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Bolivia is one of the world’s most culturally and geographically diverse countries. It is also the most indigenous nation in the Americas with 60 per cent of the country’s 10 million people coming from over 37 population groups, each with their own culture and language. Most indigenous people live in the Amazon area (29 per cent), the others live in Gran Chaco, Valleys and Andean areas. Spanish is the main spoken language followed by Quechua, Aymara and Guarani.

Majestic mountain peaks of the Andes contrast sharply with the dense rainforest of the Amazon and the semi-arid Gran Chaco region. The diversity is impressive but also presents huge challenges, especially when reaching indigenous children, adolescents and women who mainly live dispersed in remote rural communities. Mountain roads are particularly treacherous with their sharp bends, numerous blind spots and high precipices. Roads in the Amazon region are also challenging especially during the rainy season. Sometimes communities are only reachable by boat.

The Plurinational State embraces cultural diversity

The Plurinational State of Bolivia is undergoing major political and socio-economic transformation. In December 2005, Bolivian constituents elected Evo Morales Ayma as their president by the widest margin of any leader since the restoration of civilian rule in 1982. President Morales is the first indigenous president to serve the country and was re-elected in October 2014 for a second mandate under the new Constitution.

Following the December 2005 election, President Morales led a significant social transition as for centuries the majority of the Bolivian people had lacked true representation. Power historically had been under “elite” groups. The new Constitution, approved by referendum, came into effect in 2009, characterizing Bolivia as a unitary plurinational, and secular state, now known as the Plurinational State of Bolivia. The balance of power has changed since new consultation mechanisms and resource ownership policies have been put in place with the State playing a greater role in the economy. In addition, under the new Constitution, a number of key laws and reforms have taken place. These include the recognition and implementation of two parallel jurisdictions of equal hierarchy in the country’s legal order – the “ordinary” jurisdiction and the “indigenous jurisdiction.” In addition, indigenous languages are taught at school, such as Aymara, Quechua, and Guarani, which are spoken mainly in rural areas. Communities also participate in the development of the school curricula.

The nation’s economy has grown faster over the past nine years than ever before with Gross Domestic Product (GDP) averaging 4.7 per cent, placing Bolivia among the lower middle income countries. This growth has been mainly due to high natural gas exports. Unemployment is also low at just 2.3 per cent. With this rapid economic growth and political shifts, traditional bilateral donors in Bolivia are either ending their development cooperation or modifying their investment plans.

Narrowing gaps to fulfil the rights of Bolivian children

However, the high Gini coefficient of 0.47 indicates a wide income gap between rich and poor, and shows that redistributing the
benefits of the country’s economic growth has been inadequate so far. Some 43.4 per cent of the population are classified as poor and 21.6 per cent are extremely poor, according to the most recent official data. Wide disparities by geographic area, gender, ethnicity and economic quintile persist in all social indicators. Many of Bolivia’s predominantly young population, particularly indigenous children living in rural areas, face poverty and exclusion as well as suffer gross violations of their rights.

Some overall social indicators remain a concern. For example, the maternal mortality ratio which, according to the most recent data (2003) recognized by the government was as high as 229 maternal deaths per 100,000 live births. These deaths are mainly due to inadequate care during pregnancy and childbirth as well as a high incidence of adolescent pregnancies. Some 9 per cent of female adolescents between 15 and 18 years are already mothers. In addition, the high neonatal mortality rate of 27 deaths per 1,000 live births, remained static between 2003 and 2008. The infant mortality rate only reduced by 1.9 per cent from 54 to 50 per 1,000, which is far below the 3.9 per cent annual reduction required to meet the target for Millennium Development Goal (MDG) 4. Besides neonatal deaths, the other main causes of death for children under five years include pneumonia (21 per cent) and diarrhoea (18 per cent).

HIV prevalence is relatively low at just 0.15 per cent and seems to be concentrated among high risk groups, namely men having sex with men, intravenous drug users and sex workers. However, most people lack information about HIV and do not take the HIV test. Only 49 per cent of pregnant women tested for HIV during pregnancy and just over 151 HIV-positive infants are receiving anti-retroviral treatment.

Gaps also persist in access to safe water, improved sanitation and information on good hygiene practices. Only 6 out of 10 people having access to safe water in rural areas compared to 9 out of 10 in urban areas, only 49.8 per cent of the population use an improved sanitation system, and most live in urban areas. As many as 54 per cent of the rural population practices open defecation, compromising the health of the most vulnerable population, who tend to be indigenous children in remote rural areas.

Although the government reached the MDG target of reducing chronic malnutrition from 42 per cent in 1989 to 18 per cent by 2013 (the MDG for 2015 being 21 per cent) gaps persist between rural and urban areas particularly in the departments of Potosí, Oruro and Chuquisaca. The causes are usually due to poor breastfeeding practices, inadequate intake of food and micronutrients and chronic illnesses, such as diarrhoea caused by unsafe water as well as poor sanitation and hygiene practices. Malnutrition perpetuates itself as a child born to a chronically-malnourished mother is likely to be born underweight and may never overcome this poor start.

The most encouraging progress has been in education. The country’s literacy rate for the 15 years and over age group reached 95 per cent, and the gender gap has significantly narrowed. Primary school net enrolment was equal for boys and girls at 82 per cent and the gender gap in primary completion rate narrowed and shifted from a difference in favour of boys at 9.7 percentage points in 1992 to 1.2
A grandmother carries on her back her grandchild at the Ayllu Chullpa, 25 kms away from the town of Llallagua, Potosí.
percentage points in favour of girls in 2011. Overall, the completion rate for primary school reached 90 per cent in 2011, but at the secondary school level it was only 56 per cent. Marked disparities also persist in education. For example an indigenous girl in the Amazon has an average of only two years of schooling compared to 14.4 years for a boy from the richest urban areas.

There are major challenges in child protection. The available data on child labour suggest that 11 per cent of children between the ages of 5 and 13 are involved in some form of labour. Regarding birth registration, only 87 per cent of children under five are registered. Domestic violence is widespread with as many as 48 per cent of female adolescents and youth who are either married or living together reporting that they were victims of some form of violence by their partner. Approximately 80 per cent of children were victims of violent discipline in households and there are many cases of neglect and abandonment. National police records set family violence rates at 458 per 100,000 inhabitants in 2005, 478 in 2009 and 580 in 2012. UNDP report states that “one of the most urgent tasks is to ensure that violence against women and girls can be reported without the victims being re-victimised or discriminated against.”

