ACCESS, EFFECTIVENESS AND INNOVATION IN THE PROVISION OF TECHNICAL ASSISTANCE TO CIVIL SOCIETY WITHIN THE FRAMEWORK OF THE GLOBAL FUND GRANT IN THE PLURINATIONAL STATE OF BOLIVIA

EXECUTIVE SUMMARY

Regional Platform
Latin America and Caribbean
Support, Coordination and Communication

vialibre

REGIONAL Alliance technical support

Submitted by:

Alfredo Mejía D.
Studies Coordinator
LAC Plataform

Frank Evelio Arteaga
Gerardo Camacho
Researchers

ABSTRACT

This paper describes the results of the study on access, effectiveness and innovation in the provision of technical assistance in Bolivia. The methodology included document review, stakeholder mapping, collection, systematization and analysis of qualitative information. The study's target population was people from civil society organizations and most vulnerable communities to HIV, Tuberculosis and Malaria who were beneficiaries of technical assistance, as well as the key actors in the response to the three diseases, and includes conclusions and recommendations based on the findings. With the intention of socializing and validating the results hereof, a meeting was held in each country with the key stakeholders, as well as a regional meeting with the participation of experts and activists. The data collected and the conclusions drawn from the study are of interest to civil society organizations, communities and other key actors working in the response to the three diseases, the Global Fund and its partners in the implementation of its sustainable transition policy.

Keywords. - *Technical assistance, innovation, effectiveness, access, global fund, HIV, Malaria, Tuberculosis*

Background

The study on access, effectiveness and innovation in the delivery of Technical Assistance related to the implementation of the Global Fund grants to fight AIDS, Tuberculosis and Malaria, aimed at civil society organizations and communities in Bolivia for the 2014-2016 period, was commissioned by the Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform). Executed with funds from the Global Fund's Special Initiative for Communities, Rights and Gender, the study emerged from the need to prepare countries for the transition phase from the Fund as set forth in its Sustainability Policy, Transitions and Co-financing Policy. In order to help civil society meet this challenge and achieve greater sustainability, the Platform wanted to learn from the experiences drawn from Technical Assistance experiences in the region during the last years with the purpose of improving practices and providing a more effective

contribution in strengthening non-governmental actors and, in particular, key affected populations and communities.

Technical assistance allows the provision of the appropriate response to the deficiencies identified in the fields of knowledge, participation, capacity or experience building at country level. While the Global Fund does not provide technical assistance itself, it works closely with partners to facilitate the technical cooperation needed by the countries (El Fondo Mundial, 2016b). In 2016, the Global Fund's Board of Directors approved the Sustainability, Transitions and Co-financing Policy (The Global Fund, 2016b). In this context, it is argued that countries that have experienced economic growth in the last decade are capable of gradually progressing from external donors' funding for health towards systems that are funded by the own country, taking into consideration their need to be supported in order to meet their goals. Several countries in the Latin American and Caribbean region are entering this phase of becoming self-sustained.

Bolivia is a Unitary Social State of Pluri-National Communitarian Law that is free, independent, sovereign, democratic, inter-cultural, decentralized and with autonomies, (Political Constitution of Bolivia). Its government adopts the participatory, representative and communitarian democratic form, with equivalence of conditions between men and women. (National Institute of Statistics - INE, 2017). It has an estimated population of 11,071,000 inhabitants (CEPAL, 2017); with a territorial extension of 1,098,581 Km2, and a population density of 9 people per Km2, with thee well defined ecological floors: Altiplano (highland) 28%, Valle (valley) 3% and Llanos (plains) 59%.

Situation and response to HIV, Tuberculosis and Malaria in the Plurinational State of Bolivia

According to data from the National HIV, STI and AIDS Program in Bolivia, until June 2015, 14,312 cases of people living with HIV were reported, of which 88% were concentrated in the backbone of the country (La Paz, Cochabamba and Santa Cruz), and 12% were distributed in the rest of the 6 departments, mostly in capital and intermediate cities.

In recent years, cases have been recorded in rural areas and in indigenous and peasant populations; likewise, the younger population is the most affected: 62% of the cases are

between the ages of 15 to 34, with the main route of HIV transmission being sex in 97% of the cases. The highest prevalence disproportionately affects the GBT-MSM population at 21% and the Trans population at 19,70% therefore, it is considered that Bolivia has a concentrated epidemic type. As of March 2015, 4,334 people living with HIV were receiving antiretroviral treatment.

