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Draft country programme document***

Bolivia

Summary

The draft country programme document (CPD) for Bolivia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$6,470,000 from regular resources, subject to the availability of funds and \$66,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

Note: Submission of this document was delayed for technical reasons.

* Reissued for technical reasons.

** E/ICEF/2007/8.

*** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.



Basic data[†]
(2005 unless otherwise stated)

Child population (millions, under 18 years)	4.1
U5MR (per 1,000 live births)	65
Underweight (% , mod & severe, 2003)	8
Maternal mortality ratio (per 100,000 live births, 1998-2003)	230
Primary school attendance (% , net male/female, 2003-2004)	78/77
Primary schoolchildren reaching grade 5 (% , 2003-2004)	50
Use of improved drinking water sources (% , 2004)	85
Adult HIV prevalence rate (%)	0.1
Child labour (% , 5-14 year-olds)	22
GNI per capita (US\$)	1010
One-year-olds immunized with DPT3 (2003, %)	71
One-year-olds immunized with measles vaccine (%)	64

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Bolivia is a highly multicultural country of 9.4 million people, with 30 ethno-linguistic groups, and 62 per cent of its inhabitants identifying themselves as indigenous. In 2002, 49 per cent of the indigenous population was living in extreme poverty, compared with 39 per cent of the total population. Rural poverty has fuelled increasing migration to the cities, leaving many rural households to be supported by one parent, usually a woman or someone elderly, and further aggravating the poverty cycle. Some 60 per cent of the total population and 45 per cent of the child population live in urban and peri-urban areas.

2. Despite a favourable macroeconomic environment, annual growth rates of over 4 per cent, a reduction of foreign debt, healthy foreign reserves, and a wide array of natural resources, especially gas reserves, the economy is vulnerable to fluctuations in the prices of natural resources. It is also marked by inequalities. Some 74 per cent of children under age 13 live in moderate poverty, while 10 per cent of the wealthiest portion of the population receives 47 per cent of the country's income.

3. Though migration to urban areas is high, 40 per cent of the population is still rural, and very vulnerable to emergency situations caused by recurring natural disasters. The 2006-2007 El Niño phenomenon, which caused flooding and other severe weather-related events, has affected (as of April 2007) close to 115,000 families nationwide, including approximately 211,000 children. These challenges have exceeded existing institutional capacities to respond and to provide coordinated and effective support.

4. Official projections suggest that Bolivia will reach most Millennium Development Goals, including critical ones related to children such as reducing extreme poverty, child and maternal mortality, malnutrition and gender gaps in education. However, wide gaps in all indicators show that progress among the indigenous population will continue to lag behind the national averages.

5. In 2004, the Committee on the Rights of the Child observed that the implementation of the 1999 Child and Adolescent Code was still nascent. The Municipal Child Defenders Offices are recording increased rates of aggravated family violence; over half the reported cases of sexual abuse have been committed by a family member.

6. After five years of political instability and social and economic crisis, a new Government, led by the Movement Towards Socialism, was voted into power in January 2006. A Constituent Assembly was convened in July 2006 with the remit of proposing a new Constitution by August 2007. The Assembly's main areas of discussion have been the recognition of indigenous territories, regional autonomy issues, a new State model as promoter of development, and direct popular participation through traditional means of economic, political and social organization, though these discussions have been marked by polarization between regions and political and economic groups.

7. The 2006-2010 National Development Plan proposes to change the prevailing neo-liberal models of economic, social and political development and to establish a system of governance that prioritizes social and human development centred around full participation of community and disenfranchised groups, especially indigenous communities, in an effort to reverse high levels of exclusion. The new model proposes the development of integrated, intersectoral and child-centred national policies, especially in relation to eradicating malnutrition, illiteracy and violence.

8. The National Development Plan seeks to continue reducing the infant mortality rate, which dropped from 89 to 54 deaths per 1,000 live births between 1989 and 2003, but which remains very high among the indigenous population, at 94 deaths. The Plan also strives to continue reducing the maternal mortality ratio, which decreased from 390 to 230 deaths per 100,000 live births between 1994 and 2003. Although 61 per cent of all, and 52 per cent of indigenous, childbirths are attended by a health care professional, half of infant deaths occur during the neonatal period. In the region, Bolivia has the third highest rate of chronic malnutrition in children under age three, which has stabilized at around 25 per cent since 1998. In 2003, only 55 per cent of the indigenous population had access to piped water and 54 per cent had basic sanitation services. Access to early childhood development (ECD) services is very low, at 7 per cent for children under six, while fewer than half of children under age five are enrolled in pre-school education. There have been significant advances in birth registration, but there are still problems with registering newborns.