According to a survey carried out in 2013, 1,188 children and adolescents, of whom 416 are girls, live on the streets of the country’s main cities. Trafficking is also a concern. According to a UNDP 2009 report on public safety, Bolivia’s trafficking rate of 4.4 per 100,000 in 2012 is the highest in the region.

In addition, Bolivia is affected by recurrent natural disasters, especially drought and floods, which severely affect families and children’s lives significantly in the western and eastern parts of the country. Drought in Bolivia causes significant losses to the livelihoods of the population, especially in terms of agriculture and livestock, depriving thousands of people from consuming normal quantities of water. The Chaco area (including Tarija, Chuquisaca and Santa Cruz) is most affected by recurrent rainfall deficit with its population being highly dependent on rain-fed subsistence farming and therefore becoming each time more vulnerable to the next drought. Bolivia’s Amazonian region with its mainly indigenous population turns the north-eastern region of the country into a vulnerable area to floods. Floods are generated by heavy rains in the highlands which arrive in large quantities in the municipalities and local communities of La Paz, Cochabamba, Pando and principally in the Beni department.
An indigenous girl in the Amazon has an average of only two years of schooling compared to 14.4 years for a boy from the richest urban.”

National responses to enhance the lives of children and women

The government ensures that all levels—departments, municipalities and communities—have access to resources. In an attempt to alleviate poverty, the government has introduced cash transfers initiatives, known as “Juancito Pinto” and “Juana Azurduy” and “Renta Dignidad”.

Reaching the country’s indigenous groups with essential social services is at the heart of the government’s response. To address the huge challenges in health, the Ministry of Health has proposed a new Intercultural, Family and Community Health Policy (SAFCI) that shifts a focus from curative care to preventive and promotional health. As noted, the Ministry has made progress reducing malnutrition, which has been largely due to a successful implementation of the Baby-Friendly Hospital Initiative, and the Integrated Nutritional Units at municipal level and other strategies supported by UNICEF. In addition the Ministry of Environment and Water has adopted an encouraging strategy for decentralized water and sanitation services, providing water in remote, rural households for the first time.

The new law “Avelino Sĩñani – Elizardo Pérez” outlines significant reforms in education. Education is seen as instrumental to transform economic and social structures while reaffirming the role of the indigenous and originary cultures as well as of the Afro-Bolivian traditions and values in the construction of the Plurinational State and in the implementation of the “Living Well” philosophy. Indigenous languages are taught at school along with Spanish, text books are bilingual and culturally relevant to the different population groups. In remote areas, transport has also been provided for many children to attend school and most districts have now allocated budgets for running costs of school buses.

In July 2014, a new Child and Adolescents Act was passed by the Parliament marking a significant step towards protecting the rights of children in Bolivia. The Act brings much of the legislation for children in line with international treaties. It sets heavy penalties for sexual violence against minors and sexual harassment, and provides a new framework and the opportunity to promote alternative measures to deprivation of liberty for adolescents in conflict with the law. The Act also obliges the State to eliminate child labour within five years by implementing a more comprehensive social protection programme for working children and their families.
A significant achievement in child protection has been the integration of child-friendly techniques, including the use of one-way mirrors and the use of age-appropriate and accessible vocabulary in court proceedings. In addition, the ombudsperson system has been reinforced in all the country’s nine departments. In some districts a specially designed intervention for indigenous communities has been developed which involves community promoters disseminating information about child rights and working with communities to prevent all kinds of violence.

**UNICEF provides support for the most excluded children in Bolivia**

The Country Program 2013 – 2017 between UNICEF and the Plurinational State of Bolivia, supports the fulfilment of the rights of the children by positioning children at the centre of national and subnational policies, programmes and budgets. The focus is on reaching indigenous and the most excluded children in remote rural communities and urban marginal areas, and while reducing geographic, social, cultural and gender disparities.

Children with disabilities also need particular attention. They are often the most excluded group and are last in line to access services and receive the necessary resources. They do not have the same opportunities to participate as their able bodied peers. Programming will be strengthened to assist children with disabilities overcome the barriers to their inclusion in society. One of the most important areas is to ensure they have their rights to a quality education and are protected against all kinds of abuse and violence.

To adapt the programme to the country’s changing economic status of a lower middle income country and to ensure the most marginalised children are reached—particularly girls, indigenous children and children with disabilities—the Country Programme has shifted its emphasis from project service delivery to technical assistance, disaggregated data collection, knowledge generation and upstream advocacy. UNICEF has also sharpened its programmatic focus addressing barriers and bottlenecks to support the development and implementation of cost-effective and high impact interventions that are culturally and gender sensitive.

The country programme involves a three-fold-strategy approach. Firstly, evidence-based advocacy is used for policy formulation at national and sub-national level to ensure that key child right issues are central to national and subnational policies, programmes and budgets. Secondly, technical assistance is provided to develop the capacity of sustainable institutions so that they can deliver quality social services particularly at sub-national level, and thirdly monitoring and knowledge generation is used to promote children’s rights.

The programme supports seven thematic areas divided into three components: 1) Quality basic social services with equity; 2) Protection of children and adolescents; and 3) Knowledge management and social inclusion for the promotion of child rights. The programme supports upstream work at national and sub-national level in nine departments of the country, whereas downstream interventions are mainly concentrated in Chuquisaca (El Chaco region), Potosi, Cochabamba and Beni.
Alina’s life revolves around mining. Alina is only 5 years old, but she accompanies every day her mother Maria Cardozo to pile mineral outside Paylaviri mine entrance. She attends an early child development centre at a local NGO called Voces Libres.
UNICEF supports the health sector to provide evidence-based, high impact maternal, neonatal and child health interventions that assist pregnant women, mothers, new-borns, children and adolescents in rural indigenous communities. The aim is to improve their access to a quality integrated package of essential maternal, neonatal and child health services that are intercultural, gender-sensitive as well as child and adolescent friendly.

UNICEF’s main role is advocacy and technical assistance to enable effective planning, budgeting and implementation. Also, support to monitoring and evaluating of their services helps to identify health barriers and bottlenecks.

