



**Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services**

Distr.: General  
3 July 2017

Original: English

**Second regular session 2017**  
5 to 11 September 2017, New York  
Item 10 of the provisional agenda  
**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for the Plurinational State of Bolivia**

Proposed indicative UNFPA assistance: \$14.0 million: \$4.5 million from regular resources and \$9.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Sixth

Category per decision 2013/31: Orange

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.3	4.3	5.6
Outcome 2	Adolescents and youth	0.9	1.8	2.7
Outcome 3	Gender equality and women's empowerment	0.8	1.8	2.6
Outcome 4	Population dynamics	0.9	1.6	2.5
Programme coordination and assistance		0.6	-	0.6
<b>Total</b>		<b>4.5</b>	<b>9.5</b>	<b>14.0</b>



## I. Programme rationale

1. Almost a decade after the adoption of the Political Constitution, progress can be seen in the consolidation of the Plurinational State according to principles of national identity, non-discrimination, inclusion, participatory and intercultural democracy, decentralization, autonomy and sovereignty.

2. Living well, a transformative development paradigm based on the harmonious coexistence of human beings with nature, is at the heart of the 2025 Patriotic Agenda, which shapes the country's vision in keeping with the 2030 Agenda for Sustainable Development. The National Social and Economic Development Plan 2016-2020 operationalizes the Patriotic Agenda, focused on reducing extreme poverty and inequalities, while continuing to foster economic growth at an average annual rate of 5 per cent.

3. In line with national priorities and within the United Nations Complementary Framework for Living Well 2018-2022, the UNFPA country programme will contribute to sustainable development in Bolivia, providing technical assistance and establishing integrated pilot interventions in the areas of adolescence and youth, sexual and reproductive health and reproductive rights, and gender, which are acknowledged by national objectives as enabling factors in poverty and inequality reduction.

4. Bolivia is a lower middle income country in the medium human development index. Between 2006 and 2015 extreme poverty fell from 38 to 17 per cent and poverty from 60 to 39 per cent. Some 1.4 million people were lifted out of poverty, expanding a vulnerable middle class, which now represents the most notable feature of the new social structure. Nevertheless, Bolivia is still one of the poorest and most unequal countries in the region, with a Gini index of 0.47.

5. Landlocked Bolivia is a diverse, pluricultural and geographically complex country, with a population of 10.1 million distributed among nine departments and 339 municipalities. Some 41 per cent identify themselves with one of 37 indigenous peoples. Bolivia has experienced a demographic and social transformation, characterized by rapid urbanization (67.5 percent live in urban areas), rural to urban migratory flows, and a demographic dividend expected to last until 2062. Young people under 29 represent 60.3 per cent of the population. Bolivia is prone to natural disasters, particularly floods and droughts, and vulnerable to the effects of climate change. The country's capacities to cope with disasters need to be strengthened.

6. The Political Constitution of the State recognizes the universal right to free healthcare that integrates western medicine with ancestral practices. A milestone achievement is the recognition of sexual and reproductive rights of Bolivian women and men. However, despite advances in legal and policy frameworks, key implementation gaps still hamper the full enjoyment of those rights. High maternal mortality rates, adolescent pregnancy and gender-based violence represent major challenges.

7. Although various public policies and norms address maternal and neonatal health, including the Strategic Plan for the Accelerated Reduction of Maternal Mortality, the Family, Community and Intercultural Healthcare Policy and the Juana Azurduy Bono, Bolivia has the second highest maternal mortality ratio in Latin America, with 160 deaths per 100,000 live births. This ratio is four times higher among indigenous communities, with the departments of Cochabamba, La Paz and Potosí presenting the highest ratios. More than two-thirds of maternal deaths occur among young, poor, indigenous women, mainly in rural and peri-urban areas. One third of maternal deaths occur among women below age 24 and 14 per cent among adolescents aged 15-19 years. Approximately 63 per cent of maternal deaths correspond to direct obstetric causes, with haemorrhage being the leading cause, followed by hypertension and abortion. Around 10 per cent of maternal deaths are related to suicide, especially among adolescent girls. Poor health management, particularly at the primary healthcare level, low coverage of births attended by skilled health providers, limited access to basic and emergency obstetric and neonatal care, weak maternal mortality surveillance and response, and lack of culturally-appropriate services represent critical implementation gaps.

