29.94%
Educator or Promoter	8.06%	9.52%	11.54%	9.60%
Artisan	1.61%	14.29%	0.00%	5.65%
Salaried worker	24.19%	15.87%	7.69%	16.38%
Other	8.06%	7.94%	0.00%	5.65%
Total	100.00%	100.00%	100.00%	100.00%

Table No. 6. Income of the mothers by city

Monthly income	City			
	Cochabamba	Santa Cruz	Tarija	Total
	38.71%	46.03%	46.15%	43.50%
From 350 to 500	22.58%	14.29%	7.69%	15.25%
From 501 to 700	19.35%	9.52%	19.23%	15.82%
More than 700	6.45%	11.11%	13.46%	10.17%
No income	12.90%	19.05%	13.46%	15.25%
Total	100.00%	100.00%	100.00%	100.00%

Table No. 7. Income of the women by city and length of participation

City	Length of Participation	Amount				Total
		Less than 350 Bs.	From 350 to 500 Bs.	From 501 to 700 Bs.	More than 700 Bs.	
Cochabamba	Less than 1 year	69.2%	30.8%	0.0%	0.0%	100.0%
	Between 1 and 2 years	62.5%	12.5%	12.5%	12.5%	100.0%
	More than 2 years	30.3%	27.3%	33.3%	9.1%	100.0%
Total Cochabamba		44.4%	25.9%	22.2%	7.4%	100.0%
Santa Cruz	Less than 1 year	66.7%	22.2%	11.1%	0.0%	100.0%
	Between 1 and 2 years	50.0%	20.0%	0.0%	30.0%	100.0%
	More than 2 years	56.3%	15.6%	15.6%	12.5%	100.0%
Total Santa Cruz		56.9%	17.6%	11.8%	13.7%	100.0%
Tarija	Less than 1 year	70.0%	10.0%	0.0%	20.0%	100.0%
	Between 1 and 2 years	16.7%	33.3%	33.3%	16.7%	100.0%
	More than 2 years	55.2%	3.4%	27.6%	13.8%	100.0%
Total Tarija		53.3%	8.9%	22.2%	15.6%	100.0%
Total		51.3%	18.0%	18.7%	12.0%	100.0%

Table No. 8. Housing status by city and by length of participation

City	Length of Participation	Housing status						Averages
		Rented	Anticretico	With parents	For work	Borrowed	Own	
Cbba								
	Less than 1 year	12%	20%	18%			4%	10%
	From 1 to 2 years	5%	10%	4%			4%	5%
	More than 2 years	26%	40%	7%	38%	57%	8%	20%
Total Cbba		43%	70%	29%	38%	57%	16%	35%
Sta. Cruz								
	Less than 1 year	8%	10%	7%	38%		6%	8%
	From 1 to 2 years	4%	10%	18%	13%		2%	6%
	More than 2 years	12%	10%	18%	13%		42%	21%
Total Sta. Cruz		24%	30%	43%	63%		50%	36%
Tarija								
	Less than 1 year	12%		7%			2%	7%
	From 1 to 2 years	7%		7%				4%
	More than 2 years	14%		14%		43%	32%	19%
Total Tarija		32%		29%		43%	34%	29%
Total		100%	100%	100%	100%	100%	100%	100%

Table No. 9. Quality of housing by city and length of participation

City	Length of participation	Quality of housing			Total
		good	poor	average	
Cochabamba	Less than 1 year	61.11%	5.56%	33.33%	100.00%
	Between 1 and 2 years	37.50%	12.50%	50.00%	100.00%
	More than 2 years	61.11%	13.89%	25.00%	100.00%
Total Cochabamba		58.06%	11.29%	30.65%	100.00%
Santa Cruz	Less than 1 year	66.67%	20.00%	13.33%	100.00%
	Between 1 and 2 years	63.64%	18.18%	18.18%	100.00%
	More than 2 years	72.97%	5.41%	21.62%	100.00%
Total Santa Cruz		69.84%	11.11%	19.05%	100.00%
Tarija	Less than 1 year	50.00%	50.00%	0.00%	100.00%
	Between 1 and 2 years	28.57%	57.14%	14.29%	100.00%
	More than 2 years	57.58%	27.27%	15.15%	100.00%
Total Tarija		51.92%	36.54%	11.54%	100.00%
Total		60.45%	18.64%	20.90%	100.00%