The State has two regulations: Law 3729 or law for the prevention of HIV, Protection of human rights and comprehensive multidisciplinary assistance for people living with HIV / AIDS, and the Departmental Law No. 575 on HIV / AIDS Prevention and Care in Cochabamba.

The current situation of Malaria in Bolivia shows significant advance, evidencing a steady decline in the number of cases in recent years. The National Malaria Program registered the largest malaria epidemic in the country in 1998, with 74,350 cases, 27 deaths and a high-risk annual parasite incidence (A.P.I.) of 28 cases per thousand inhabitants, where 56.7% corresponded to the Amazon region, with an annual parasite incidence rate between 83.3 and 423.7 per thousand exposed inhabitants - a scale of true hyperendemia. Gradually, a decrease was achieved until 2014, when 7,401 cases were reported, accounting for a 90% reduction of cases nationwide (Ministry of Health and Sports, 2015), and the country's surveillance system has not registered deaths based in Malaria since 2004.

According to the Malaria Concept Note submitted by Bolivia to the Global Fund, the identified gaps in attention to the malaria problem are the following:

- Absence of diagnostic and treatment services for malaria in the jungle areas of the Bolivian Amazon.
- The mobilization of health brigades to cover the large influx in the Brazil nut area comes to a high economic cost.
- Extensive vector reproduction sites created by the overflow of Amazonian rivers that turn into lakes and lagoons during the dry season.
- The affected population does not complete the treatment.
- The per capita income of the very low-risk population does not allow to purchase insecticide-treated nets.
- It is known that there is a significant percentage of asymptomatic carriers without access to treatment who become carriers of the disease.

In relation to tuberculosis, Bolivia is considered one of the countries with the highest disease burden in the Americas. The program supported by the Global Fund grant seeks to mitigate the social impact of TB and improve the quality of life of people living with the disease and their families. The activities aim at strengthening DOTS strategy in suburban and rural areas and expand the treatment to indigenous communities (The Global Fund, 2016c). TB affects the population in general, although there are more vulnerable populations such as people living with HIV / AIDS (PLWHA), population deprived of their liberty (PDL), indigenous and peasant populations, population in street situation, and armed forces, among others. (Ministry of Health, 2016).

In recent years, under the leadership of the Ministry of Health through the National Program for TB Control and Departmental Programs, Bolivia has taken great strides in the fight against TB and incidence reduction which has allowed to reinforce follow-up activities on patients so that they conclude their treatments, and to develop strategic alliances with social organizations and representatives of indigenous peoples. Positive synergies have been generated with civil society in order to articulate participatory strategies, such as training former patients of the TB Patients Association (ASPACONT) to become health promoters who cooperate in monitoring and reporting activities on tuberculosis. (Ministry of Health, 2016).

Objectives

Improve knowledge on access, effectiveness and innovations in the delivery of technical assistance related to the implementation of the Global Fund grants to fight AIDS, Tuberculosis and Malaria aimed at civil society organizations and communities in Bolivia for the 2014-2016 period.

Specific Objectives

- Conduct a national case study on access and effectiveness of technical assistance and capacity building for civil society organizations and communities.
- Identify innovative practices in the delivery of technical assistance and capacity building for civil society and communities.

Methodology

Type of study. - A descriptive study that provides an overview of past technical assistance interventions, which also provides an exploratory and retrospective approach since the study describes and analyzes a universe composed of the International Cooperation framework for the fight against the three transmissible diseases subject to Global Fund funding for the 2014-2016 period. In relation to the information collected, the methodology is mixed, both qualitative and quantitative, stressing on the qualitative.

Population

The population subject of this study included representatives of civil society organizations and communities (key populations) for some of the diseases (HIV, Tuberculosis or Malaria) recipients of technical assistance between 2014 and 2016; representatives of agencies of the United Nations system and other international organizations that have provided TA services; sub-recipient and sub-sub-recipient organizations from the civil society, taking into account key actors, such as GF staff and organizations implementing TA within the GF scope for HIV, TB and Malaria.