8. Eighteen per cent of female adolescents are already mothers or pregnant. The adolescent fertility rate is 88 live births per 1,000 women aged 15-19 years, with differentials between rural/urban areas (132 and 67 accordingly). Unmet need for family planning among adolescents and youth is 38 per cent, compared to 20 per cent among women aged 15-49. Adolescents and youth aged 15-24 accounted for 27 per cent of new HIV infections in 2016. Adolescent pregnancies, especially in girls below age 15, are often associated with sexual abuse and higher risk of death during pregnancy and childbirth.

9. Rates of sexual violence and femicide are among the highest in Latin America. Violence against women is tolerated in the context of a patriarchal culture and high levels of impunity. Only 1 per cent of gender-based violence cases and 20 per cent of femicides are prosecuted and convicted. A multi-sectorial and coordinated response among health, justice and police operators, adequate allocation of resources, and training on addressing cases of gender-based violence, particularly sexual violence, are required. Bolivia is one of the five countries in South America with the highest number of cases of human trafficking, mostly affecting women, young girls and children.

10. The 2012 Population and Housing Census is the main source of socio-demographic data. The Demographic Health Survey is outdated (2008). There are important data gaps in maternal mortality, adolescent pregnancy, and sexual violence, due to limited national surveys, precarious administrative records and insufficient data disaggregation.

11. During the country programme 2013-2017, UNFPA positioned itself as a strategic partner of the Plurinational State of Bolivia, supporting the development of a favourable regulatory framework for sexual and reproductive health and reproductive rights and gender-based violence, particularly sexual violence. The approval of Law 348 to guarantee a life free from violence, the Law 342 on Youth and the Multisectorial Plan for the Prevention of Adolescent Pregnancies and the Law on Gender Identity are noteworthy achievements.

12. Lessons learned from the evaluations on family planning, gender-based violence, and adolescents and youth inform the proposed programme: (a) a comprehensive approach enables a more effective response; (b) strategic partnerships with government, academia, civil society and other United Nations organizations ensure greater ownership of interventions; (c) Bolivia's geographical and administrative complexity requires expanding implementation of the current policies and plans at the subnational level; (d) exploring new emerging issues, such as the demographic dividend and work with people with disabilities, should continue; and (e) systematization and sharing of experiences foster UNFPA visibility and leveraging of resources.

## **II. Programme priorities and partnerships**

13. The proposed programme is aligned with national priorities identified in the 2025 Patriotic Agenda and the Social and Economic Development Plan 2016-2020; the United Nations Complementary Framework for Living Well in Bolivia 2018-2022, particularly the UNDAF outcomes related to Sustainable Development Goals 1, 3, 5, 10, 16 and 17; the Family Planning 2020 commitment; and the Montevideo Consensus for Population and Development.

14. The programme will combine advocacy/policy dialogue, knowledge management and capacity development in support of Government efforts to reduce geographic, socio-economic, gender, cultural, and generational inequalities in the areas of maternal mortality reduction, prevention of adolescent pregnancy and sexual violence. The programme will address preparedness and response actions during natural disasters across the four outputs. Strengthening of the National Statistical System will also be prioritized. The programme scope will be national and subnational, focusing on the departments of Chuquisaca, Potosi, Pando, Cochabamba and La Paz. Women, adolescents and young people, particularly those living in rural and peri-urban areas, indigenous peoples, Afro-Bolivians, people of sexual diversity, and persons with disabilities, will be main targets of this programme.

15. UNFPA will leverage strategic partnerships with government, academia, and international cooperation, while also consolidating work with civil society organizations to strengthen their oversight, social monitoring and advocacy capacities and foster their engagement in the promotion of sexual and reproductive rights. Sustainability of initiatives will be ensured through systematization of experiences, identification of lessons learned and sharing of good practices.

