BOLIVIA
MATERNAL AND CHILD HEALTH

Indigenous mother in the tropical area of Cochabamba ©UNICEF Bolivia/2016/Pérez

Thematic Report
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TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

C4D	Communication for Development
CDC	Center for Disease Control
CIDES	Center for Research and Development (*Centro de Investigación y Desarrollo*)
ENMM	National Study on Maternal Mortality (*Estudio Nacional de Mortalidad Materna*)
EPI	Expanded Program on Immunization
GAD	Autonomous Departmental Government (*Gobierno Autónomo Departamenta*l)
GAM	Autonomous Municipal Government (*Gobierno Autónomo Municipal*)
GAVI	Global Alliance for Vaccines and Immunization
INE	National Statistics Institute (*Instituto Nacional de Estadística*)
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
OMMN	Neonatal and Maternal Mortality Observatory (*Observatorio de la Mortalidad Materna y Neonatal*)
PAHO/WHO	Pan American Health Organization/World Health Organization
S&D	Survival and Development
SAFCI	Intercultural, Family and Community Health Policy (*Salud Familiar Comunitario e Intercultural*)
SDGs	Sustainable Development Goals
SEDES	Departmental Health Service (*Servicio Departamental de Salud*)
SIS	Comprehensive Health Insurance (*Seguro Integral de Salud*)
SNIS	Health Information System (*Sistema de Información en Salud*)
SNUS	National Single Supply System (*Sistema Nacional Único de Suministros*)
UDAPE	Social and Economic Policy Analysis Unit (*Unidad de Análisis de Políticas Sociales y Económicas*)
UMSS	state university Universidad Mayor de San Simón
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank

1. EXECUTIVE SUMMARY

In recent years Bolivia has made significant progress with regard to performance of a number of social indicators, among which the reduction of maternal mortality. According to the National Study on Maternal Mortality which was officially published in May 2016, the Maternal Mortality Ratio (MMR) in Bolivia for year 2011 was 160 maternal deaths per 100,000 live births. This indicator points to a significant decline compared to 2000 (187 maternal deaths per 100,000 live births). Nonetheless, there are still important gaps at the departmental level, particularly in La Paz, Potosí and Cochabamba which have the highest maternal mortality ratios in the country, above the national average. (ENMM 2016)

The situation is different as regards the indicators on child health. Especially neonatal mortality has remained static and one of the highest in the continent; it accounts for 50% of the total Infant Mortality Rate (54 newborn deaths per 1,000 live births). (ENDSA 2008)

The Young Child Survival and Development component of the UNICEF Bolivia Country Programme 2013-2017 sets out actions to reduce neonatal and maternal mortality and improve access with equity to quality health services in a context of inclusion and respect for the rights of children, women and their families.

In 2016, the Ministry of Health put the reduction of neonatal and maternal mortality on the government agenda as a national priority. Accordingly, it launched the "Plan for the Accelerated Reduction of Neonatal and Maternal Mortality". Within this framework, UNICEF undertook to support implementation together with other agencies, among which PAHO-WHO, UNFPA, UNDP, IADB, the World Bank, bilateral donors, universities, NGOs and social organizations.

In 2016, UNICEF agreed on work plans with the Ministry of Health, SEDES Potosí and Cochabamba, as well as with state university Universidad Mayor de San Andrés, including activities around child and maternal healthcare, especially to improve the quality of and access with equity to intercultural health services. Moreover, special attention was paid to strengthening the demand for health services and promoting community participation, particularly of indigenous and peasant organizations.

Over the course of this year, the focus was on strengthening inter-programmatic efforts in implementation of the activities related to infant and maternal health, HIV and the Expanded Programme on Immunizations (EPI). In addition, the process for management and care capacity-building of the Functional Health Networks started, focusing on development of subsystems, especially the ones for planning, referral, counter-referral and monitoring-analysis.

The actions supported by UNICEF at the national, departmental and municipal levels contributed to achievement of the following Country Programme results:

- Between 80 and 85% of the pregnant women from the intervention area had access to prenatal care; between 30 and 60% of the pregnant women gave birth in an institutional facility; between 40 and 60% of the mothers received postnatal care; and between 60 and 80% of the newborns have a birth certificate.
- Between 80 and 90% of the infants under 1 year old have full vaccination coverage.
- Between 50 and 60% of the women recognize the danger signs during pregnancy, childbirth and puerperium, and 100% of the pregnant women have birth plans.

- The pregnant women and their families from 65% of the communities can identify danger signs in newborns.

On the other hand, five Health Networks from Potosí and Cochabamba apply Continuous Quality Improvement Cycles and implement 13 standards. 170 health professionals with different profiles from the Networks in the tropics of Cochabamba and the Potosí Rural Network have improved their skills and knowledge regarding child and maternal care and Cochabamba has 40 instructors in Neonatal Resuscitation. The departmental governments of Potosí and Cochabamba plan and monitor interventions based on an analysis of bottlenecks.