UNICEF supports the use of disaggregated data and surveillance systems for decision-making and for policy dialogue. It promotes innovative approaches to tackle challenges such as the high maternal mortality ratio, and strengthens partnerships at all levels. Although UNICEF is shifting away from a focus on service delivery, support is still provided when needed. For example in 2013 UNICEF assisted with the introduction of the pneumococcal vaccine into the national immunization schedule. UNICEF also continues its support to communication for development particularly to ensure that families from prioritised intervention areas are competent in key maternal and child health practices, and that they know when to seek medical advice and are able to participate in health-related decisions at community level.
Resting on a wall in the hospital grounds overlooking the vast Andes mountain range in southeast Bolivia, Valerio Rodriguez Gomez, 23, tenderly holds his 20-month-old daughter, Yayita, while his wife, Elizia, who is 19, has an antenatal consultation.

Valerio says the trek to and from the remote valley town of Independencia, a 10-hour round trip which they do the same day, is worth it. “I always accompany my wife and baby to the hospital. I will bring my wife here to give birth too,” says Valerio. “Yayita would have been born in this hospital, but we didn’t have enough time as my wife went into labour. So we phoned for an ambulance. The doctors were with us in one and a half hours.”

Although it was a normal delivery, Yayita has not thrived. She is suffering from chronic malnutrition. “They told me she is too thin for her height,” says Valerio looking down at Yayita who shows no sign of tiredness. “The problem came when her mother went away for two months to work on a census project about agriculture,” says Gomez. Yayita, who was 6 months old at the time, abruptly stopped breastfeeding, and Gomez, a farmer, was left to take care of her.

The family exemplify some of the typical challenges that the government faces in its drive to improve maternal and child health care. Elizia is a teenage mother, with only primary school education, and Elizia’s husband only has a couple of years of secondary education. “Cultural barriers, lack of education of mothers, caretakers and families as well as remote distances are some of the main barriers,” says Claudia Vivas, UNICEF Chief of Child Survival and Development in Bolivia. “However, the government has made significant progress in its implementation of the “Sistema Único de Salud” (Unified Health System), which is supported by UNICEF and other partners to provide quality health services to all population groups, including those who live in remote rural areas.” Most of UNICEF’s support is in capacity building, training of health personnel at all levels and technical advice.

Yet, the statistics suggest there is still a long way to go. Between 2003 and 2008, neonatal mortality remained at the same high level with 27 babies out of every 1,000 live births dying within the first month. According to the National Demographic Health Survey 75 per cent of those deaths occur in the first week of life, mostly due to poor quality health care during pregnancy and childbirth. Also, between 2003-2008 the infant mortality rate only dropped from 54 to 50 per 1,000, an annual reduction of just 1.9 per cent, far below the 3.9 per cent annual reduction needed to meet the target for the Millennium Development Goal (MDG) 4. The maternal mortality ratio stands at 229 per 100,000 live births, according to the latest data recognized by the government. This means Bolivia has the second highest maternal mortality ratio in Latin America after Haiti, a country that has suffered devastating national humanitarian emergencies in recent years.
Rural Independencia shows the typical geographical barriers. It takes seven hours to drive from Independencia to the capital of Cochabamba along the mountain range with its treacherous precipices and single winding mountain dirt tracks that rise and fall above the clouds. “Our roads are dangerous,” confirms Dr. Ángel Fernández, the director of the hospital. He adds that they had over 20 fatalities in one recent accident this year.

Despite these barriers, Dr. Fernandez says they have had two cases of neonatal deaths this year but no cases of maternal deaths in the past five years. The doctor credits the lack of maternal deaths to the significant improvements in the quality of maternal and childcare services at the hospital. These include their success in sensitizing communities about the importance of assisted deliveries, their well-serviced ambulances and the fact that even in the most remote communities, people now have access to a mobile phone. “We are on call 24 hours, seven days a week,” he says.

However, messages about the importance of spacing pregnancies are still not making an impact. “While most women would like to use contraceptives, the men think that their use will encourage their wives to have a sexual relationship with other men.”

In addition, chronic malnutrition is still a challenge in the area due to poor infant feeding practices. The nutritionist at Independencia, Margot Tobar, explains that many mothers only breastfeed their infants for about three months; and then, besides bottle milk, they only introduce starch into the diet. “They produce greens, but they prefer to sell them,” she says. Moreover, a young mother often leaves her baby with someone else, like the grandmother. “When the grandmother attends the clinic with the baby, I encourage her to return again with the baby’s mother,” says Tobar.

Tobar welcomes the fact that she had the opportunity to talk to both of Yayita’s parents about how to provide better nourishment for their daughter. Fortunately, they have caught Yayita’s condition within the two-year window period; after that, evidence shows that chronic malnutrition can lead to irreversible cognitive impairment and physical stunting. Elizia’s pregnancy is also going well although she has not spaced her pregnancies.

Valerio says he too is happy that they explained to him about the health of his baby and his pregnant wife. “I want to better understand about their health,” he says as he prepares to carry Yayita on his back. Elizia carries a small bundle of blankets and food for the trek across the mountains in temperatures that will drop below zero before they reach home five hours later.

Many mothers only breastfeed their infants for about three months; and then, besides bottle milk, they only introduce starch into the diet. They produce greens, but they prefer to sell them.”
Eliza, who is pregnant with her second child, consults the nutritionist at the hospital.
UNICEF aims to improve equitable use of proven HIV prevention and treatment interventions for indigenous pregnant women, adolescents and children. This includes strengthening institutional competencies with an integrated approach, involving health and education sectors as well as families, teachers, community leaders, and adolescents to prevent gender-based violence and adolescent pregnancies. UNICEF also gives technical assistance to expand the HIV Prevention of Mother-to-Child Transmission (PMTCT) programme as well as services to prevent congenital syphilis. In addition, UNICEF supports paediatric care of children living with HIV according to the latest standards recommended by the World Health Organization.

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At “Centro de Salud 18 de Marzo” in the city of Santa Cruz de la Sierra, 36 per cent of new born babies are from adolescent mothers.
The sun shines through Mickey Mouse curtains as Anabela Diaz tenderly lifts her baby daughter, Genesis, to survey their surroundings – an airy ward with cots and open cupboards full of neatly stacked baby clothes and teddy bears.

