



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

Distr.: General

DP/FPA/CPO/BOL/4  
6 May 2002

ORIGINAL: ENGLISH

Annual session 2002  
17 to 28 June 2002, Geneva  
Item 6 of the provisional agenda  
UNFPA

**UNITED NATIONS POPULATION FUND**

**Country programme outline for Bolivia\***

Proposed UNFPA assistance: \$12 million, \$5 million from regular resources and \$7 million through co-financing modalities and/or other, regular, resources

Programme period: 5 years (2003-2007)

Cycle of assistance: Fourth

Category per decision 2000/19: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.0	4.0	7.0
Population and development strategies	1.3	3.0	4.3
Programme coordination and assistance	0.7	-	0.7
Total	5.0	7.0	12.0

\* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

## I. Situation analysis

1. Bolivia is a multi-ethnic country with a population of nearly 8.5 million inhabitants, 60 per cent being indigenous. Forty-one per cent of the population is below the age of 15. The country is still experiencing a rapid population growth of 2.2 per cent per year. The urbanization process continues to accelerate in Bolivia. Currently, 62 per cent of the population resides in cities and the three major metropolitan areas, whose populations are expected to double in the next 23 years.

2. Bolivia is one of the poorest countries in Latin America with a gross national income per capita of nearly \$1,000 and an annual economic growth rate of 1.2 per cent. Between 1992 and 1999, the poverty rate was reduced from 70.9 per cent to 58.6 per cent and extreme poverty from 37 per cent to 36.5 per cent. However, in absolute numbers, extreme poverty has increased both in the urban and rural areas. Rural areas face severe problems due to population dispersion, difficult terrain and high illiteracy rates, especially among women. The female illiteracy rate is 41.2 per cent in rural areas and 9.6 per cent in urban areas. For males the rates are 16.7 per cent and 2.5 per cent, respectively.

3. The maternal mortality ratio of 390 per 100,000 live births is the second highest in Latin America, with significant differentials between urban and rural areas. It is estimated that between 27 per cent and 35 per cent of all maternal mortality is due to complications related to abortions.

4. The total fertility rate decreased from 4.8 children per woman in 1994 to 4.0 in 2000. This figure contrasts with the desired number of children, 2.5, indicating that there is an unmet need for family planning. While the

overall contraceptive prevalence rate is 53.4 per cent, the prevalence of modern methods was 26.1 per cent in 2000. In rural areas, the prevalence of modern contraceptive methods is three times lower than in urban areas. Since reproductive health services, including family planning and sexual health, do not address the needs of adolescents they are specially vulnerable to pregnancies and sexually transmitted infections (STIs), including HIV/AIDS.

5. The country faces great challenges in empowering women, eliminating gender inequities, and overcoming socio-cultural barriers in the provision of reproductive health services. To address these and other development challenges, Bolivia is utilizing several strategies, including the Poverty Reduction Strategy Paper (PRSP), the National Dialogue Law, the Basic Health Insurance scheme, including for indigenous populations, and the health and educational sector reforms.

## II. Past cooperation and lessons learned

6. The 1998-2002 UNFPA-supported country programme has been implemented at the central, departmental and municipal levels. At the central level, the Ministry of Health was supported in its efforts to strengthen its regulatory role in reproductive health, including insurance coverage for cervical and uterine cancer, and logistics management for the provision of contraceptives. Support was also provided for the development and institutionalization of a comprehensive model for adolescent reproductive health. The Ministry of Education received support to expand sex education, as did the Vice-Ministry of Gender to promote gender equity and prevent domestic violence.

7. The programme focused on 44 municipalities, supporting education and health services and creating community networks to monitor maternal mortality. In those municipalities the Basic Health Insurance was promoted among indigenous populations, together with reproductive health issues, through a bilingual literacy project benefiting 75,000 women and 25,000 men. As a result of project activities there was an increased usage by indigenous people of the reproductive health services provided under the Basic Health Insurance.

8. In the area of population and development strategies (PDS), UNFPA provided support to train national specialists with the aim of building capacity to collect, analyse and use demographic data in planning and policy formulation.