9. The national school attendance rate for children and adolescents 6 -19 years old reached 80 per cent in 2001, but only 69 per cent for indigenous girls. In the same year, school dropout affected 22 per cent of indigenous children aged 6-14, and a higher proportion of rural than urban children. Although the net coverage during the eight years of free obligatory primary schooling was very high, at 94 per cent in 2004, the formal education system cannot adequately integrate vulnerable groups such as children who are migrants, who work, who live or work on the streets or who have disabilities. The (2004) net secondary school enrolment is low, at 59 per cent.

10. In 2003, the World Health Organization (WHO)/Pan American Health Organization (PAHO) reclassified the HIV/AIDS epidemic from incipient to concentrated, indicating an increase in transmission risk factors. Yet studies reveal

that only 53 per cent of adolescents 15-19 years old know how to prevent HIV. A draft national policy on prevention of vertical transmission of HIV, which would guarantee antiretroviral treatment for those who need it, has still not been approved. Thirteen per cent of adolescent girls aged 15-17 have had at least one child.

11. The joint Ministry of Planning/UNICEF Infant, Child and Adolescent Development Index (*Indice Municipal de Desarrollo de la Infancia, Niñez y Adolescencia*, IDINA), estimated that around 400,000 children in 72 municipalities throughout the country do not fully exercise their rights. Cities and border regions show noticeable trends challenging the exercise of rights for children: commercial sexual exploitation, the trade and trafficking of human beings, children living or working on the street, and adolescents in contact/conflict with the law. There is heightened demand for basic social services in peri-urban areas that receive the majority of indigenous migrants. Of the 22 per cent of children who work, many are involved in the worst forms of child labour, including sugarcane and Brazil nut harvests and traditional mining.

12. The country programme will coincide with the implementation of the National Development Plan, the new Constitution, the content of which is still being discussed by the Constituent Assembly, and with a period of increased hydrocarbon revenues, all of which represent new opportunities for child-centred national and local policies. The challenge for UNICEF will be to sustain priorities for children within a fluid political environment while using programmatic strategies capable of surviving institutional transformations and changes.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

13. The National Congress, with UNICEF support, passed important child-focused laws, including those on breastfeeding, free civil registry services, vaccination and trafficking of human beings; ratified the Protocol on Non-involvement of Children in Armed Conflicts; and signed International Labour Organization Conventions (Nos. 182 and 29) regarding the worst forms of child and forced labour.

14. New partnerships were formed with the Office of the Ombudsperson and numerous civil society organizations in order to advocate for children's issues; for increased social mobilization for children's rights and the full participation of children and adolescents in the definition of public policies; and for the inclusion of child rights in the new Constitution.

15. UNICEF, through its Local Integrated Development Plan (*Programa de Desarrollo Local Integrado*, PRODELI), supported the inclusion of goals and resources related to children in the annual and five-year development plans of 54 municipalities. Similarly, capacities for managing local development were strengthened. This involved a multisectoral focus and the involvement of civil society in planning and evaluation. This successful municipal management model, which currently covers 17 per cent of the country's 329 municipalities, has been recognized by the Government as a replicable best practice.

16. The Vice-Ministry of Gender and Generational Affairs successfully included child-related issues in the National Development Plan. Alternative local-level

systems were developed in collaboration with the Ministry of Labour, municipal governments and Departmental Services to increase the access of families involved in the sugarcane harvest to health, education and protection services.

17. UNICEF actively promoted the reduction of ethnic and gender disparities in school access and completion through the implementation of a successful local education management model in 38 municipalities prioritized by the Ministry of Education, where primary school access has increased from 43 per cent to 68 per cent, and completion rates from 38 per cent to 76 per cent. This model is being considered for national scale-up in the formulation of the new education law.

18. Through the consolidation of the Universal Maternal-Child Health Insurance scheme, infant and maternal mortality rates have decreased (as detailed in paragraph 8), and the childbirth component is being culturally adapted in order to increase coverage. Consumption of iodized salt was re-established, reaching 90 per cent of the population. Through the support of a United Nations joint programme, with active UNICEF participation, the Government has established the goal of reaching zero malnutrition in all children under age five by 2010.

19. The construction of around 500 water systems has provided 60,000 people with access to safe water. An innovative multi-donor water and sanitation programme has been established bringing together the Government, UNICEF and key donors (Canada, Netherlands and Sweden) in order to expand interventions, support policies and promote hygiene in a harmonized approach. Literacy training was provided to 54,000 adults, and 20,000 children under age six benefited from integrated child development strategies in 1,636 communities where community rights promoters were elected and trained.