**A. Outcome 1: Sexual and reproductive health**

16. Output 1: Strengthened national capacities to ensure universal access to high-quality integrated sexual and reproductive health information and services for rural and peri-urban women, indigenous peoples, Afro-Bolivians, adolescents and youth, people of sexual diversities and people with disabilities, including in humanitarian settings. Key interventions include: (a) policy dialogue and technical assistance to the Ministry of Health for enhanced implementation of sexual and reproductive health policies, plans and protocols, at the national and subnational levels, with a focus on maternal mortality reduction (including strengthening the maternal death surveillance and response system) and adolescent pregnancy prevention; (b) technical assistance to the Ministry of Health to strengthen the supply chain and enhance the logistics and management information system for forecasting and monitoring availability of contraceptives and maternal health life-saving essential drugs; (c) strengthening the competencies of healthcare providers, including doctors, nurses and midwives, in the provision of basic and emergency obstetric and neonatal care; (d) enhancing the capacities of health providers for information and counselling on family planning, including modern contraceptives, and comprehensive healthcare for adolescents and youth; (e) strengthening the capacities of health providers for the prevention and management of sexual violence against women and young girls, including the implementation of the Minimum Integrated Service Package in emergency preparedness and response plans; and (f) strengthening the capacities of civil society organizations for social monitoring on the implementation of sexual and reproductive health policies.

**B. Outcome 2: Adolescents and youth**

17. Output 1: Increased national capacity to provide youth and adolescent girls, particularly those at risk of early unions, adolescent pregnancy and sexual violence, with skills and knowledge on sexual and reproductive health and rights, including the right to comprehensive sexuality education. Key interventions include: (a) promoting evidence-based policy dialogue, advocacy and strategic partnerships with the Ministries of Justice, Planning, Health, Education and Sports for the development and implementation of conducive legal frameworks on sexual and reproductive health and rights for adolescents and youth, focusing on girls below age 15; (b) providing technical assistance to the Ministries of Education, Sports and local governments for the implementation of comprehensive sexuality education programmes in and out of school, with a focus on prevention of adolescent pregnancy and sexual violence; (c) promoting active participation of adolescents and youth in planning, implementation and monitoring of youth-related public policies and programmes, including on sexual and reproductive health and reproductive rights.

**C. Outcome 3: Gender equality and women's empowerment**

18. Output 1: Strengthened capacities to advance gender equality and empower women and young girls to exercise their sexual and reproductive rights and be protected from gender-based violence, particularly sexual violence, including in humanitarian settings. Key interventions include: (a) strengthening the capacities and knowledge of indigenous peoples and their organizations to exercise and demand their sexual and reproductive rights, increasing their participation in public decision-making; (b) strengthening the capacities of civil society organizations, particularly of women, indigenous peoples, Afro-Bolivians, youth, people of sexual diversity and people with disabilities, for social monitoring and compliance with international and national legislation on sexual and reproductive rights, including the right to a life free from violence; (c) strengthening intersectoral referral mechanisms among health, police and justice operators, including

the indigenous justice, to provide a timely and quality response to gender-based violence, particularly sexual violence, including in humanitarian settings.

#### **D. Outcome 4: Population dynamics**

19. Output 1: Strengthened capacities of population data systems to map and address inequalities, through the generation, analysis, and use of high-quality disaggregated data, to guide evidence-based policies. Key interventions include: (a) strengthening the capacities of the national statistical system for follow-up to the 2025 Patriotic Agenda and the National Social and Economic Development Plan, and their linkages with Agenda 2030 and the Montevideo Consensus; (b) technical assistance to the National Statistics Institute in the preparatory stages of the National Population and Housing Census, scheduled for 2022; (c) strengthening national and subnational capacities for mapping, processing, use and socialization of quality disaggregated data, particularly on maternal mortality, adolescent pregnancy and sexual violence, focusing on the generation and use of administrative records and other statistical data for development planning; (d) generating evidence on population dynamics and their linkages with poverty, sustainable development and sexual and reproductive health and reproductive rights; (e) providing technical assistance to the Social and Economic Policy Analysis Unit for developing national transfer accounts, utilizing the information produced to prioritize policies that take advantage of the demographic dividend; and (g) systematizing lessons learned and good practices of the programme as a whole in order to mobilize resources and replicate experiences through south-south cooperation.