Table No. 10. Equipping of home by city and length of participation

City	Length of Participation	Equipping of home			Total
		good	poor	average	
Cochabamba	Less than 1 year	22.22%	50.00%	27.78%	100.00%
	Between 1 and 2 years	62.50%	0.00%	37.50%	100.00%
	More than 2 years	63.89%	19.44%	16.67%	100.00%
Total Cochabamba		51.61%	25.81%	22.58%	100.00%
Santa Cruz	Less than 1 year	53.33%	40.00%	6.67%	100.00%
	Between 1 and 2 years	81.82%	0.00%	18.18%	100.00%
	More than 2 years	56.76%	13.51%	29.73%	100.00%
Total Santa Cruz		60.32%	17.46%	22.22%	100.00%
Tarija	Less than 1 year	16.67%	50.00%	33.33%	100.00%
	Between 1 and 2 years	28.57%	57.14%	14.29%	100.00%
	More than 2 years	33.33%	12.12%	54.55%	100.00%
Total Tarija		28.85%	26.92%	44.23%	100.00%
Total		48.02%	23.16%	28.81%	100.00%

Table No. 11. Participation of the mothers in the community by city and length of participation

City	Length of Participation in the project	Participation in the Community		Total
		Does not participate	Participates	
Cbba	Less than 1 year	88.9%	11.1%	100.0%
	From 1 to 2 years	75.0%	25.0%	100.0%
	More than 2 years	75.0%	25.0%	100.0%
	Total Cbba	79.0%	21.0%	100.0%
Sta. Cruz	Less than 1 year	80.0%	20.0%	100.0%
	From 1 to 2 years	54.5%	45.5%	100.0%
	More than 2 years	59.5%	40.5%	100.0%
	Total Sta. Cruz	63.5%	36.5%	100.0%
Tarija	Less than 1 year	75.0%	25.0%	100.0%
	From 1 to 2 years	85.7%	14.3%	100.0%
	More than 2 years	69.7%	30.3%	100.0%
	Total Tarija	73.1%	26.9%	100.0%
Total		71.8%	28.2%	100.0%

Table No. 12. Leisure activities of the mothers by city and length of participation

City	Length of Participation	Family leisure activities					Total
		Church	Parks Or squares	Relatives Or friends	None	Other	
Cochabamba	Less than 1 year	0.00%	13.33%	20.00%	66.67%	0.00%	100.00%
	Between 1 and 2 years	0.00%	6.67%	20.00%	40.00%	33.33%	100.00%
	More than 2 years	11.11%	39.51%	14.81%	34.57%	0.00%	100.00%
Total Cochabamba		5.26%	24.56%	17.54%	46.78%	5.85%	100.00%
Santa Cruz	Less than 1 year	24.24%	0.00%	27.27%	48.48%	0.00%	100.00%
	Between 1 and 2 years	17.86%	0.00%	21.43%	42.86%	17.86%	100.00%
	More than 2 years	26.67%	10.67%	20.00%	42.67%	0.00%	100.00%
Total Santa Cruz		24.26%	5.88%	22.06%	44.12%	3.68%	100.00%
Tarija	Less than 1 year	0.00%	20.00%	7.50%	60.00%	12.50%	100.00%
	Between 1 and 2 years	0.00%	26.09%	0.00%	52.17%	21.74%	100.00%
	More than 2 years	0.00%	10.00%	5.00%	76.67%	8.33%	100.00%
Total Tarija		0.00%	14.21%	4.92%	69.95%	10.93%	100.00%
Total		8.57%	15.51%	14.08%	54.69%	7.14%	100.00%

Table No. 13. Relations of the mothers with their friends from the Center by city and length of participation

