# CONSOLIDATED RESULTS REPORT

Country: Bolivia - Programme Cycle: 2008 to 2012

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<th>1. Key Results Expected</th>
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<th>3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)</th>
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| Neonatal mortality rate (NMR) reduced to 20 per 1,000 live births and maternal mortality ratio reduced to 160 per 100,000 live births | Neonatal mortality rate  
Baseline: NMR of 27 per 1,000 in 2003  
Latest data: 27 per 1,000 (2008 DHS)  
Maternal mortality rate  
Baseline: MMR of 230 per 100,000 in 2003  
Latest data: 180 per 100,000 (2008 UN Inter-agency group for maternal mortality)  | • Neonatal Mortality reduced in 2 of the 4 prioritized departments, including Chuquisaca with a 5% reduction.  
• Neonatal Mortality was maintained stable and in other there was an increment of 5%.  
• The Maternal Mortality Surveillance System was implemented in 5 departments.  | Facilitating Factor:  
The largest reduction in neonatal mortality was due to mortality reduction in health centres.  
Challenges:  
- Geographical barrier for access to health services in very scattered communities requires the use of innovative strategies.  
- Since the Maternal Mortality Surveillance has not been established, there is no information of comparison in the supported departments.  
- Absence of a Unique Health System that guarantees that the right to health be universal, since the current model is based on insurance whose coverage package is very limited. |
| Childbirths attended by qualified health care staff increased nationwide to 65%, and to 60% for indigenous women. | Skilled childbirth attendance coverage  
Baseline: 61% national average in 2003; 52% among indigenous women in 2001 (2001 National Census)  
Latest data: 71% national, 51% Rural (2008 DHS)  | • 10% increase achieved for % of the childbirths attended by qualified health care staff in all prioritized departments.  
• Some of the initiatives to achieve this result were focused on improving quality and appropriate services by promoting the proper treatment and culturally appropriate delivery.  | Facilitating factor:  
Key strategies focused on improving the quality of services by promoting the proper treatment and culturally appropriate delivery.  
Challenges:  
To implement with MOH a strategy to eliminate the cultural barrier in the health services. |
| Increased puerperium (postpartum) control to 50%. | Puerperium control coverage  
Baseline: n/a  
Updated baseline: 76% in 2008 (Health National Information System)  
Latest data: 72% in 2011 (Health National Information System)  | • A 10% decrease in 100% of program support departments the indicator decreased on average by 10%. In the review it was found that the recording of the indicator was not as standard, so it was not possible to make comparative analysis.  |
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| 1.4. Pregnant women with anaemia rate reduced to 25% and stunting prevalence in children under 3 reduced to 18%. | Pregnant women aged 15-49 with anaemia  
Baseline: anaemia in women from 33% in 2003  
Latest data: 49% (2008 DHS)  
Stunting prevalence among children under 3  
Baseline: Stunting prevalence 24% in 2003  
Latest data: 22% (2008 DHS) | • Prevalence of anaemia increased at the national level and in the departmental level supported by UNICEF. The crisis and low efficiency of the intervention as two main reasons explaining the increase.  
• Chronic malnutrition decreased at national and department levels, however, gaps remain significantly at the municipal level. | Facilitating factors:  
The intersectoral approach for the malnutrition was very important to decrease chronic malnutrition. UNICEF support was focused on health services, behavioural changes, strengthening women’s network and nutritional surveillance system.  
Challenges:  
During the period, the country experienced a crisis (emergency food price crisis, the absence of ferrous sulphate supplement) that could explain the increase in anaemia in women and child. |
| 1.5. At least 85% of children under 1 in each municipality have reduced their risk to vaccine preventive diseases. | Vaccination coverage for 3rd dose of pentavalent  
Baseline: National average 85% in 2005  
Updated baseline: 81% in 2007 (Health National Information System/HNIS)  
Latest data: 86% in 2011 (HNIS) | • A 100% of vaccination coverage was achieved in the prioritized departments.  