9. At the departmental level, eight coordinators and departmental committees promoted a common reproductive health agenda, including training activities, community mobilization and networking. This coordination strategy proved successful in linking national policies with action programmes at the municipal level.

10. The geographic focus of the programme resulted in improved reproductive health service delivery and better understanding of the relationship between population and development in selected municipalities. However, constraints were encountered in efforts to influence the health and educational reforms since the programme focus was mainly at the local level.

11. Technical support was provided to the Population and Housing Census. However, the lack of demographic studies and appropriate staff to analyse development policies and plans

and prepare demographic scenarios resulted in a missed opportunity to address crucial national issues.

### III. Proposed programme

12. The proposed programme was developed in close consultation with the Government, non-governmental organizations (NGOs), UNICEF, WFP, PAHO and other organizations. It is based on national priorities reflected in the PRSP, the 2001 United Nations Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). It is in line with the Millennium Declaration and the Programme of Action of the International Conference on Population and Development (ICPD). The UNFPA country population assessment (CPA) and the evaluation of the previous country programme provided the basis for the strategic direction of the proposed programme.

13. The proposed programme will contribute to the achievement of the third UNDAF objective, namely, to support the design, implementation and monitoring of policies, programmes and projects that contribute to poverty alleviation and the eradication of all types of social exclusion.

14. The Fund's strategy will be to contribute to national capacity-building by providing support to: (a) clarify the relationships among sustainable development, population variables, poverty, social exclusion, gender and reproductive health; (b) articulate policies and programmes that include reproductive health as a core component of the PRSP; and (c) monitor and evaluate the implementation of such policies and programmes within the framework of the national commitment to the ICPD Programme of Action.

15. UNFPA has a comparative advantage based on its technical capacities and experience in the areas of family planning, reducing maternal mortality, HIV/AIDS prevention, adolescent reproductive health, prevention of gender-based violence, and contraceptives procurement and logistics management. The Fund will capitalize on this comparative advantage to support the integration of reproductive health into poverty alleviation strategies.

16. The proposed programme will contribute to the achievement of the following goals: (a) all couples and individuals fully exercise their sexual and reproductive health rights throughout their life; and (b) population factors are harmonized with socio-economic and environmental factors in the development process. There will be two subprogrammes on reproductive health and PDS, respectively. Advocacy will be an essential component of both the subprogrammes in order to promote political consensus on key issues.

17. The proposed programme's priority will be women and men, as individuals and as couples, and adolescents/youth living in conditions of vulnerability. Special attention will be focused on the needs of indigenous populations.

18. The proposed programme will be implemented at the central, departmental and municipal levels. At the central level, support will be provided to governmental institutions for the formulation of policies and plans. The departmental-level coordination mechanism will be strengthened to improve linkages between the formulation of plans and programmes at the central level and their application at the municipal level. In selected municipalities specific service delivery and training models will be implemented for

demonstration purposes, and successful models will be replicated on a wider basis if other resources become available. For demonstration purposes, selected municipalities will also implement comprehensive reproductive health and population and development strategies with a focus on involving civil society.

19. The programme will seek to build partnerships and alliances with governmental organizations, civil society, and United Nations and bilateral agencies. Inter-agency coordination will be strengthened through joint planning. For example, activities related to the health and educational sector reforms will be coordinated with PAHO, the Inter-American Development Bank and the World Bank; in the area of safe motherhood, efforts will be coordinated with the World Bank, UNICEF and PAHO; and activities pertaining to food security and women's nutrition will be coordinated with WFP and UNICEF.

20. To strengthen coordination of activities in the area of population and development, support will be provided for the creation of a national entity responsible for coordination between Government, civil society and other development partners. This entity will monitor national agreements, ensuring that they are in line with the ICPD Programme of Action. UNFPA will maintain its support for the decentralized structure through the departmental coordinating system while extending its coverage to population and development issues.

21. The expected outcome of the reproductive health subprogramme is strengthened national capacity to formulate and implement reproductive health care and sexual education policies and plans that contribute to

the full exercise of sexual and reproductive health rights.