20. These encouraging results notwithstanding, the programme must make a special effort in the following low-impact areas: non-formal education; integrated early childhood development (IECD); family violence; child rights-centred advocacy and promotion, including the principle of best interests of the child; and strengthened investment in monitoring and evaluation systems on the situation of children and women.

Lessons learned

21. UNICEF facilitated the development of 54 Municipal Five-year Plans for Children and Adolescents, which has led to the increased allocation of resources for children. The simultaneous participation from civil society in planning and monitoring of local-level actions has also generated an increase in informed demand and social oversight, although these processes require consolidation. Given the greater national funding available to municipal governments, complemented by active civil society participation, the challenge for the programme will be to graduate from direct service implementation towards a consolidation of national and local capacities for quality investments in children's programmes.

22. The country programme's structure was based on three sectors of health/nutrition, education and protection, complemented by the efforts of PRODELI. Through PRODELI, intersectoral planning and coordination was needed at the local level in order to identify municipalities for common intervention of all sectors to avoid overlap. Nevertheless, each sector developed parallel actions in numerous municipalities that were inconsistent with those promoted by PRODELI.

In order to ensure greater consistency between local interventions and sectoral policies, UNICEF will retain its accumulated leadership in local integrated development, while strengthening internal coordination and management mechanisms.

23. Though the programme made important contributions to the design of policies that coincide with national priorities, an internal strategy must be developed to more effectively coordinate the design of sectoral public policies, social mobilization, programme communication, and local and national monitoring and evaluation systems.

24. The flexibility of the programme to adapt to national priorities and its ability to leverage resources to implement actions at municipal level have ensured continuity of child-focused actions, even in a context of constant political change. The programme will need to continue to be adaptable and to identify new opportunities for children during this period of institutional consolidation.

The country programme, 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Child and adolescent survival, health and development	800	15 000	15 800
Water, hygiene and environmental sanitation	500	15 000	15 500
Education for life and citizenship	800	14 000	14 800
Child protection	900	11 000	11 900
Public policy, advocacy and partnerships for child rights	800	8 000	8 800
Cross-sectoral costs	2 670	3 000	5 670
Total	6 470	66 000	72 470

Preparation process

25. Preparation began with the 2005 mid-term review. Since then, numerous consultations have taken place involving government, civil society, and international development partners. Of note was the involvement of the country programme's Indigenous Assessment Committee.

26. In March 2006, the United Nations system began the common country assessment (CCA) and United Nations Development Assistance Framework (UNDAF) exercises, forming inter-agency work groups to analyse the Millennium Development Goals through a focus on gender, intercultural relations, governance and emergencies. The priorities identified in the National Development Plan were incorporated into the analysis, as was the Government's vision of the role of the United Nations system. It was agreed that the system could significantly contribute to four strategic areas of the National Development Plan: political-institutional,

social, environmental and economic productivity. The UNDAF defines five outcomes for the 2008-2012 period. The UNDAF and CPD results matrices were developed in consultation with authorities from the Ministry of Development Planning and sectoral Ministries, and the final version was approved at the February 2007 Joint Strategy Meeting.

Goals, key results and strategies

27. The main objective of the country programme is to ensure that Bolivian children and adolescents survive, grow and develop skills and capacities within an environment of inclusion, respect for cultural diversity and gender equity. The goals and components of this country programme are consistent with the previous country programme, whereby the focus on health, nutrition, education and protection are retained. Two new components on water and sanitation and public policies/advocacy for children's rights are included, while the integrated local development component is mainstreamed throughout the programme.

28. The first strategy of the programme is based on the life-cycle approach and will support three high-level key results. First, during early childhood, children aged 0-5 years are fully registered, nourished and healthy and have developed their physical, cognitive and emotional capacities in a protective and culturally sensitive environment. Second, throughout middle childhood, children aged 6-13 are enrolled in and complete quality, inclusive and culturally sensitive primary education; are healthy and nourished; are physically and emotionally protected; and participate in their own development while reaffirming their identity through intra- and intercultural dialogues. Third, during adolescence, children aged 12-18 are empowered with life skills; possess competencies and access opportunities that enable them to claim their rights; are protected from violence, mistreatment and exploitation; and live in healthy environments conducive to intercultural citizenship. This strategy calls for integration and for ensuring that children are at the centre of all interventions and that the best interests of children are considered in all decisions that affect children's lives.