Anabela and her baby are at the “Centro de Salud 18 de Marzo” in the heart of the bustling city of Santa Cruz, the business centre of Bolivia. They are dressed so smartly that they look like they are about to go out somewhere special for the day. But that is not the case. They will spend yet another day on the ward where they have already been for one month while Genesis receives treatment for severe acute malnutrition.

Genesis has made a good recovery, says Dr. Mario Valdez, who is doing the rounds in a friendly manner, chatting to each mother or carer. He immediately puts Anabela at ease.

Anabela could be mistaken for her baby’s older sister. Yet, Anabela is already a mother of three. She had her first child when she was just 14 after dropping out of primary school and her second daughter at 16. “I left school to work,” says Anabela simply. “My children live with my mother.” Dr. Valdez later explains that Anabela had run away from home after having family problems and was living on the streets.

“Anabela hadn’t breastfed Genesis and she was severely malnourished,” says the doctor. She was found by a non-governmental organization (NGO) who also traced her family.

Adolescent pregnancy is a major challenge in Bolivia, threatening the lives and wellbeing of both mothers and their babies. According to the World Health Organization the risk of maternal death is four times higher among girls under 16 years than among women in their 20s. Moreover, infants of teenage mothers and/or mothers with low education are 3.5 times more likely to die according to Bolivia’s 2008 National Demographic Health Survey. “They are more likely to be preterm and have low birth weight and are more susceptible to neonatal deaths or future health problems,” says Claudia Vivas, UNICEF’s Chief of Child Survival in Bolivia.

Reducing neonatal deaths in Bolivia has been a challenge. Between 2003 and 2008, neonatal mortality in Bolivia stagnated at 27 babies out of every 1,000 live births dying within the first month of birth. Dr. Valdez adds that adolescent pregnancy is also one of the underlying causes of child malnutrition. As many as 38 per cent of malnutrition cases at the Santa Cruz hospital are babies born to adolescent mothers.

Adolescent pregnancies seem even more common in rural areas. “It is as if being pregnant at 14 is normal,” says Doctor Ángel Fernandez, the director of the rural hospital in the mountainous municipality of Independencia, in Cochabamba. “It is a big problem.” Adolescent girls who live away from home in order to be close to their school are particularly vulnerable. “They rent rooms near the school and live there without any adult supervision,” says Ruth Muñoz, a teacher at the rural secondary school in...
We are only halfway through the school year and already six girls at the school have given birth and another girl in my class is pregnant.”

Independencia. She says that the “macho culture” in Bolivia also contributes to the high rate of adolescent pregnancies as girls do not feel they have the power to say “no” to sexual advances from their peers. “We are only halfway through the school year and already six girls at the school have given birth and another girl in my class is pregnant. I had warned the girl’s mother that the boyfriend is aggressive, but her mother took a fatalistic view saying “this is what happened to me.”

Muñoz says they try to encourage teenage mothers to both continue with their education and care properly for their babies. She gives the example of how they allow grandmothers or other carers to bring the girls’ babies into the classroom so that they can breastfeed, but many girls prefer not to, leaving their babies vulnerable to malnutrition and disease. “The girls feel embarrassed. They get teased and bullied,” says Muñoz. “Most have hidden their pregnancies up to the last months or as long as possible.”

Meanwhile efforts are being made to help Anabela take better care of Genesis. Doctor Valdez says they have advised Anabela about contraceptive use and good infant feeding practices. “She will stay here with her baby for another two weeks while her baby continues with treatment and while we work with the NGO to find a place for them to live.”
Anabela, an adolescent mother, with her baby who is being treated for severe acute malnutrition.
UNICEF provides technical assistance to increase sustainable access to safe drinking water, eliminate open defecation and improve access to adequate sanitation as well as improve good hygiene practices. UNICEF-supported interventions focus on indigenous groups in remote rural areas to provide services at household level as well as in schools. School sanitation facilities are constructed to be gender-friendly with separate toilets for boys and girls. In addition, UNICEF is starting to work in menstrual hygiene management which encompasses gender, protection, and physical health issues around WASH services. UNICEF also supports emergency preparedness and interventions during humanitarian emergencies, ensuring families have access to safe water.
Streams glisten in the sun as llamas graze freely on the mountain slopes. Yet, the idyllic scene belies the truth about sanitation in Independencia, a sparsely populated municipality in Cochabamba, in the centre of Bolivia where, like most of the country’s rural population, 49 per cent defecate in the open.

However, recently 48 families in Queraya, a remote rural community in the municipality of Independencia, have changed their hygiene practices. In the last year, the community members have built their own toilets and they now have drinking water installed in their homes for the first time. Constantina Frias, a mother of five children, remembers how she used to scramble down steep mountain paths to defecate in the forest. “I used to get so scared at night; I thought I would fall,” she says. “Now, I am so happy with my new toilet.”

The family opted for a pit latrine housed inside a small enclosure made of mud bricks and roofing made of corrugated zinc sheets. It took her husband one month to dig the latrine to the appropriate depth and build the enclosure, which is situated on the side of the mountain near her home. “Our lives have improved so much,” she says enthusiastically. Constantina remembers how all the family used to suffer from diarrhoea especially during summer months.

Like in the rest of the country, in the municipality, diarrhoeal diseases are one of the main health problems for children under 5 years, comments Dr. Ángel Fernández, director of the rural hospital in the valley town of Independencia.

However, changing people’s habits is a challenge. Indalicio Colomi, a technician working for the municipality’s water and sanitation programme in Independencia, concedes the communities required convincing about the need to change their toilet habits. “At first they resist, but then I explain to them the cycle of contamination; that they could end up eating their own faeces; then they accept.” This type of community mobilization is known as the Community-Led Total Sanitation (CLTS) approach, as it raises awareness about the health hazards of open defecation and empowers communities to find their own sustainable, locally appropriate solutions. So far, 13 out of the 155 communities that Colomi visits on his motorbike have declared themselves “open defecation free,” meaning that all the community members use a toilet.