Instruments

In order to optimize the participation of the diversity of actors that make up the study population on the proposed categories of analysis, three instruments were designed that were built for this research, which included a questionnaire, a semi-structured interview and a guidance to conduct focal groups.

Results

The main results, detailed below, are divided according to categories and dimensions established for the study.

Technical Assistance

The data collected specifies that, regarding the situation analysis or needs assessment for the implementation of TA, the PR of TB reported not having received any type of TA of the characteristics given by the study. For its part, the HIV PR indicates that it has

implemented TA with SC, but was not a concerted process with them, although it was perceived as an effective TA; whereas the Malaria National Program indicates strong support from UNDP to develop its work (UNDP is the PR for Malaria).

For their part, CS organizations that do not participate directly in decision-making spaces or as recipients of GF resources report not having received nor taken part in any technical assistance initiative as participants or to improve and strengthen their participation within the GF mechanisms.

Regarding community participation and leadership in the malaria component, it is worth drawing attention to the State's alliance, work and participation through its national, civil society and international cooperation program, by way of the "Maláricos o de vigilancia comunitaria por medio de líderes colaboradores de la comunidad¨ (Malarious or community-based surveillance through community leaders) initiative, where technical and empirical knowledge is shared.

In the HIV component, their initiative Vivo en positivo (Positive Living) "Promoviendo el involucramiento de las personas con VIH y poblaciones vulnerables al VIH en la vigilancia y control social al financiamiento del FM" (Promoting the involvement of people with HIV and HIV-vulnerable populations in monitoring and social control of GF funding) reports that there has been concerted action for TAs with community-based organizations.

Regarding knowledge management, it was found that the PR of HIV systematizes and publishes reports of the experiences, both in digital and printed form, which are distributed to the CS, governments and international cooperation. It was also identified high unawareness about the opportunities for TA that could be provided by the GF and its partners, which is evident among governmental participants, PRs, sub-recipients of CS and the civil society in general.

In relation to this, CS representatives reported access difficulties to experiences and data managed by the national programs of diseases, classified as "Classified Data", which was difficult to obtain when making contact with program staff, experiencing bureaucratic processes and unanswered requests.

Regarding the known data for the topic of Tuberculosis (epidemiological and MDR data), there is no harmony, for example, between the data handled by the National

Tuberculosis Program and the data handled by PAHO.

In terms of resources and specialists, the national malaria program had specialists paid by UNDP, but reports great difficulty to contact specialists with integral knowledge in order to approach the field work, since this requires medical and computer knowledge.

For its part, UNDP reports that these specialists were paid with GF resources.

The HIV PR reports to have had external consultants during the experience of short cycles for continuous improvement, monitoring and evaluation, accounting, communication, systematization of experiences, and the adequate management of inputs.

The TA implemented by Vivo en Positivo and supported by GIZ counted on external consultants and staff from the TA provider.

The Redtrasex and Onaem Project, implemented with funds from the regional Global Fund, specifically hired consultants to provide technical assistance in the areas of organizational capacity development, advocacy, management, monitoring and evaluation, communications, program area and organizational structure.

The identified TA areas were the following:

Administration, social control, communication, knowledge of GF mechanisms, conversion of prevention inputs, diagnosis, human rights, development of communication materials, finance, institutional strengthening, governance (statutes and regulations), gender, governability, project management, data management, drug management, advocacy, research, monitoring and evaluation, planning, programming, budgeting, disease prevention, participation, data processing, administrative accounting systems, treatment and citizen oversight.

Access

Under this category, an inquiry was conducted on the existing support policies in the country that included the provision of technical assistance to CSOs and communities. In this regard, the TB PR reports that there are policies, programs, norms, laws; however, these were not identified. This may be related to the fact that strategic plans and

policies associated to HIV and TB do not include TA. Likewise, most of the participants are unaware of the existence of policies, programs or standards including TA.

Also in relation to support policies, the grants reflect GF's economic capacity, finding that the HIV component includes $ 2,840,876 USD (2010-2015), the TB component includes $ 12,508 USD (2013-2015), and the Malaria component includes $ 1,230,352 USD (2009-2014, 2016-2018), summing up a total $ 4,083,735 USD for all three components (www.theglobalfund.org/es/).