### **III. Programme and risk management**

20. UNFPA will apply the standard operating procedures of the United Nations and implement the harmonized approach to cash transfers. Actions will be coordinated with other United Nations organizations, in line with the spirit of One United Nations.

21. UNFPA will continue to implement a resource mobilization strategy, leveraging strategic multisectoral partnerships with government, civil society, academia, bilateral and multilateral development partners. Current staffing arrangements are adequate to effectively and efficiently deliver the proposed programme. The country office will seek technical support from the regional office and headquarters, including South-South cooperation, as needed.

22. Risk-mitigating strategies will be put in place to address programmatic risks, including: advocating with new donors to offset the reduction of regular resources; engaging in advocacy at the highest levels to ensure sustainability, despite turnover in political and technical authorities; establishing integrated risk monitoring and control processes to ensure efficient and timely use of resources. In addition, sexual and reproductive health and violence against women preventive actions at local level will be addressed to enhance resilience of communities and people.

23. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

### **IV. Monitoring and evaluation**

24. UNFPA and the Government, through the Ministry of Development Planning, will manage and monitor the country programme, following UNFPA policies and procedures, as well as results-based management and accountability frameworks. UNFPA will actively participate in the UNDAF monitoring and evaluation, contributing to strengthen national capacities to monitor UNDAF, National Development Plan, SDGs and Montevideo Consensus indicators. The country office will organize field-monitoring visits and annual technical meetings with implementing partners to track progress and adjust annual workplans, as needed.

25. An end-of-country programme evaluation will be conducted. Lessons learned and recommendations will inform programme implementation and allow identification of priorities for the new cooperation cycle.

## RESULTS AND RESOURCES FRAMEWORK OF BOLIVIA (2018-2022)

<b>National priority:</b> Health, education and sports for the formation of an integral human being <b>UNDAF outcome:</b> Increased access to high-quality services, sustainable, affordable and equal rights in education, health, water, sanitation and hygiene promotion				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<b>Outcome 1: Sexual and reproductive health</b>  <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate <i>Baseline: 24; Target: 30</i></li> <li>Percentage of births attended by a skilled birth attendant <i>Baseline: 68%; Target: 75%</i></li> <li>Percentage of women aged 15-19 years) who have their need for family planning satisfied with modern methods <i>Baseline: 40.9%; Target: 60%</i></li> </ul>	<u>Output 1:</u> Strengthened national capacities to ensure universal access to high quality integrated sexual and reproductive health information and services for rural and peri-urban women, indigenous peoples, Afro-Bolivians, adolescents and youth, people of sexual diversities and people with disabilities, including in humanitarian settings	<ul style="list-style-type: none"> <li>Number of municipalities that implement sexual and reproductive health policies and plans for rural and peri-urban women, indigenous peoples, Afro-Bolivians, adolescents and youth, people of sexual diversities and people with disabilities <i>Baseline: 4; Target: 12</i></li> <li>Number of municipalities providing differentiated sexual and reproductive health care for adolescents <i>Baseline: 4; Target: 12</i></li> <li>Percentage of Service Delivery Points offering at least five modern contraceptive methods <i>Baseline: 72%; Target: 80%</i></li> <li>Percentage of municipalities with EmONC services following protocols of quality care <i>Baseline: 50%; Target: 70%</i></li> <li>MISP incorporated in available SRH preparedness and response National Plan <i>Baseline: No; Target: Yes</i></li> </ul>	Ministry of Health; Health Departmental Services; Central Warehouse of Health Supplies; Departmental and Municipal Governments; United Nations organizations; academia; civil society organizations	\$5.6 million (\$1.3 million from regular resources and \$4.3 million from other resources)
<b>National priority:</b> Health, education and sports for the formation of an integral human being <b>UNDAF outcome:</b> Increased access to high-quality services, sustainable, affordable and equal rights in education, health, water, sanitation and hygiene promotion				
<b>Outcome 2: Adolescents and youth</b>  <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Adolescent birth rate (aged 15-19 years) per 1,000 women <i>Baseline: 88; Target: 44</i></li> </ul>	<u>Output 1:</u> Increased national capacity to provide youth and adolescent girls, particularly those at risk of early unions, adolescent pregnancy and sexual violence, with the skills and knowledge on sexual and reproductive health and rights, including the right to comprehensive sexuality education	<ul style="list-style-type: none"> <li>Number of municipal youth laws and multisectorial plans that implement the specific provisions related to adolescent pregnancy prevention <i>Baseline: 2; Target: 10</i></li> <li>Number of comprehensive sexuality education programmes in and out of school implemented at the national and local levels <i>Baseline: 1; Target: 4</i></li> </ul>	Ministries of: Justice, Sports and Education	\$2.7 million (\$0.9 million from regular resources and \$1.8 million from other resources)
<b>National priority:</b> Sovereignty and transparency in public administration <b>UNDAF outcomes:</b> State institutions have designed and implemented effective policies oriented to an agenda of rights and social protection that promote coexistence without violence. Strengthened the exercise of the rights of women and girls, promoting a life free from violence, in line with the international commitments.				