The CLTS approach is gradually being scaled up throughout dispersed rural communities. Alejandro Lujan, UNICEF Officer for Water, Sanitation and Hygiene in Bolivia, highlights that the approach has had to be adapted to Bolivia’s reality, taking into consideration the country’s diversity in both landscape and culture. “For example, Bolivia has the Amazon region which is flat and Cochabamba which is a combination of mountains and lowland; the communities need to work out what is the best type of toilet for them and then we give our technical support.”

After they have built their toilets, each community member receives water installations in their homes. The maintenance of the new sanitation and water systems are managed by sanitation committees, known as CAPIS which have been
set up with UNICEF’s technical support. The CAPIS are made up of elected members from rural communities and usually have a president, a secretary, a treasurer, a plumber for maintenance work, and a health promoter. Colomi points out with a smile that, “The communities usually prefer to elect a woman as a treasurer as the men tend to have happy pockets.”

Schools are also being encouraged to set up hygiene committees and water and sanitation facilities are gradually being installed in schools. According to recent data from the Ministry of Education, pupils in 10.8 per cent of rural schools have to practice open defecation as there are no toilets. Only 32 per cent have hand-washing basins and 13 per cent do not have access to a water system.

However, the school in Constantina’s community has newly built toilets for boys and girls and solar-heated showers, particularly important during the winter months. Colomi also gives talks in schools on hygiene as part of his work.

Constantina is particularly happy with the piped water that has recently been installed in her home. She remembered how her 8-year-old grandson and her 17 year-old-daughter had to help her fetch water before they left for school. It was a 20-minute walk down the mountain slope to the water source and then they had to struggle back up the path carrying heavy buckets of water. Constantina’s personal hygiene has improved, too. “My children learn about good hygiene at school and then they teach me,” she says.

However, Constantina’s family are more fortunate than most. There are more than 25,000 communities like Queraya that require support to implement CLTS with a Bolivian approach. “In order to meet the Millennium Development Goals, technical assistance is needed at the national and subnational level to improve sanitation coverage and to reduce child mortality,” says Irma Peredo, UNICEF Specialist for Sanitation and Hygiene.

So far, Colomi feels his job is going well although it is still in the early days. He has only recently trained for this particular role after completing a one-year course, funded by UNICEF, which his community had elected him to attend. He comments that he finds the mountainous terrain difficult to navigate on his motorbike especially when he has to reach the most remote mountainous areas, 5,000 feet above sea level. “The routes are slippery and there are many high precipices. Some communities are particularly hard to reach but you can’t abandon them, as then they would just give up,” says Colomi.

Giving up is not an option. The Mayor of Independencia, Dr. Gonzalo Calcina Santivánez, is committed to transforming the mountains of Independencia into a healthy place. “It’s not easy as the communities are so dispersed, but their hygiene practices are gradually improving. Our aim is to have 100 per cent of the population using toilets by 2020.”
Constantina, a mother of five, has a toilet and water in her home for the first time.
UNICEF focuses on the prevention and treatment of malnutrition and micronutrient deficiencies notably among pregnant women, lactating mothers and children. Preventing stunting is a particular concern and is addressed by a focus on the critical 1,000-day window of opportunity between conception and 2 years of age.

Importance is given to improving the quality and use of the nutritional surveillance system as well as using an intra/ intercultural approach to improve infant feeding practices. UNICEF supports the strengthening of strategic partnerships and collaboration particularly regarding infant feeding. During humanitarian emergencies, UNICEF assists the government to improve its capacity to provide for families.
Lourdes Zegarra, 27, lies on the hospital bed grimacing as her labour pains begin to take hold. “It’s starting to hurt a lot,” she says. Although in pain, she does not seem scared.

This will be Lourdes’s third birth. The other two children, aged 6 and 3, were also born in hospital. But Lourdes says she is expecting this time to be better because Cliza hospital has since been certified baby friendly. “I will receive help to properly breastfeed my baby and my husband will be allowed to be present during the delivery. This did not happen before,” she says.

The baby-friendly health initiative (BFI) was initiated by UNICEF and the World Health Organization (WHO) in 1991 to promote correct breastfeeding practices. A hospital can only be certified as baby-friendly when it has put in place 10 specific steps to support correct breastfeeding and the hospital and staff have been externally assessed. In Bolivia, another step was included: regulating the advertising of breast-milk substitutes in hospitals. The steps support initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more along with nutritionally-balanced, age-appropriate complementary feeding from the sixth month.

Benefits of breastfeeding have been widely documented. Besides drastically reducing chronic malnutrition rates, an exclusively breastfed baby is 14 times less likely to die in the first six months than a non-breastfed baby (Lancet, 2008).

However, in Bolivia only 60.4 per cent of mothers exclusively breastfeed their babies for the first six months. Moreover, recent figures show that although chronic malnutrition has decreased among children under three from 42 out of 100 in 1989 to 18 out of 100 in 2017 rates are considerably higher in rural areas where averages reach 25.9 per cent compared to 14.6 per cent in urban areas.

So far, in Bolivia only 16 hospitals are declared baby-friendly. “We need to focus on getting more maternity facilities baby friendly especially in rural areas,” says Claudia Vivas, UNICEF Chief of Child Survival in Bolivia. “Not only are these children missing out on the health benefits of breastmilk but young children’s lives are being put at risk. Diarrhoea and respiratory infections are the two main causes of infant deaths in Bolivia; these preventable diseases can be dramatically reduced by breastfeeding.”

Cliza hospital, which is situated in Cochabamba, is being used as a model. All around Cliza hospital, posters are plastered on walls promoting breastfeeding or prohibiting free or low-cost breastmilk substitutes, baby bottles and teats.

Doctor Maria del Carmen Mendieta, who is responsible for the breastfeeding programme at Cliza hospital, trained 73 staff on the BFI. The staff had to complete a written and oral test, and a team of assessors, including a representative from UNICEF, interviewed pregnant women and new mothers, chosen at random, about their experiences at the hospital.
The doctor explained they adapted the BFI to the reality in Bolivia, making the experience culturally-sensitive. “For example, women can choose what position they would like to adopt during childbirth – in some cultures the women prefer to give birth standing up. We always try to accommodate non-harmful cultural practices.” The hospital also encourages more involvement of fathers. “Men used not to come to the consultations,” says the doctor. “When I invited them, they resisted at first, but now they see it is worth it.”