22. The expected outputs of the reproductive health subprogramme are as follows: Output 1: National strategies for the reduction of maternal mortality reviewed and implemented in the context of the health sector reform. Support will be provided to the maternal mortality surveillance system, the National Safe Motherhood Committee, the Basic Health Insurance, including for the indigenous people. The subprogramme will focus on reducing the gap between actual and desired fertility, particularly among vulnerable groups, by supporting the technical and financial sustainability of the national system for the provision of contraceptives.

23. Output 2: Improved quality of reproductive and sexual health care and education with a gender, generational and intercultural focus. In coordination with the Ministry of Health, UNFPA will contribute to the institutionalization and expansion of a model focusing on reproductive and sexual health care and education for adolescents. Technical inputs will be provided to introduce sex education in the Ministry of Education teacher training programmes and curricula, within the framework of the educational sector reform. UNFPA will also continue its support for alternative education through assistance to women's groups and mass media communication networks. Assistance will be provided to institutionalize bilingual literacy programmes.

24. Output 3: Institutionalized mechanisms for the prevention of sexual and gender violence. In order to reduce sexual and gender-related violence, UNFPA will support the creation of a standardized information system and the strengthening of prevention

networks. The promotion of male involvement in reproductive and sexual health will be supported.

25. Output 4: Increased general awareness of HIV/AIDS issues, including safe sex behaviour, and enhanced knowledge of and willingness to exercise sexual and reproductive health rights. Support will be provided for HIV/AIDS prevention activities. As an integral part of the advocacy strategy, the programme will contribute to the prevention of HIV/AIDS, through the United Nations theme group, supporting research, community mobilization, communication and information systems.

26. The expected outcome of the PDS subprogramme is national development policies and plans that are responsive to population dynamics and have a gender, generational and intercultural focus.

27. The expected outputs of the PDS subprogramme are as follows: Output 1: Population/demographic issues and a gender focus promoted and introduced in public policies, plans and programmes. UNFPA will contribute to the preparation of medium- and long-term demographic scenarios; the repositioning of population issues in the public agenda; and the consideration of population structure and dynamics in development planning. Support will be provided to promote a better understanding of the relationships between poverty, social exclusion, gender and reproductive health. Academic programmes in the population field and the training of national professionals will be strengthened in order to increase the availability and use of socio-demographic information and data.

28. Output 2: Enhanced institutional capacity in population and development,

including gender, generational and intercultural themes, at the national, departmental and municipal levels. The subprogramme will develop indicators and put in place mechanisms to ensure the follow-up of international agreements in the area of gender equity. Working in close collaboration with organizations of women politicians, parliamentarians and members of the municipal council, efforts will be undertaken to promote women's participation in decision-making processes at all levels.

29. Linkages will be established between the PDS and reproductive health subprogrammes to enhance coordination of activities and to increase programme synergies.

#### **IV. Programme management, monitoring and evaluation**

30. The proposed programme is harmonized with the UNICEF, WFP and UNDP programme cycles. It will emphasize inter-institutional cooperation, results-based management, knowledge sharing and South-South cooperation.

31. The proposed programme will be led by the Government and will be implemented through national execution. National professionals and general service staff will provide technical and operational support to governmental and non-governmental implementing agencies in order to strengthen national execution.

32. To oversee programme implementation a national committee will be established composed of representatives from the Government, civil society, UNFPA and other international agencies and organizations. The national committee will develop and coordinate a monitoring and evaluation plan,

based on results-based management, as well as a resource mobilization strategy. A baseline study will be carried out in 2002. The national information systems will be the major source of inputs for the programme's baseline. The current structure of departmental coordinators (i.e., one UNFPA-supported coordinator in each of the country's departments) will be strengthened to facilitate coordination and the implementation of the the subprogrammes. As in the past, to promote synergies, UNFPA will actively participate in national and international agency coordination mechanisms and activities.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR BOLIVIA