29. The second strategy focuses on the capacity-building of communities, families and individuals, as well as institutions. This includes strengthening practices regarding social oversight, hygiene, health, nutrition, education, and the social upbringing and treatment of children, emphasizing the strengthening of existing community management structures. The strategy will also promote methodologies that will ensure institutional continuity and sustainability in light of the high turnover of public officials, and will promote risk management to reduce levels of vulnerability during emergencies and disasters, with priority given to children's issues. The third strategy is reduction of gender, demographic and geographic disparities, especially those affecting indigenous populations, with a focus on the areas identified by the IDINA index as having the lowest levels of child rights fulfilment. The strategy will cover at least 42 rural municipalities prioritized with the Government in the Communities in Action initiative, which is a part of the National Development Plan, and support will be given to other municipalities as needed within the context of the Plan's Communities in Solidarity and Reciprocal Communities initiatives. Interventions will be based on vulnerability indicators, the assessment of minimum management capacities required to develop local and national policies, and a commitment to a five-year programming cycle to ensure programmatic sustainability. In close coordination with the Government, the

strategy will promote demonstration/model sites with the potential of quickly reaching national scale.

30. Complementary strategies include advocacy for children's rights to stimulate investment in children's issues and the development and implementation of public policies and programmes to achieve results for children at national and local levels, with a focus on rights, gender and interculturalism; communication for social mobilization to promote greater awareness of children's rights; effective child and adolescent participation in all decision-making that concerns them; and knowledge management to promote greater demand for the fulfilment of child rights.

31. Cross-cutting issues such as gender and intercultural acceptance will include empowering women and indigenous groups in the decision-making process, ensuring that their rights are respected by the State; eliminating gender-based violence; and promoting a non-stereotyped image of children and women in different cultural contexts.

Relationship to national priorities and the UNDAF

32. Capitalizing on the broad experience of UNICEF in integrated local development, the programme will contribute to the priorities, targets and goals identified in the National Development Plan and the Social Protection and Community-based Integrated Development Programme: reducing poverty and inequality in rural communities, indigenous populations and vulnerable urban groups. Through technical assistance, the programme will support the eradication of malnutrition, illiteracy and the worst forms of child labour; the transformation of the education system; the reduction of domestic violence; and a strengthened focus on children who live or work on the street.

33. The Executive Committee agencies' programme cycles are fully harmonized and consistent with the 2008-2012 UNDAF. To ensure that child rights are mainstreamed in the United Nations system, the programme will contribute to four UNDAF results: (a) strengthened democratic governance; (b) zero malnutrition and improved health and water services in vulnerable populations; (c) enhanced individual and community capacity-building within the social sectors, especially HIV/AIDS prevention, IECD, quality universal basic education, the development of social protection and birth registration systems, mechanisms to protect adolescent workers from exploitation, and the progressive eradication of child labour; and (d) strengthened emergency and risk management based on the UNICEF Core Commitments for Children.

Relationship to international priorities

34. The programme contributes to the goals and focus areas of the UNICEF medium-term strategic plan (MTSP), Millennium Development Goals and *A World Fit for Children*, as detailed in the summary results matrix.

35. The programme will respect key principles of national leadership and harmonization espoused by the Paris Declaration on Aid Effectiveness; support United Nations reform at all levels; and address UNICEF regional priorities of HIV/AIDS, malnutrition, excluded populations, disparities, violence and emergencies.

Programme components

36. **Child and adolescent survival, health and development.** Despite significant advances made in reducing the rates of maternal and infant mortality, these rates continue to be among the highest in Latin America, particularly in terms of neonatal death. High levels of malnutrition in children under age two and the prevention of sexually transmitted infections (STIs) and HIV/AIDS remains a challenge, especially among adolescents, pregnant women and breastfeeding mothers.

37. This component will contribute to better levels of health and nutrition in children, adolescents and women through: (a) reduced malnutrition, from 25 per cent to 18 per cent in children under five, and a reduction of anaemia prevalence in women to 25 per cent; (b) reduced risk of maternal mortality (from 230 to 160 deaths per 100,000 live births), peri-natal deaths (from 27 to 20 deaths per 1,000 live births) and infant deaths, and improved birth registration; (c) diminished risk of infant communicable diseases (all municipalities with coverage of at least 85 per cent for the expanded programme on immunization); and (d) healthy attitudes and practices for preventing transmittable illnesses, especially STIs and HIV/AIDS, among adolescents and youth and their families. These efforts will also require, through technical and financial support from UNICEF and other development partners, that the population, especially indigenous peoples, enjoys full access to the existing universal health insurance scheme and to quality and culturally sensitive health care that also responds to gender-based violence.