Danny Villarroel, 28, is one of the fathers in Cliza who has welcomed this initiative. “I attended every prenatal consultation with my wife and I was present for the childbirth,” he says looking fondly at his wife, Patricia, who is breastfeeding their one-week-old baby, Santiago. “When my baby was born and they laid him on my wife, I felt the bond between them. It was such an emotional experience.”

Mayda Hinojosa, 29, is the head of the Villa El Carmen breastfeeding committee, seven kilometres from Cliza Hospital. “I was elected by my village,” Mayda explains. “My role is to make the liaison between new mothers in the area and the hospital. For example, I visit new mothers during the first few days after childbirth. If they have any problems, I phone the hospital and they send a doctor or nurse.” Mayda is giving the interview before attending a routine consultation for her robust 14-month-old baby, Andy. She concedes that if it was not for the hospital’s advice, she would not have fed her baby correctly. “Before, I didn’t know about early initiation of breastfeeding.”

The support given to pregnant women and new mothers, particularly about breastfeeding, has strengthened the relationship between the hospital and the community. Doctor Mendieta points out that in 2011, only 20 per cent of pregnant women in the area came to this hospital to give birth compared to 60 per cent in 2013 when the hospital was certified baby friendly. “This month (June 2014), we have had 36 births – it is a record number,” says Dr. Mendieta enthusiastically. Lourdes will soon have the 37th birth and she seems confident that the hospital will give her the necessary support during the birth and in the months after when she breastfeeds and cares for her newborn.
An adolescent mother attends breastfeeding counselling sessions at the La Paz Child Friendly Hospital.
Education

UNICEF aims to increase children’s access at the right age to culturally-appropriate early learning, pre-primary, primary and lower secondary education, targeting the most vulnerable and marginalized indigenous groups. UNICEF achieves this through support to the plurinational education system at all levels. The aim is to expand intracultural, intercultural and multi-lingual education by providing technical support, strengthening institutional capacity in planning and budgeting. Community participation is key and is also promoted by UNICEF. Rural and indigenous-based organizations that have a focus on women and adolescent girls are given priority assistance.

Yampara indigenous girls attend school with traditional clothing at their community Pisili, Tarabuco Municipality, Chuquisaca. The lessons are bilingual Quechua and Spanish.
Most of the Tsimane boys and girls seem too shy to talk about their lives to outsiders; they prefer to draw pictures. Their drawings depict life in the Amazon rainforest: they draw the bows and arrows they use for hunting, the boats and spears for fishing, and the wildlife, such as turtles, leopards, monkeys and alligators.

These children are from the dense rainforests of Bolivia along the River Beni. The forest gives them food and shelter, and is central to their cultural and spiritual life. But they are extremely poor and until recently many of them felt that education lacked relevance to their lives.

However, under the presidency of Evo Morales Ayma, the first president to come from one of Bolivia’s indigenous groups, the 2010 Education Law was passed through parliament making intracultural, intercultural and plurilingual education compulsory.

The Tsimane children, who are on school holidays, have trekked long distances to the San Borja district office of education to meet us. The office also doubles as a resource centre, stocked with educational, culturally sensitive, bilingual books, written both in Tsimane and Spanish. The resource centre itself is remote, a four-hour drive across deep mud track roads that cut through the forest from an air-strip in the small town of Rurrenabaque, in Amazonia.

Nene Tayo Sarabia, 16, likes to borrow books from the centre. With some encouragement, she gets over her shyness. “The books are good as they talk about our culture. I’m proud to be a Tsimane,” she says quietly, giving brief eye contact. Nene’s life is so different from that of girls in Bolivia’s cities. “I wake before the sun to clean and cook,” Nene says. “I get to school at 7.30 a.m. and finish at 12.30 p.m. Then I fish and farm before preparing dinner.” The family of 10 have a subsistence plot near the river where they grow banana trees, rice, cassava and sugar cane. They have no electricity.

Although Bolivia recently attained lower middle-income status, 43.4 per cent of the population are classified as poor and 21.6 per cent are extremely poor. The indigenous Amazon population suffers the highest levels of poverty and is the most excluded compared to any other group. For example, a boy from the richest urban areas completes an average of 14.4 years of schooling compared to two years for an indigenous girl in the Amazon.

Asked whether she wants to stay on at school, Nene says, “It depends on my parents, but I would like to continue. I don’t want to be like my sister.” She explains that her older sister, Reaya, dropped out of school when she was pregnant at just 14, and now at the age of 24 has three children. “She was in love with her boyfriend,” says Nene simply.

The move to intracultural, intercultural and plurilingual education is aimed at increasing access to quality education to all the country’s 37 ethno-linguistic population groups. However, Pedro Apala Flores, the director of the Plurinational...
Institute of Language and Culture, concedes they face huge challenges adapting the educational system. They have to learn about the diverse customs and cultures of all the indigenous groups, train teachers in bilingual education, as well as develop culturally appropriate educational material. His own population group, the Puquinas, has disappeared.

Apala explains that they develop educational material based on findings by local institutes of language and culture whose representatives are elected by the people from the area. The elected local representatives use traditional methods to ensure that they represent their culture and customs, which includes talking to elders and community members about the stories they were told by the elders before them. “Anthropological research conducted by foreigners can sometimes be too technical, and certain words get lost in translation.”

UNICEF education specialist Adan Pari explains how UNICEF supports the new approach. Pari, who is from the Quechua population group, works closely with the Plurinational Institute of Language and Culture to support the development of learning materials, including text books, posters, videos and games. “The material must represent the diversity of all cultures, respect nature, be socially inclusive and gender sensitive, as well as intercultural and multilingual,” says Pari.

Nationally, 44,000 teachers have undergone complementary training for intercultural and bilingual education and currently 110,000 more teachers have registered; that is 78.5 per cent of all teachers in the country.

In San Borja, the results have been particularly encouraging according to the Director of Education for San Borja, Maria Rosa Zapata Martinez. She is clearly proud of the achievements in the region since she took up her post eight years ago. “Then, only 50 per cent of the Tsimane children were attending school; I didn’t have any graduate teachers, and some communities had no school,” she says. Girls were particularly disadvantaged. “The men felt that if the girls studied, then they wouldn’t serve the men. The men used to say only men could be leaders in the community, so the girls should just learn how to cook.” Today, the municipality of San Borja has 36 schools where Tsimane is taught, and 60 teachers – including about 20 women – have been trained in bilingual education. Moreover, there is an adult literacy centre for those who have dropped out of school. “It’s a positive change,” says Martinez.