<p><b>Outcome 3: Gender equality and women's empowerment</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months <i>Baseline: 24%; Target: 22%</i></li> </ul>	<p><u>Output 1:</u> Strengthened national capacity to advance gender equality and empower women and young girls to exercise their sexual and reproductive rights and be protected from gender-based violence, particularly sexual violence, including in humanitarian settings</p>	<ul style="list-style-type: none"> <li>Number of civil society organizations actively participating in social tracking of the Montevideo Consensus. <i>Baseline: 2; Target: 6</i></li> <li>Number of comprehensive plans of indigenous organizations that specifically address sexual and reproductive rights, including the right to a life free of violence. <i>Baseline: 2; Target: 5</i></li> <li>Number of national institutions working in the chain of violence providing quality services according to established protocols <i>Baseline: 1; Target: 4</i></li> </ul>	<p>Ministries of: Justice; Health; Education; Sports; Public Ministry; Police; Vice-Ministry of Civil Defence; Departmental and Municipal Governments; Human Rights Community; civil society organizations; indigenous organizations</p>	<p>\$2.6 million (\$0.8 million from regular resources and \$1.8 million from other resources)</p>
<p><b>National priority:</b> Sovereignty and transparency in public administration  <b>UNDAF outcomes:</b> Strengthened exercise of individual and collective rights of indigenous peoples. Strengthened exercise of the rights of women and girls, promoting a life</p>				
<p><b>Outcome 4: Population dynamics</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of SDG indicators produced at the national level with full disaggregation when relevant to the target <i>Baseline: 20%; Target: 40%</i></li> </ul>	<p><u>Output 1:</u> Strengthened capacities of population data systems to map and address inequalities, through the generation, analysis, and use of high-quality disaggregated data, to guide evidence-based policies</p>	<ul style="list-style-type: none"> <li>Census Project Document in accordance with international standards <i>Baseline: No; Target: Yes</i></li> <li>Number of strategic plans to improve administrative records, developed with UNFPA support, <i>Baseline: 0; Target: 1</i></li> <li>Number of UNFPA-supported national surveys addressing maternal mortality, adolescent pregnancy and violence against women that are used in public policy. <i>Baseline: 1; Target: 4</i></li> </ul>	<p>Ministry of Planning; Social and Economic Policy Analysis Unit; National Institute of Statistics; Maternal Mortality Observatory; Academia</p>	<p>\$2.5 million (\$0.9 million from regular resources and \$1.6 million from other resources)</p> <p>Total for programme coordination and assistance: 0.6 million from regular resources</p>