Regarding the institutional capacities, the organizations identified by the participants as capable of providing TA were: UNAIDS, CIES, PROSALUD, PROCOSI, CARITAS, Norway Mission, PAHO, WHO, UNICEF, USAID, ADRA and VIA LIBRE.

It is noted that civil society in general does not know where to resort to when they need TA, and that Principal Recipients and sub-recipients are unaware of the fact that the Global Fund has partners who are able to provide this type of services to support their work.

Regarding the Economic and Financial Capacities, as previously described, there are resources included in the GF grants to the three diseases; however, it is interesting to note that PR and sub-recipients, also including CSO, are totally unaware of the percentage allocated for TA in the concept notes submitted to and approved by the GF. The Malaria component includes a strengthening plan based on technical assistance designed upon a capacity assessment, which is contained in the concept note for the GF. Civil society working with Malaria is aware of the existence of this plan, which was also elaborated in a participatory manner. This plan includes program management, financial management, monitoring and evaluation, and procurement and supply chain management.

Finally, budgets were identified as restrictive, given that TA is not a priority within the grants framework, where other areas are prioritized within budgets (in the case of HIV). Regarding the Gender, Human Rights and Community Mobilization perspective, three dimensions related to access, it is observed that the identified TA experiences include a varied range of key populations, such as Female Sex Workers (FSW), gays and other MSM, transgender women and PLWHA, but they also consider other populations, such as people who inject drugs, people with HIV and TB co-infection, street dwellers or homeless, migrants, persons deprived of their liberty, indigenous peoples, people with

diabetes, people who have had or have malaria, children, adolescents and young people, Afro-descendants, internally displaced persons, the so called zafreros (sugar cane or chestnut harvesters, who work during the yield period), pregnant women, members of the army and people living with HIV.

Finally, regarding access to TA and socio-cultural aspects, Bolivia promotes interculturality from the state spaces, and this includes TA implementation. It is reported that these activities are respectful of cultural diversity, that some have been conducted in the native language as well as Spanish, and that there is respect for worldviews, with some experiences holding discussions on how to ensure the integration of and respect for sociocultural aspects. Initiatives such as Vivo en Positivo and Hivos, the HIV PR, have contextualized the interventions according to the different regions of the country, respecting the communities' cultural and social differences.

Effectiveness

Regarding the perception of satisfaction and utility of the TA received, the HIV PR reports a satisfaction range of 60% to 70%, where beneficiaries consider that their objectives are fulfilled, particularly those experiences aimed at sub-recipient organizations.

On the other hand, according to the participants, while there was good level of satisfaction of specific objectives of the experiences, an impact or a utility was not generated, such as a change that will put the results into practice.

Regarding Evaluation and Follow-up, the participants reported not knowing about follow-up actions or tasks for the TA experiences received, and some participants consider that they did not perceive significant changes in projects or activities after their participation in TA activities.

Evaluations are reported to be conducted, noting that in the HIV component these are participative and the experiences thereof are published, taking the continuous improvement short cycles as an example, where the PR provided the evaluation tools.

Regarding the compliance of the Objectives of the Technical Assistance provided, the CS representation before the malaria component reports compliance thereof. The malaria PR stated that the TA for the component was fruitful, since they were able to

channel it.

On the other hand, HIV sub-recipients identify the experience of continuous quality improvement cycles as the initiative that fulfilled their objectives the most, further expressing that these cycles could be replicated in other components.

Innovation

Regarding innovation, there were two experiences, namely those of the HIV component (short cycles of continuous improvement) and the Malaria component (Malarious or community-based surveillance through community leaders), that were identified as novel, innovative and successful. Likewise, it was demonstrated that the involvement of civil society constitutes the sustainability that has repercussions in the reduction of cases, thus conferring the cost-effectiveness of these processes where civil society as such has taken part.

Furthermore, these experiences are recognized as good practices that could be replicated in any of the other components due to their positive results in those who implemented and received the TA.

IDENTIFIED EXPERIENCES OF TECHNICAL ASSISTANCE

Component: VIH

- Short cycles of continuous improvement.
- Improvement of intervention strategies for prevention, treatment and support odf key populations proposed in the concept note and recommendations from civil society.
- Technical Assistance for Redtrasex and Onaem Regional Project.
- Promoting the engagement of people with HIV in social monitoring and control of the Global Fund resources allocated to the National STI/HIV-AIDS Program in Bolivia.