However, one of the teachers, Cecilia Maito Tayo, points out that cultural activities sometimes interfere with class, particularly during the hunting seasons. “The families take their children out of school for a week at a time to go hunting as a family. I visit the families and tell them they shouldn’t let their children abandon their classes.”

Martinez adds that the infrastructure of many schools in Amazonia is also a concern. Many schools are made out of local materials, and do not have electricity, adequate sanitation or running water. During the floods this year, schools were flooded and some pupils had to learn in tents.

Despite the challenges, attitudes to education are changing in the rainforest. Nene’s father, Jorge Tayo Apo, who has accompanied Nene to the centre, says that Nene’s sister, Reaya, is now completing her education at the adult literacy centre, and he wants Nene to continue her studies. “Before, I didn’t think education was important for us,” he concedes. “But now, with this new education, it is like the books are speaking to you. They talk about the important things and they are helping us to preserve our culture.”
Nene enjoys the school textbooks as “they talk about our culture”.

One of the world’s most diverse nations
The aim is to protect children and adolescents from all forms of violence (sexual, emotional and physical) as well as from exploitation and abuse. To achieve this, UNICEF supports the children and adolescent protection system at the national, departmental and municipal levels. UNICEF has helped reinforce the network of Departmental Social Protection Services (SEDEGES) as well as strengthened the capacity of other actors in child protection. For example, UNICEF is supporting the training of prosecutors in the use of child-friendly interrogation techniques, such as the Gesell Domes model, together with the provision of psychosocial intervention for victims – mainly girls who have suffered sexual abuse.

Technical assistance is also provided for legal reforms in the area of child protection. This includes promoting a model to assist adolescents in conflict with the law, supporting efforts to eradicate the worst forms of child labour and reducing to zero the number of children without birth registration. UNICEF advocates for child protection policies and leverages funds from national budgets. Specially designed interventions for children living in the streets are being implemented in four main cities of Bolivia. In addition, community awareness about child protection and the effects of all forms of violence against children and adolescents is promoted.
Sentenced for an alleged theft and belonging to a gang for “protection,” fourteen-year-old Juan (not his real name) could have easily slipped into a life of crime, but instead he now wants to be a lawyer.

Unlike most other young offenders in Bolivia, Juan escaped a custodial sentence. The judge ordered him to attend a socio-educative centre for adolescents, a new specialized facility for adolescents in conflict with the law in the Department of Santa Cruz. It is the only centre in the country that promotes alternative measures to the deprivation of liberty.

“When Juan arrived at the centre, he was angry,” says Iris Tellez, his social worker. He insisted that he did not commit the offence and that it was a case of mistaken identity. Today, five months into his sentence, there is no sign of anger as Juan has had the opportunity to turn his life around. He has learnt new skills at the centre, is doing well at school and has become a prominent figure in his community, participating in social events.

His attitude is reflected in the care he takes over his appearance and manner. He is smartly dressed in jeans, his hair is styled, and his large eyes focus on whoever is talking. With a disarming smile he speaks openly about his time at the centre and his life in the community. He proudly shows a photo of himself dressed as a clown at a children’s party — something he loves and does regularly at weekends.

Juan is particularly appreciative of how the counselling at the centre has improved his relationship with his mother. “I used to lose my temper. Now I have more control,” says Juan, who is one of eight children and lives with his mother and stepfather. At the centre, the parents of the adolescents have to attend counselling as well. This is important, stresses Rosana Vega, UNICEF Chief of Child Protection in Bolivia, because “Intergenerational communication between parents and their children is a key factor in adolescent rehabilitation. To achieve this, the intervention needs a multidisciplinary team, comprised of social workers, psychologists, psychiatrists, lawyers and educators.”

The adolescents must also attend their local school and have to enrol and successfully complete a six-month course at the centre in either cooking, IT or mobile phone repairs. The six girls at the centre also have the option of learning hairdressing. “The most difficult thing for me is waking up early so I can get to the centre in time each day,” says Juan, who attends school in the afternoon.

Juan chose the mobile phone repair course, which he has completed early. “I’ve already repaired the phone of my friend,” he says with pride. The atmosphere around the centre is relaxed. An enticing smell wafts through the building as a group of boys dressed in well-pressed white aprons and chef hats prepare a meal. In the backyard, the mobile phone teacher sorts out his equipment in a modest office. Asked about Juan, he says without Juan in ear shot, “He has been my best pupil.”
Most of the adolescents, like Juan, have been convicted of petty theft, but 23 per cent have been convicted of aggravated robbery and 14 per cent of rape. The coordinator of the programme, Elsie Morales, explains that most come from troubled backgrounds, often involving domestic violence, drugs and gangs. “The gangs often exploit younger children, forcing them to rob,” she says. Morales also says some of the parents want to abandon their children at the centre. This clearly upset her. “Every child here is part of our lives, like a member of our family, so when a parent rejects their child, it hurts us. Sometimes, I feel it’s the parents who are guilty of the crime due to their lack of care,” she says.

However, Bolivia is yet to implement a comprehensive juvenile justice system and most adolescents in conflict with the law are still sent to an adult prison. Gradually the situation is improving. “The passing of the Child and Adolescent Law this year (2014) is a major breakthrough,” says Vega. “This means that Bolivia is committed to bringing its legislation regarding children and adolescents in line with the Constitution and international standards. Moreover, it means that there will be a greater understanding that an adolescent who commits a crime is also a victim and requires a special intervention to provide him or her with a new opportunity to become a productive citizen.”

The centre in Santa Cruz is already being used as a model to be scaled up throughout the country. UNICEF has also supported training for teachers and educators on how to help adolescents who have committed petty crime acts and for all members of the judiciary on child-friendly approaches during legal proceedings. UNICEF advocates for alternative measures to the deprivation of liberty whenever possible, depending on the gravity of the offence, and for the provision of new opportunities for adolescents to be reintegrated into society.