City	Length of participation	Meets friends outside the Center		
		no	Yes	Total
Cochabamba	Less than 1 year	83.33%	16.67%	100.00%
	Between 1 and 2 years	87.50%	12.50%	100.00%
	More than 2 years	55.56%	44.44%	100.00%
Total Cochabamba		67.74%	32.26%	100.00%
Santa Cruz	Less than 1 year	86.67%	13.33%	100.00%
	Between 1 and 2 years	100.00%	0.00%	100.00%
	More than 2 years	70.27%	29.73%	100.00%
Total Santa Cruz		79.37%	20.63%	100.00%
Tarija	Less than 1 year	100.00%	0.00%	100.00%
	Between 1 and 2 years	100.00%	0.00%	100.00%
	More than 2 years	87.88%	12.12%	100.00%
Total Tarija		92.31%	7.69%	100.00%
Total		79.10%	20.90%	100.00%

Table No. 14. Perception of the help that the mothers receive during their involvement at the Center by city and length of participation

City	Length of participation	How does/did the center help the mothers						
		Caring for children	Work Mothers	Training mothers	Self-esteem mothers	Education family	Various	Other
Cochabamba	Less than 1 year	0.00%	25.00%	18.18%	8.33%	0.00%	6.25%	0.00%
	Between 1 and 2 years	0.00%	0.00%	3.03%	0.00%	0.00%	18.75%	6.12%
	More than 2 years	22.22%	50.00%	12.12%	16.67%	0.00%	31.25%	40.82%
Total Cochabamba		22.22%	75.00%	33.33%	25.00%	0.00%	56.25%	46.94%
Santa Cruz	Less than 1 year	22.22%	0.00%	0.00%	0.00%	0.00%	6.25%	2.04%
	Between 1 and 2 years	0.00%	0.00%	6.06%	25.00%	14.29%	0.00%	4.08%
	More than 2 years	0.00%	25.00%	24.24%	25.00%	28.57%	12.50%	26.53%
Total Santa Cruz		22.22%	25.00%	30.30%	50.00%	42.86%	18.75%	32.65%
Tarija	Less than 1 year	0.00%	0.00%	9.09%	0.00%	0.00%	6.25%	0.00%
	Between 1 and 2 years	0.00%	0.00%	6.06%	0.00%	0.00%	6.25%	4.08%
	More than 2 years	55.56%	0.00%	21.21%	25.00%	57.14%	12.50%	16.33%
Total Tarija		55.56%	0.00%	36.36%	25.00%	57.14%	25.00%	20.41%
Total		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Table No. 15. Perception of how the women's lives have changed or improved since their involvement in the Center by city and length of participation

City	Length of participation	Benefits obtained by the family since their participation in the centers						
		Savings/cap. Investment	Training mother/family	Education children/family	Equipping home	Improved housing	Improved work/income	Various
Cochabamba	Less than 1 year	0.00%	11.11%	66.67%	11.11%	0.00%	11.11%	0.00%
	Between 1 and 2 years	0.00%	0.00%	14.29%	0.00%	0.00%	42.86%	42.86%
	More than 2 years	5.71%	5.71%	11.43%	5.71%	0.00%	14.29%	57.14%
Total Cochabamba		3.92%	5.88%	21.57%	5.88%	0.00%	17.65%	45.10%
Santa Cruz	Less than 1 year	50.00%	0.00%	0.00%	0.00%	0.00%	25.00%	25.00%
	Between 1 and 2 years	0.00%	0.00%	25.00%	37.50%	12.50%	0.00%	25.00%
	More than 2 years	0.00%	3.45%	27.59%	10.34%	6.90%	6.90%	44.83%
Total Santa Cruz		4.88%	2.44%	24.39%	14.63%	7.32%	7.32%	39.02%
Tarija	Less than 1 year	0.00%	0.00%	75.00%	0.00%	0.00%	25.00%	0.00%
	Between 1 and 2 years	0.00%	0.00%	40.00%	0.00%	0.00%	20.00%	40.00%
	More than 2 years	17.24%	0.00%	24.14%	10.34%	13.79%	6.90%	27.59%
Total Tarija		13.16%	0.00%	31.58%	7.89%	10.53%	10.53%	26.32%
Total		6.92%	3.08%	25.38%	9.23%	5.38%	12.31%	37.69%