Component: Malaria

- Maláricos o de Vigilancia Comunitaria por medio de Líderes colaboradores de la comunidad (Malarious or community-based surveillance through community leaders)

Component: Tuberculosis

- Unable to identify experiences

TA needs identified by participants

The participants of the study indicated that their technical assistance needs are related to the following topics: Planning, monitoring, follow-up and evaluation, data quality, information analysis, communication, knowledge of the Global Fund's mechanisms, systematization of processes, funding opportunities or funds leverage, updates of new forms of HIV prevention and care, knowledge management and exchange of experiences, finance, Global Fund budgeting model, violence, leadership training, mapping and definition of populations vulnerable to TB, CCM operation, decision-making, labor rights and project design.

Conclusions

Difficulties were identified in the access to information, as there is no distribution or dissemination of memories, publications, studies or processing of diagnoses, lessons learned, best practices, epidemiological information or experiences in the response to HIV, Tuberculosis or Malaria; information that only a few people have easy access to, but should be made public.

According to the results, TA is considered to be cost effective in terms of capacity building, improvement of interventions and institutional strengthening; however, according to the participants, this investment must be directed based on the needs identified by the community itself.

Civil society in Bolivia has suggested that TA should be provided by Bolivian personnel who are aware of the county's reality, although there could be experiences that can be tropicalized to the Bolivian environment, in which case these should be transmitted

with the participation of a team that includes national staff so that capabilities remain installed with local professionals.

The TA implemented in the framework of the GF projects in Bolivia is aimed to implementing grants and satisfying their objectives. In the case of HIV, only the CS that is sub-recipient receives TA, whereas in Malaria, the TA reaches the whole of CS, but within the framework of activities previously foreseen in the concept note of Malaria. The CS participating in the response to Malaria is involved in the response and the decision-making as to who will provide support or TA to implement local actions; while civil society is not included in the implementation as sub-recipient, it is involved in the decision-making processes through their representatives.

The facilitation of a technical assistance process accompanied by a peer organization aware of the context was identified as a successful experience.

Identified as barriers to TA access were the lack of information and a high rate of unawareness of TA opportunities from the Global Fund and its partners, which was reported by government participants, main recipients, the sub-recipients from civil society and the civil society in general. The latter does not know where to resort to when they need TA, and the main recipients and sub-recipients are unaware that the Global Fund has partners who could provide technical assistance to support their work.

On the other hand, it was identified that civil society finds the involvement in TA processes from the formulation, implementation and evaluation stages to be an innovative experience.

Recommendations

Government, civil society and international cooperation organizations must generate channels to socialize the findings and systematize the experiences in the response to HIV, Tuberculosis and Malaria, aiming to raise awareness in the civil society and promote the discussion of information on proven interventions, successful or otherwise, thus seeking to ensure general awareness of the problems related to these diseases under Global Fund's grant.

The technical assistance provided by the Global Fund, its partners and the main recipients should be aimed to the whole of the civil society, and not only restricted to

resource-receiver organizations; it should rather be amplified to the general civil society involved in the response to diseases covered by the Global Fund.

On the other hand, the provision of TA should transcend the pursuit of compliance with the grants' objectives, and allow capacity to be installed in CSOs and communities for the future, when the funding is withdrawn.

According to participants, TA services should be provided by local staff or managed by local organizations, thus avoiding the high costs of services and generating greater acceptance by the beneficiary organizations.

The provision of TA should ensure the transfer of new knowledge and skills to the local community. Given that TA seeks to create knowledge, skills and capacities in communities, it must provide support in a way that the TA receiver will generate an experience and keep the skills learned.

State and development cooperation policies, programs, norms or laws must ensure that the provision of technical assistance and the resources for its implementation include the civil society participating in the response to diseases.

Technical assistance activities should address the equitable participation of key HIV, Tuberculosis and Malaria populations as beneficiaries and should respond to the particular needs of each one of them.

Based on the results of the study, it is specifically recommended:

To the Global Fund

The implementation of a more effective dissemination strategy by the Fund, and its partners providing technical assistance, on opportunities, requirements and channels for accessing TA with regards to issues related to the Global Fund and grant implementation.

To influence the MCO to invest and allocate sufficient resources to technical assistance for the community within the concept notes; to do the same now with governments through the various transition processes that are currently underway and that will take place in the coming years.