The staff at the Santa Cruz centre also work in communities giving talks in schools about preventing violence, so that children can understand the consequences of their acts. The involvement and commitment of parents in such activities is a challenge, says Morales. “If we have about 1,000 adolescents, only about 100 parents will come.” Nevertheless, she says, those who attend usually “talk openly and we have a dynamic discussion about how to stop violence and drugs in their communities.” Juan’s social worker, Tellez, adds that Juan’s mother has been especially “supportive” and participates well in activities including the counselling sessions. “Support for parents is crucial as it gives them the necessary advice on how to raise their children,” adds Vega.

Testimony to the success of centres like these is that only 3 per cent of their adolescents re-offend. “We want them to leave with a life programme and a prospect of a job or further studies,” says Morales.

Juan looks like he will not choose a criminal life for his future as he has gained not only new skills and insights, but also the trust of the adults. Moreover, most importantly, he has a life plan. “My experience in the last year has taught me a lot about the law. I think I will be a good lawyer,” he says confidently.
Boys and girls at the centre for adolescents in conflict with the law get a chance to turn their lives around.
UNICEF supports Bolivian government to develop sustainable and efficient evidence-based legislation and social policies in favour of children and adolescents, with the appropriate budget allocation. This involves supporting the government and main state institutions, such as the Legislative Assembly.

UNICEF also assists with the collection of disaggregated data, including the updating of the situation analysis on children, and assisting with a study on multi-dimensional child poverty. Using this evidence, barriers and bottlenecks that hinder access to quality services are identified and are used to advocate and to leverage funds for child-friendly policies and budgets. UNICEF gives technical advice on how to address persistent inequalities, advising on legislative reform and developing child friendly policies, using costing and protection tools.
Despite Bolivia’s classification as a lower middle-income country, an estimated 43 per cent of the country’s 10 million people live under the national poverty line.

Deyna Mamani, typical of hundreds of thousands of children caught in this poverty trap, feels the need to supplement the family income. She gives an interview about her views on child rights in a dimly lit office situated in the commercial centre of La Paz. The office belongs to the Child and Adolescent Workers’ Association (NATS), a non-governmental organization set up by working children with the aim of protecting themselves from exploitation. “All children should have time to go to school, to do their homework, and to play with their friends,” says Deyna.

Deyna also has strong views about child labour; she refers to a 13-year-old boy who has clearly made a lasting impression on her. “He works long hours from 6 a.m. to 9 p.m. laying bricks. At first, he was not even receiving payment and he isn’t attending school,” she says.

At a recent NATS conference in Cochabamba, five hours drive from La Paz, Deyna highlighted that children needed more support to attend school. “For example, some schools insist that children buy two school uniforms; we can’t afford this.”

Deyna seems older than her 12 years; maybe it is because she is so eloquent, or maybe she just had to mature fast as she has been working since she was 8 years old. She sells hot drinks and juices with her grandmother in a bustling market in the heart of La Paz. Her working day begins at 6 a.m. before she goes to school; she also works a few hours after school, sharing shifts with her cousin. Then during school holidays she works from 6 a.m. until noon. “These days I like to work,” says Deyna. “I’ve learnt how to sell, I meet people, I feel useful, and I can afford to dress well and buy school materials.”

Yet, Deyna admits that she has sometimes found her working conditions challenging. “Some customers discriminate against me and say my hands are dirty.” Deyna has also burnt herself with tea on a number of occasions; she shows a deep burn scar on her foot. She also concedes that at the age of 8 she did not want to work. “It was a necessity. I needed money to help my family and also to buy school materials.”

Many children, like Deyna, have to endure long working hours, sometimes in harsh, hot and backbreaking conditions. “Child labour can cause permanent problems for children, preventing them from achieving their full potential and denying them the same opportunities as other children who don’t have to work,” says UNICEF Social
“We have been able to make our voices heard in parliamentary debates and raise awareness about the importance of always considering child rights in public policy at national and subnational level.”

Policy Specialist, Liliana Chopitea. “It is also detrimental to the economy, undermining the development of a skilled labour force and the elimination of poverty.”

To help children like Deyna, a holistic approach is needed that includes strong advocacy to raise awareness on children’s rights and capacity building to strengthen state institutions.

UNICEF supports the government and the main state institutions, such as the Legislative Assembly, to develop sustainable and efficient evidence-based legislation and social policies in favour of children and adolescents, with appropriate budget allocation. Collecting up-to-date data is a priority. UNICEF Chief of Monitoring and Knowledge Management, Xavier Sire, points out that more accurate data is required to identify the most vulnerable families and their needs so that a sustainable and more efficient social protection system can be put in place. “Generating accurate evidence about the situation of children can be costly but it enables UNICEF to better advocate for child-friendly budgets and to bring about policy change, so that policies are more sustainable, child-friendly and effective,” says Sire.

UNICEF’s advocacy efforts are assisted by the Parliamentarian Network for Child and Adolescent Rights, which UNICEF helped establish in 2009. Importantly, its 70 members sit in both the Senate and Deputy Chambers as well as on key parliamentary commissions. Javier Zavaleta, the president of the network and a parliamentary deputy, meets regularly with UNICEF to discuss policies and their impact on child rights. Zavaleta points out, “We have been able to make our voices heard in parliamentary debates and raise awareness about the importance of always considering child rights in public policy at national and subnational level.”

Zavaleta also had the opportunity to participate in the commission drawing up the Code for Children and Adolescents (approved in July 2014) which, despite recognizing the minimum age of 14 in line with international treaties, includes two exceptions for children between 10 and 12 years old. Significantly, the code orders the state to eliminate child labour within five years by implementing a social protection programme.

Zavaleta concedes that as members of the Legislative Assembly the network members still have to address many challenges in order to uphold children’s rights. One of them is to advocate for increased resource allocation from the annual national budget to bring about the necessary changes. He adds that attitudes need to change as well. “We work at national level but more work is needed to sensitize sub-national governments, communities, schools and families on child rights, particularly about child labour.”

As for Deyna, she is aware of the arguments around child labour. In the current climate, she feels she has to continue to work to achieve her goals. “I want to be a doctor in the future so I can care for others,” she says. Reflecting again on her friend who works as a bricklayer, Deyna leans forward, maintaining eye contact as she says emphatically, “Like many, this boy only continues with that type of bad work out of necessity. There needs to be more help for poor families.”
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