• National coverage increased. |  |
| 1.6. Risk of parent-to-child transmission of HIV reduced to 80%. | % of seropositive pregnant women who received treatment  
Baseline: 78% (2008)  
Latest data: 93% (2011, National STI/AIDS Program) | The access to treatment for HIV increased. UNICEF supported MoH to facilitate the decentralisation of HIV programme. |  |
| 2.1. Acute diarrhoeal diseases (ADD) rate reduced to 20% | Prevalence of ADD children under 2  
Baseline: 34% of under 2 in 2003  
Latest data: 34% (2008 DHS) | Regarding behaviour change actions to impact in diarrhoea prevalence, three intervention models were tested with four NGOs specialized in community health for 50,756 beneficiaries, which have been determinant to develop a comprehensive communication strategy, as planned in 2012. | Facilitating Factor: Specific experience of the participating NGOs in community health strategies was very helpful to establish the required lessons learned and impact on the beneficiary population.  
Constraints:  
Behaviour change to adopt improved hygienic practices in rural areas is a challenge that still needs coordinated efforts of the national government (MoH, MoE, MoW&E) and a medium term vision. |
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<td>2.1. The percentage of rural families with access to quality, sustainable safe water increased to 90%; and access to sanitation services to 55%.</td>
<td><strong>Safe water coverage</strong>  Baseline: 85% in 2004  Updated Baseline (according 6th MDG Report – UDAPE): 72% in 2004  Latest data: 75% in 2008 (6th MDG Report -UDAPE)  <strong>Safe sanitation coverage</strong>  Baseline: 46% in 2004  Updated Baseline (according 6th MDG Report – UDAPE): 42% in 2004  Latest data: 48% in 2008 (6th MDG Report -UDAPE)</td>
<td>In 40 rural municipalities where UNICEF worked, the coverage increased by 12% for safe water and 4.4% for sanitation; thus achieving in these municipalities coverage of 84% for safe water and 46% for sanitation in 2011. In rural areas in 2008, the average safe water coverage was 51% and safe sanitation was 37% (6th MDG Report UDAPE).</td>
<td>Low prevalence of hand washing practice remains constraints for the prevention of ADD. Formative studies carried out on 2009 and 2010 revealed that the percentage of parents of under 6 children practicing proper hand washing was only 13% in Chaco region and 40% in the Amazonia region. Facilitating Factor: The CLTS pilot project was useful to identify success factors to scale up this approach and increase the sanitation coverage in rural Bolivia. Constraints: Limited institutional capacity to implement service provision, including: (a) high turnover of technicians at the national level; (b) change of municipal authorities and municipal technicians; and (c) limited capacity to monitor projects at sub-national level.</td>
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<td>2.2. Children from 20,000 families and in 1,000 schools have learned and practice healthy hygienic habits.</td>
<td><strong>% of families and schools demonstrating three key hygiene habits</strong>  Baseline: n/a  Latest data: n/a  <strong>% of communities free of open defecation</strong>  Baseline: n/a  Latest data: n/a  • By the end of 2011, a total of 13,045 families have been trained in three hygiene habits through UNICEF supported interventions.  • UNICEF supported the CLTS process in 148 communities, reaching 18,359 people (3,672 families) who do not practice open defecation</td>
<td></td>
<td>Facilitating Factor: Hygiene promotion pilot projects with NGOs were a key to identify the elements to set up an operational communication strategy that takes into consideration the cultural diversity within the country, the lessons learnt in the health sector and include the CLTS pilot project. The CLTS pilot generated a strong commitment of the communities to build up latrines and also led to the communities to increase their self-esteem and realize that they can mobilize their own strengths to improve their living conditions.</td>
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<td>3.1. Primary education completion rate increased to 75%.</td>
<td><strong>Primary education completion rate</strong>&lt;br&gt;Baseline: 60% in implementation areas for 2006&lt;br&gt;Latest data: 89% to the 6&lt;sup&gt;th&lt;/sup&gt; grade, and 62% to the 8&lt;sup&gt;th&lt;/sup&gt; grade (in areas of UNICEF intervention). (2011 – District Education Office data)&lt;br&gt;&lt;br&gt;• In the area of UNICEF intervention, standards and policies were developed based on Child Friendly School approach, the quality of education was improved through the development of teaching strategies using intra/intercultural and multi-lingual education, multi-grade classroom management and pedagogical innovations.&lt;br&gt;• With the creation of new grades (through incentives for teachers), 4,657 children out of school were reinstated in the education system, and another 23,000 children benefited from transport services and boarding schools.</td>