To Civil Society and Communities

Advocacy to ensure that TA activities address the equitable participation of HIV, Tuberculosis and Malaria key populations.

In the case of Malaria civil society, to share their experience of participating in TA processes with HIV and TB organizations, showcasing their experience and explaining that not receiving resources does not prevent them from participating and is not synonym to weak civil society.

By way of knowledge management, to document and share their experiences in the responses to HIV, Tuberculosis and Malaria with the other members of the CS. In this regard, it is also recommended that the civil society of HIV, which is a recipient of resources and has received TA, generates activities to share with the rest of the CS the knowledge acquired working on the HIV response.

That civil society organizations and communities get together in order to elaborate an analysis of strengthening gaps and needs and to generate a strengthening plan that allows them to prepare for the transition phase from the Global Fund.

To the Government and National Programs for HIV, Tuberculosis and Malaria

That the National HIV and Tuberculosis Programs ensure the socialization of statistics and epidemiological information related to the three diseases through different means, aimed at decision-making, to ensure good knowledge management and better execution of evidence-based programs and projects.

Government institutions should leverage from the installed capacity left by the implemented GF projects in Bolivia, especially in the development of CSO knowledge, skills and institutional capacities, in order to ensure their participation in the response after the transition phase.

To the International Cooperation organizations

To support capacity building and skills in civil society for knowledge management, in order to promote learning and creating the habit of documenting and sharing

experiences in the response to HIV, Tuberculosis and Malaria.

Generate a physical or virtual directory on the TA areas provided and their function in relation to the GF work, including national and international organizations, in addition to greater investment in TA and a long-term evaluation to measure its impact.

To guarantee the participation of civil society members in the selectivity processes of consultants or professionals who will provide TA.

To the Country Coordination Mechanism (CCM)

That the CCM guarantees the investment and allocation of sufficient resources for technical assistance to the community, based on a needs analysis and aimed at the sustainability of the responses to the three diseases, within the concept notes.
To transform Bolivia's CCM website into an interactive platform that includes the dissemination of reports, minutes of meetings, memoranda or other activities developed by civil society and the government, going beyond the mere publication of past assemblies' minutes.
That the CCM generates mechanisms or initiatives for all civil society involved in the response to HIV, Tuberculosis and Malaria to be beneficiaries of TA processes, and not only subject to receiving funds. There are other GF processes that require the participation of SC. On the other hand, a strengthened SC will contribute to a transition towards the sustainability of the country.

Bibliographic references

- de Bolivia, E. P. (2008). Asamblea Constituyente de Bolivia. 2009. Constitución Política del Estado Plurinacional de Bolivia.
- ECLAC. (2017). CEPALSTAT Bases de datos y publicaciones estadísticas. Recovered on Febuary 9, 2017, from *http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/perfilesNacionales.html?idioma=spanish*
- The Global Fund. (2016a). Requisitos de elegibilidad, normas mínimas y directrices actualizadas para MCP. Recovered on October 8, 2016, from *http://theglobalfund.org/es/ccm/guidelines/*
- The Global Fund. (2016b). Cooperación Técnica. Recovered on September 2, 2016, from *http://www.theglobalfund.org/es/fundingmodel/technicalcooperation/*
- Gobierno Autónomo Departamental de Cochabamba. (2016). Ley Departamental de Prevención y atención integral Multidisciplinaria de VIH/Sida
- Instituto Nacional de Estadistica - INE. (2017). Aspectos Políticos y Administrativos. Recovered on February 7, 2017, de *http://www.ine.gob.bo/*
- Ministerio de Salud y Deportes. (2015). Revista Epidemiologica. Recovered on January 20, 2016, from *https://www.minsalud.gob.bo/images/Libros/epidemio/Revista-Epidemiologica_opt.pdf*
- Mecanismo de Coordinación Pais Bolivia . (2016). Componente de Malaria en Bolivia. Recovered on January 20, 2016, from *http://www.mcpbolivia.org/componente-malaria*
- The Global Fund. (2016c). Overview Bolivia Plurinational State. Recovered on October 2016, from *http://www.theglobalfund.org/en/portfolio/country/?loc=BOL&k=56c65361-a920-473c-b1c7-76b842d66bae*