38. The programme will also strengthen national and departmental capacities for health sector response and preparedness during emergencies and disasters.

39. **Water, hygiene and environmental sanitation.** The precarious environmental health conditions in poor rural areas, especially in terms of access to safe water and the appropriate disposal of excreta, negatively affect children's health and development opportunities. The creation of this new programme component was warranted by the recent increase in partners and financial resources in this area; the growing priority given to this area by the Government; and the recognized leadership capacity of UNICEF in water and environmental sanitation.

40. The component will contribute to the creation of healthy environments, for children and their families, that protect their health, increase their opportunities for learning and development and offer a dignified social environment while increasing access to safe water, and familiarity with hygienic habits and practices. The programme will strengthen services to reach 20,000 families in 800 rural communities (15 per cent of the population without services in the area of intervention) and provide clean, sanitary conditions in 1,000 schools and boarding schools.

41. The component will also ensure access to water and sanitation services, and promote hygiene in selected communities, while strengthening the necessary capacities to allow municipal governments and communities to progressively assume responsibility for hiring, building, supervising and monitoring water and sanitation services. The component will play an important part in strengthening and sustaining sectoral responses to emergencies and disasters.

42. **Education for life and citizenship.** Although primary education registration rates have increased over the years, school absence and dropout rates are still high, especially among the indigenous population. In addition, over-age students are a

growing trend. While half of the child population has access to pre-school education, coverage levels in ECD programmes are very low. Illiteracy rates, especially among indigenous women, continue to be high (43 per cent, compared with 13 per cent nationally, as of 2001).

43. This component will contribute to increasing school access and retention, and to minimizing the proportion of older children in lower grades by promoting quality teaching and learning. At the national level, it will facilitate the development of an IECD policy and support the access of 50,000 children under age six to different means of pre-school education in selected municipalities. In basic education, which is UNICEF Bolivia's area of comparative advantage, the component will promote increased school access, retention and completion through expanded local strategies and the inclusion of migrant and indigenous children. In non-formal education, where UNICEF involvement will be complemented by that of other partners with more experience, the component will support children who are outside of the education system and those who have disabilities as well as young mothers and illiterate women. The component will support the development and implementation of the new education law and will develop national and local capacities to respond to education-sector needs in emergencies and disasters. Synergies will be developed with the Ministry of Health's "Zero Malnutrition" programme.

44. **Child protection.** Bolivia's legal and regulatory framework is adequate for protecting and restoring the rights of children, adolescents and women, as expressed in the Child and Adolescent Code, the Convention on the Rights of the Child and other human rights instruments. Nevertheless, institutional capacities at all levels are insufficient.

45. This component will contribute to consolidating a protective environment for children and adolescents by strengthening the national child protection system and its mechanisms for preventing and addressing child mistreatment, exploitation and violence.

46. The component will strengthen the capacities of government institutions responsible for protecting and defending child and adolescent rights within the juvenile justice system, according to international standards. It will continue to strengthen the Municipal Child Defenders offices, support the work of Community Rights Promoters, and facilitate the establishment of Municipal Child Rights Commissions and inter-institutional networks working in this field. Special emphasis will be placed on the right to identity through the consolidation of free birth registration and its adaptation to local conditions.

47. The component will promote the prevention of rights violations, attention to rights and restitution of rights, while enhancing the focus on vulnerable populations. It will further promote children's rights within the different cultural perspectives in the country, and will advocate for a strengthened relationship between customary and formal legal systems, especially in relation to juvenile justice and violence. The programme will support Government authorities in emergency preparedness and response, emphasizing prevention of sexual abuse and exploitation.

48. **Public policy, advocacy and partnerships for child rights.** Bolivia's health, protection and education policies that favour children and adolescents are comprehensive and well designed. However, institutional reliability is still incipient

and fragmented, marked by high staff turnover and insufficient integration among sectors.

49. All of the country programme components will support the development and implementation of relevant sectoral public policies and legal reforms. This component will contribute to child development becoming a priority of the State, helping to increase the state's capacity to formulate, implement, monitor and evaluate public policies and legal reforms. The component will support the creation of institutional frameworks and legal reforms that contribute to the fulfilment of children's rights, and will support the other programme components in the development of advocacy strategies and inputs for sectoral policy analysis. Strategies will be developed for social oversight and the monitoring of children's issues and the Millennium Development Goals through observatories, studies, research and specific monitoring and evaluation indicators. This will be the focal component in the development of the National Plan of Action for Children and Adolescents. The component will develop communication and programme communication strategies to foster social mobilization, child/adolescent participation and a culture of respect for child rights, with a view to changing attitudes and behaviours in Bolivian society.