UNDAF Objective: To support the design, implementation and monitoring of policies, programmes and projects that contribute to poverty alleviation and the eradication of all types of social exclusion.	UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
	<p>(a) All couples and individuals fully exercise reproductive and sexual health rights throughout their life.</p>	<p>1. Strengthened national capacity to formulate and implement reproductive health care and sex education policies and plans that contribute to the full exercise of reproductive and sexual health rights.</p>	<ul style="list-style-type: none"> <li>• Reproductive and sexual health programme incorporated in the health sector reform.</li> <li>• Fourth pre-natal visit increased from 33 per cent (in 2000) to 60 per cent (in 2007).</li> <li>• Deliveries assisted by trained health professionals, increased from 52 per cent (in 2000) to 70 per cent (in 2007).</li> <li>• Reduction from 37 per cent to 22 per cent in the service provision gap for groups that do not have access to reproductive and sexual health services.</li> <li>• The unmet demand for modern contraceptive methods reduced from 25 per cent (in 1998) to 18 per cent (in 2007).</li> <li>• Demonstration models institutionalized on: quality of reproductive and sexual health services, HIV/AIDS, sex education, adolescents, bilingual literacy and gender.</li> </ul>	<p>1. National strategies for the reduction of maternal mortality reviewed and implemented in the context of the health sector reform.</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>• 100 per cent of reproductive and sexual health norms for service delivery, developed and in force at all levels.</li> <li>• Strategy to reduce maternal mortality being implemented.</li> </ul> <p>2. Improved quality of reproductive and sexual health care and education with a gender, generational and intercultural focus.</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>• 100 per cent of public health centres fully stocked and continuously offering modern contraceptive methods on a sustainable basis.</li> <li>• Nine services for adolescents in departmental capitals operating.</li> <li>• Sex education included in curricula of the educational reform.</li> </ul> <p>3. Institutionalized mechanisms for the prevention of sexual and gender violence.</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>• Network for prevention of sexual and gender violence per department, operating.</li> <li>• Number of sexual and gender violence cases that are processed (baseline).</li> <li>• An information system on sexual and gender violence operating.</li> <li>• Male groups organized for violence prevention, by department.</li> </ul>	<p>\$3 million from regular resources and \$4 million from co-financing and other resources for the reproductive health subprogramme.</p>

<u>UNFPA Goal</u>	<u>Outcome</u>	<u>Indicators</u>	<u>Outputs and Key Indicators</u>	<u>Resources</u>
<p>(b) Population factors harmonized with socio-economic and environmental factors in the development process.</p>	<p>2. National development policies and plans that are responsive to population dynamics and have a gender, generational and intercultural focus.</p>	<ul style="list-style-type: none"> <li>• Population issues incorporated in public agenda.</li> <li>• Proportion of plans and policies that incorporate gender, generational and inter-cultural indicators increased.</li> <li>• Number of studies on the relationship between poverty and reproductive and sexual health.</li> <li>• Proportion of parliamentary seats and executive positions in national and municipal governments held by women.</li> </ul>	<p>4. Increased general awareness of HIV/AIDS issues, including safe sex behaviour, and enhanced knowledge of and willingness to exercise sexual and reproductive health rights.</p> <p><u>Output Indicators:</u></p> <ul style="list-style-type: none"> <li>• Information on the incidence and prevalence of HIV/AIDS updated and disseminated (baseline and follow up/surveillance).</li> <li>• Increase of double protection for adolescents (baseline).</li> </ul>	<p>\$1.3 million from regular resources and \$3 million from co-financing and other resources for the PDS subprogramme.</p>
			<p>1. Population/demographic issues and a gender focus promoted and introduced in public policies, plans and programmes.</p> <p><u>Output Indicators:</u></p> <ul style="list-style-type: none"> <li>• 70 per cent of departmental and municipal development plans include socio-demographic and social vulnerability indicators.</li> <li>• Population dynamics considered in the monitoring system of the poverty alleviation strategy of Bolivia, in environment policies and in the spatial distribution of population plans.</li> <li>• Increased knowledge of population and development issues, and exercise of sexual and reproductive rights (baseline).</li> </ul> <p>2. Enhanced institutional capacity in population and development including gender, generational and intercultural themes, at the national, departmental and municipal levels.</p> <p><u>Output Indicators:</u></p> <ul style="list-style-type: none"> <li>• National Population and Development Council institutionalized.</li> <li>• Intersectoral monitoring plan with population indicators, including gender, generational and ethnic aspects, implemented.</li> </ul>	<p>\$0.7 million from regular resources for programme coordination and assistance.</p>