<td><strong>Facilitating Factor:</strong>&lt;br&gt;The new Education Law (December 2010) placed the component intra/intercultural and multilingual in the heart of the educational process and supports with Child Friendly School approach concepts. Since 2011, the Law defines the length of the primary education as 6 years.&lt;br&gt;&lt;br&gt;<strong>Constraints:</strong>&lt;br&gt;The country is in a transition phase where the implementation of the new Law faces many challenges, including the adaptation and implementation of the new curriculum.</td>
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<td>3.2. Initial education enrolment for children aged 0-6 in rural areas increased to 50%.</td>
<td><strong>Net pre-school Enrolment</strong>&lt;br&gt;Baseline: 40% in 2004 for rural areas&lt;br&gt;Latest data: n/a&lt;br&gt;&lt;br&gt;• In the intervention area (32 rural municipalities), the coverage reached 42% (15,000 children).&lt;br&gt;• In framework of the educational policy, the development of standards were supported by the implementation of the National Register of Early Childhood (RUDEPI), an information system for early childhood education, that include different forms of care for 0 to 6 years.&lt;br&gt;• Through the creation of educational opportunities at the initial level in rural areas, 6,095 children aged 4-5 years had access to education.</td>
<td><strong>Constraints:</strong>&lt;br&gt;The RUDE (Students Register) collects information on initial enrolment for the school modality, but not the information from other forms of care which was also required to develop educational programs.&lt;br&gt;&lt;br&gt;The Education Law (2010) sets the initial level of education as mandatory, but still there is no regulation for modalities to provide early childhood care and education for the 0-4 years.</td>
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<td>3.3. The percentage of children aged 6-13 excluded from schools reduced to 10% (from 22% in 2004).</td>
<td><strong>Primary school net attendance rate.</strong>&lt;br&gt;Baseline: 92.7% in 2004 (updated data)&lt;br&gt;Latest data: 92.5% (INE - EH 2009p)&lt;br&gt;&lt;br&gt;• Application of the Child Friendly School (CFS) approach benefited more than 200,000 children and 6,650 teachers in 1,968 schools in 47 municipalities.&lt;br&gt;• 22,329 of these children from seven indigenous nations benefited from the regionalized curricula that reflect local language and knowledge.&lt;br&gt;• 37% of the school aged children from 5 departments were benefited from CFS and in the 4 most vulnerable departments, the participation</td>
<td><strong>Facilitating Factor:</strong>&lt;br&gt;Governmental policy aimed at reducing gaps between rural and urban areas where there were major limitations in terms of access to education.</td>
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1. **Key Results Expected**

2. **Key Progress Indicators**

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<th>3.4. Illiteracy rate among rural indigenous females reduced to 20%.</th>
<th>Rural indigenous female illiteracy rate</th>
<th>UNICEF supported non-formal education programmes, especially in the areas of training, women empowerment and development of modules of post-literacy and bilingual literacy (&quot;Yuyay Japina&quot;); UNICEF participated in the National Literacy Commission.</th>
<th>Facilitating factor: A significant increase in literacy occurred between 2006 and 2007 as a result of the implementation of the national literacy program &quot;Yes I can&quot; (Yo sì puedo).</th>
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<td>% of municipalities with defence centres</td>
<td>Baseline: 84% (261) municipalities in 2007 Latest data: 89% (334 Child Right Defender’s Office working in 277 municipalities) in 2011</td>
<td>The Network of Child Rights Defender’s Office and Community Based Human Rights Promoters was consolidated in the country and began issuing accreditations to both professionals and community leaders through official training process so that it will contribute to improve the quality of service. 48 prioritized municipalities use the Information Registration System for DNA (SID) and one third of all DNAs use some sort of information system to quantify the cases. 8 municipalities with sugar cane field have decided not to allow children under the 14 years old to work through the implementation of Triple Seal for Child Labour and it facilitated school insertion in the framework of corporate social responsibility. The Political Constitution of the State prohibits labour exploitation of children and adolescents.</td>
<td>Constraints: The lack of information system does not permit to measure the prevalence of resolved cases. The disconnection between parent entity and local level makes the implementation of SID difficult. Persisting social value to view the work experience during childhood will prepare children for productive life impedes the society to recognize that the child labour can be</td>
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| 4.2. 80% of children under one are registered. | % of children under one with birth registration  
Baseline: 58% in 2001  
Updated baseline: 48% in 2007 (National Electoral Court, 2011)  
Latest data: 77% in 2011 (Supreme Electoral Tribunal, Civil Registration Database, 2011) | UNICEF contributed to Supreme Electoral Tribunal delivering birth certificates to 17,800 indigenous children per year.  