50. The adoption of local and national policies for children will be supported, with an emphasis on enhanced management of local integrated development, and local development partners will be supported to better incorporate national and sectoral policies in their programmes for children. At the community level, with the participation of grassroots organizations, the component will support community organizations in caring for protecting and watching over the rights of children. Responses to emergencies and disasters will be incorporated.

51. **Cross-sectoral costs.** Cross-sectoral costs will cover the activities that support the execution of the entire programme, including salary costs for support and technical staff, travel expenses for monitoring and evaluation activities, office supplies and equipment costs.

Major partnerships

52. UNICEF will mobilize partnerships to leverage resources for children, build greater interest around children's issues, and advocate for more attention to be given to children in new aid modalities such as the sector-wide approach (to development assistance) and direct/general budget support.

53. The Vice-Ministry of Public Investment and External Finance in the Ministry of Planning is the central partner for planning, coordination and monitoring of the programme. Specific components of the programme will be implemented and monitored with the Ministries of Health and Sports, Education, Water, and Justice, as well as with relevant Vice-Ministries within each. Other major partners at the central level include the National Electoral Court; universities; research institutes; the Ombudsperson; the National Institute of Statistics; the ANNI News Agency; the Bolivian Alliance for Children and Adolescents; the National Congress; and the Constituent Assembly.

54. Activities at the community and municipal levels will be coordinated through municipal governments, departmental services for each sector, community

promoters and agents, indigenous organizations, Child Defenders offices and local non-governmental organizations.

55. Partnerships will be strengthened with major international development partners, including the Canadian International Development Agency, the Inter-American Development Bank, the Japan International Cooperation Agency, the Swedish International Development Cooperation Agency, the United States Agency for International Development, the Spanish International Cooperation Agency, the World Bank, and the Governments of Denmark, Italy, Finland and the Netherlands, among others, in order to strengthen technical synergies and leverage resources. National Committees will continue playing a central role in advocacy and resource mobilization.

56. UNICEF will be an active member of all United Nations inter-agency committees established to oversee the implementation of UNDAF, and will be closely involved in the newly developed nutrition joint programme together with WFP, the Food and Agriculture Organization of the United Nations, ILO, the United Nations Development Programme, the United Nations Population Fund (UNFPA), WFP, WHO/PAHO and other agencies. In activities related to child labour and trafficking, collaboration will take place with ILO and the International Organization for Migration. In child survival and adolescent development programmes, UNICEF will work closely with UNFPA and PAHO.

Monitoring, evaluation and programme management

57. The country programme has several overall key impact indicators: maternal and infant mortality rates; primary education access, retention and completion rates; access to potable water and sanitation; and governmental expenditures on childhood issues by life cycle. During early childhood, child development will be measured; during middle childhood, implementation of health and protection measures and education access, retention and quality will be monitored; and during adolescence, HIV/AIDS infection rates, as well as participation in arenas that promote full citizenship, will be measured.

58. Programme progress will be monitored at yearly meetings, coordinated jointly with the Vice-Ministry of Public Investment and External Finance, to assess the expenditure and implementation rates of annual plans of action. In 2010, a mid-term review will be carried out jointly with the Government and other partners. The Integrated Monitoring and Evaluation Plan is the main instrument for those activities and will identify key themes requiring in-depth evaluation. Capacity-building of national counterparts in monitoring and evaluation is a priority. Relevant internal and external coordination mechanisms will be established to respond to the high degree of intersectoral collaboration promoted in the programme.

59. In 2008, and in coordination with the National Institute of Statistics (NIS), the programme will conduct a local baseline study of the indicators established in the results matrix for ongoing monitoring and for informing a final country programme evaluation in 2012. The baseline will include data disaggregated by gender, geography, and population. In collaboration with NIS and the United Nations system, DevInfo will be strengthened in order to monitor the Millennium Development Goals at national and subnational levels.

UNICEF MTSP focus area	Expected key results in this focus area and baseline estimates	Key progress indicators*	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
The main objective of the cooperation programme is to ensure that Bolivian children and adolescents, at each stage of their lives, survive, grow and develop their capacities within an environment of inclusion, respect for cultural diversity and gender equity.					
In <i>early childhood</i> , the programme will contribute to children 0-5 having birth registration, being well-nourished and healthy, and developing their physical, cognitive and emotional potential in an environment that is protective and respectful of their culture.					
In <i>childhood</i> , the programme will contribute to children 6-13 completing quality, culturally sensitive basic education, ensuring that they are healthy, well nourished and protected in terms of their physical, psychological and social integrity, participating in their own development and affirming their identity through intra- and intercultural dialogue.					
In <i>adolescence</i> , the programme will contribute to adolescents 12-18 having the possibility of education for life, having competencies and opportunities and being empowered to exercise their rights and be protected from all forms of violence, mistreatment and exploitation, as well as living in healthy conditions and exercising intercultural citizenship.					
Child and adolescent survival, health and development component:					
1: Young child survival and development 3: HIV/AIDS and children CPD component: child and adolescent survival, health and development	1. Neonatal mortality rate (NMR) reduced to 20 per 1,000 live births and maternal mortality ratio reduced to 160 per 100,000 live births (Baseline: NMR of 27 per 1,000 in 2003; MMR of 230 per 100,000 in 2003)	NMR MMR	Demographic and Health Survey (DHS)	Ministry of Health and Sport; Departmental Health Service; Municipal Govts., <i>Consejo Nacional de Alimentación y Nutrición</i> , (CONAN, National Food and Nutrition Council); Communities in Action Programme; Ministry of Education; Vice-Ministry of Basic Services; Departmental Water, Sanitation and Housing Units; grassroots organizations; community health agents.	MDGs: 1,4,5,6,7 WFFC: promote healthy lifestyles UNDAF: Outcome 2-Zero Malnutrition Outcome 3-Develop social capacities, education, Vice-Ministry of Basic Services, Departmental Water, Sanitation and Housing Units, grassroots organizations, community health agents.
	2. Childbirths attended by qualified health care staff increased nationwide to 65%, and to 60% for indigenous women. (Baseline: 61% national average in 2003; 52% among indigenous women in 2001)	Skilled childbirth attendance coverage	DHS National Health Information System (<i>Sistema Nacional de Información de Salud, SNIS</i>)		
	3. Increased puerperium (postpartum) control to 50%. (Baseline: n/a, around 10% in 2006)	Puerperium control coverage	SNIS		

UNICEF MTSP focus area	Expected key results in this focus area and baseline estimates	Key progress indicators*	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	4. Pregnant women with anaemia rate reduced to 25% and stunting prevalence in children under 3 reduced to 18%. (Baseline: anaemia in women from 33% in 2003; stunting prevalence 24% in 2003)	Stunting prevalence among children under 3 Pregnant women aged 15-49 with anaemia	SNIS DHS		
	5. At least 85% of children under 1 in each municipality have reduced their risk to vaccine preventive diseases. (Baseline: National average 85% in 2005)	Vaccination coverage for 3 rd dose of pentavalent	DHS SNIS		
	6. Children and adolescents have access to integrated quality services. (Baseline: n/a)	Health insurance system coverage to children and adolescents. % of violence cases attended and referred by health system.	SNIS		
	7. Risk of parent-to-child transmission of HIV reduced to 80% (Baseline: n/a)	% of seropositive pregnant women know their condition and prevent parent-to-child transmission	DHS		
Water, hygiene and environmental sanitation component:					
1: Young child survival and development CPD component: Water, hygiene and environmental sanitation environments	1. Acute diarrhoeal diseases (ADD) rate reduced to 20% (Baseline: 34% of under-twos in 2003)	Prevalence of ADD children under 2.	DHS SNIS	Vice-Ministry of Basic Services, Departmental Water, Basic Sanitation and Housing Units, health care centres, Ministry of Education, Internal Municipal Technical Units and Potable Water and Sanitation Committees, Basic Sanitation	MDGs: 1, 7 WFFC: promote healthy lifestyles. UNDAF: Outcome 2-Zero Malnutrition