UNICEF contributed to Ministry to Health to generate a unique certificate of new-borns which will facilitate the birth registration until one year. | dangerous and cause harm on the lives of children and adolescents. |
| 5.1. The Bolivian State prioritizes the development of children, adolescents and women, as well as the fulfilment of the MDGs in its public policies. | National plans and programmes incorporating child development goals, sector plans including child rights approach.  
Baseline: n/a  
Latest data: Laws passed with a focus on children’s rights: National Constitution, Law of Autonomy and Decentralization, Education, Law establishing 2012 as year of no | • Cooperation agreements signed with Parliamentary Representatives, which has allowed promoting the creation of a Parliamentary Network for Children and Adolescents. The legislative work now focuses on the children rights as an essential framework for the formulation of public policies.  
• A SWAP to provide water and sanitation services in rural communities, was concluded and approved in 2011 under the leadership of the | Facilitating factor:  
Passing of the law which guarantee the first birth certificate for free of charge until 12 years old with presumption of kinship.  
Alliance with social organizations contributed to increased registration of children with indigenous origin.  
Constraints:  
Children in distant communities and especially those with no transportation access (via road or river) remain with more difficulties to exercise their rights to be registered. |
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<td>violence against children and adolescents in the Plurinational State of Bolivia Programs including rights-based approach for children: National Development Plan. Plan to Eradicate Child Labour. Sector-wide approach to water and sanitation for rural areas</td>
<td>Ministry of Water and Environment and the technical assistance by UNICEF.</td>
<td>• A document (Social investment in children and adolescents: an analysis of public social spending in subnational levels, 2008) has published which identifies child-oriented social investment, both national and decentralized levels, which allowed to have a methodology for estimating social investment in children. • A website was established to provide access to interactive fiscal information related to children.</td>
<td>Facilitating Factor: Strategic alliance with UDAPE facilitated to access the information on social investment. Constraints: Public information management needs to be improved for prompt access to data.</td>
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<td>5.2. Social investment for children increased to 7.5% of GDP.</td>
<td>% of GDP allocated to social investment for children Baseline: 6.7% in 2004 Latest data: 6.8% in 2008 (UDAPE)</td>
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<td>Constraints and facilitating factor Rural municipalities face more significant budget constraints than the rest of the country. However, social investment has increased because of the Bolivian decentralization model, a greater sensitivity of the authorities, and empowerment of civil society groups.</td>
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<td>5.3. Department and municipal governments include strategies for and invest in children and adolescents.</td>
<td>% of municipal and Departmental development plans that identify actions, strategies and investment in child-related issues. Baseline: n/a Latest data: 55% (5 Departmental Governments) and 14% (48 Municipal Governments) in 2012 (Fiscal Atlas UDAPE, UNICEF monitoring reports).</td>
<td>Five out of nine Departmental Governments, where UNICEF has developed comprehensive actions, have investments for their children.</td>
<td>Constraints: There is a high turnover of public officials at the departmental and municipal levels affecting capacity building strategies.</td>
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<td>5.4. 30 Andean, Amazon and El Chaco municipalities implement and finance with local resources, local plans of action for children.</td>
<td>% of municipalities which implement and finance local plans of action with own resources. Baseline: n/a Last data: 14% (48 municipalities) % of local plans with budgets investing in children in 2012 (Fiscal Atlas UDAPE, UNICEF monitoring reports)</td>
<td>• 48 out of 337 Municipal Governments where UNICEF has developed comprehensive actions have investments for their children. • A financial policy that promoted municipal governments’ cash contribution as well as community in-kind contribution allowed to reach a 50% of the total costs for the water and sanitation projects.</td>
<td>Constraints and facilitating factor Rural municipalities face more significant budget constraints than the rest of the country. However, social investment has increased because of the Bolivian decentralization model, a greater sensitivity of the authorities, and empowerment of civil society groups.</td>
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