UNICEF MTSP focus area	Expected key results in this focus area and baseline estimates	Key progress indicators*	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	<p>2. The percentage of rural families with access to quality, sustainable safe water increased to 90%; and access to sanitation services to 55%.</p> <p>(Baseline: Safe water coverage 85% in 2004; and sanitation coverage 46% in 2004)</p>	Safe water and sanitation coverage	Household surveys, National Population and Housing Census Water and Sanitation Information System	Foundation, local NGOs, grassroots organizations, Potable Water and Sanitation Committees.	
	<p>3. Children from 20,000 families and in 1,000 schools have learned and practice healthy, hygienic habits.</p> <p>(Baseline: n/a)</p>	% of families and schools demonstrating three key hygiene habits. % of communities free of open defecation	UNICEF monitoring and evaluation system		
Education for life and citizenship component:					
<p>2: Basic education and gender equality</p> <p>CPD component: education for life and citizenship</p>	<p>1. Primary education completion rate increased to 75%.</p> <p>(Baseline: 60% in implementation areas for 2006)</p>	Primary education completion rate	Education Information System National Population and Housing Census Household surveys	Ministry of Education, Department and Municipal education authorities, District Education Administrations, Municipal Governments, indigenous organizations, communities	MDGs: 2, 3 WFFC: educate for all UNDAF: Outcome 3-Develop social capacities
	<p>2. Initial education enrolment for children aged 0- 6 in rural areas increased to 50%.</p> <p>(Net pre-school enrolment 40% in 2004 for rural areas)</p>	Net pre-school enrolment	Education Information System		
	<p>3. The percentage of children aged 6-13 excluded from schools reduced to 10%.</p> <p>(Baseline: 22% in 2004)</p>	Primary school net attendance rate.	National Population Census Household surveys Education Information System		

UNICEF MTSP focus area	Expected key results in this focus area and baseline estimates	Key progress indicators*	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	4. Illiteracy rate among rural indigenous females reduced to 20% (Baseline: 42.3% in 2001)	Rural indigenous female illiteracy rate.	National Population Census Household surveys		
Child protection component:					
4 : Child protection preventing and responding to violence, exploitation and abuse CPD component: Child protection	1. All children, adolescents and women of 311 municipalities are protected by a national and local system to ensure rights fulfilment and restitution. (Baseline: 261 municipalities in 2007)	% of municipalities with defence centres % of cases attended to and resolved by Municipal Child Defence centres. % of children and adolescents who work and do not study.	Municipal Defence centres' records, health and education service records, ILO Reports, NGO reports	Ministries of Justice, Labour and Health, Electoral Courts, department and municipal governments. United Nations agencies (International Organization for Migration, ILO), NGOs and grassroots organizations.	MD: section VI WFFC: Protect against abuse and exploitation and violence. UNDAF: Outcome 3- Develop social capacities.
	2. 80% of children under one are registered. (Baseline: 58% in 2001)	% of children under one with birth registration % of health services which provide birth certificates at birth.	Records and reports from Municipal Child Defence centres. Reports from the Vice-Ministry of Gender and Generational Affairs. Records from education and health care services. SNIS UNICEF follow-up reports.		
Public policy, advocacy and partnerships for child rights component:					
5: Policy advocacy and partnerships for children's rights CPD component: Public policy, advocacy and partnerships for child rights	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.	Reports from Committees on the Rights of the Child and on the Elimination of Discrimination against Women	Ministries of Planning, Justice, Finance, the Presidency, National Parliament, National Child and Adolescent Council, National Institute of Statistics, Office of the Ombudsperson, Children's Platform, NGOs, Department and	MDG: 8 WFFC: Eradicate poverty, invest in childhood. UNDAF: Outcome 1- Governability.
	2. social investment for children increased to 7.5% of GDP (Baseline: 6.7% in 2004)	% of GDP allocated to social investment for children.	National Budget Ministry of Planning Ministry of Finance		

UNICEF MTSP focus area	Expected key results in this focus area and baseline estimates	Key progress indicators*	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	3. Department and municipal governments include strategies for and invest in children and adolescents.	% of municipal and departmental development plans that identify actions, strategies and investment in child-related issues.	Desk reviews of municipal development plans. UNICEF monitoring system.	Municipal governments, grassroots and indigenous organizations, communities, children and adolescents.	
	4. 30 Andean, Amazon and El Chaco municipalities implement and finance with local resources, local plans of action for children. (Baseline: n/a)	% of municipalities which implement and finance local plans of action with own resources. % of local plans with budgets investing in children	Ministry of Finance Local observatories of children's situation		
	5. Percentage of CRING indicators that can be updated yearly through national statistical records increased to 30%. (Baseline: 12% in 2007)	% of CRING indicators updated yearly.	CRING, National Institute of Statistics, DevInfo		
	6. Increased percentage of Bolivian society that has a favourable opinion of child rights	% of adults with knowledge of child rights. % of children and adolescents with knowledge of their rights.	UNICEF and partners opinion and perception polls		

* Key progress indicators, as appropriate, are broken down by gender, urban/rural and indigenous.