In 2017, the actions will focus on promoting and supporting strategic actions aimed at achieving the goals set in the Country Programme 2013-2017, among which: a) Consolidate demonstrative and innovative experiences in the reduction of newborn and maternal mortality (telehealth, home visits, kangaroo mothers, monitoring of quality standards); b) Strengthen the health subsystems for infant and maternal healthcare (planning, referral – counter-referral, monitoring-evaluation); and c) Empower the communal organizations for participation in health care and management, particularly in infant and maternal health promotion and care.

2. STRATEGIC CONTEXT IN 2016

In the last few years, Bolivia has improved its economic indicators, among which the Gross Domestic Product and poverty reduction, but there are still gaps between the urban and rural population.

The increasing availability of national resources has enabled application of a series of social policies, among which the payment of conditional cash transfers (Juana Azurduy, Juancito Pinto and Renta Dignidad). The Juana Azurduy cash transfer programme was implemented as a strategy to improve the pregnant women's access to health and nutrition services from conception until the child is two years old.

With regard to child and maternal health, despite the efforts made, Bolivia's performance is still among the worst in the region. Newborn deaths account for the highest part of infant mortality; and respiratory and diarrheal infections are the main causes of infant morbidity and mortality, even though the number of children who die due to preventable causes has decreased significantly over the last 20 years. Despite the changes seen in infant mortality, neonatal deaths remain static at a maximum of 27 per 1,000 live births (ENDSA 2008), with 75% of the deaths occurring in the first week of life. As is the case of maternal mortality, neonatal deaths are strongly related to the quality of the care received during pregnancy, childbirth and puerperium and the presence of associated risk factors.

The results of the post 2012 census survey show that the maternal mortality ratio declined from 229 (ENDSA 2008) per 100,000 live births to 160. The highest maternal mortality ratios are found in the departments of La Paz, Potosí and Cochabamba. Furthermore, the maternal mortality ratio is high in the rural area compared to the urban area and 64% of the deaths are concentrated in the indigenous population. In 2016 advances were been reported in some indicators related to maternal and child health, these include: the institutional deliveries rate at the national level has increased from 51% in 2015 to 53%; and the fourth prenatal consultation rate has increased from 55% in 2015 to 60%. Despite these improvements, domiciliary deliveries are still high in Bolivia, particularly in rural areas, putting the health of mothers at risk.

Faced with this situation, it is necessary to strengthen the links between the health networks and the remote rural communities in order to improve the referral of pregnant women living in rural areas and ensure a greater access to quality health services with the required response capacity with the final aim of reducing neonatal and maternal mortality. In this context, Bolivia's challenge is to implement the Plan to Accelerate the Reduction of Maternal and Neonatal Mortality to achieve the Sustainable Development

Goal 3.[1] Responding to this, it is necessary to develop innovative strategies for the implementation of this plan and to feed back into country policies.

Accordingly, the Ministry of Health received support for disseminating the findings of the post census survey at the national and departmental levels. These findings show that internal socioeconomic disparities are closely related to the departmental mortality ratios. The gaps between the indigenous and non-indigenous population and between the urban and rural population can be attributed to the lack of equitable public policies in health, which explain the persistent high rates of maternal and child mortality. Pregnant women still have limited access to healthcare services and there remains a significant gap between the departments with a predominantly indigenous population and the ones where most of the population is non-indigenous. Indigenous women are four times more likely to die due to complications in pregnancy, childbirth and puerperium compared to urban women (64% and 15%, respectively).

In response to this situation, with support from UNICEF and other donor agencies, the Ministry of Health prepared and disseminated the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality, which has six lines of work:

- Line 1: Working together with the community to reach excluded populations.
- Line 2: Making Obstetric and Neonatal Care available for the majorities.
- Line 3: Transforming Health Facilities so they would provide patient-friendly and quality services with respect for diversities.
- Line 4: Ensuring the availability, access and rational use of medication.
- Line 5: Innovating the infrastructure and technology at the service of health.
- Line 6: Conducting periodic evaluations to monitor progress and decision-making.

Various strategies in these six lines of work take into account UNICEF's experience at the local level, e.g. Kangaroo Mother, Community Liaisons, Indigenous Network, Continuous Quality Improvement Cycles, etcetera.

In 2016, UNICEF focused and deepened its support in implementing measures to improve the quality and access to maternal and child health services and to contribute to the reduction of maternal and neonatal mortality, in accordance with SDG 3. The launching of the SDGs is therefore important, highlighting the need for the Government of Bolivia, with the support of UNICEF and other cooperation agencies, to put into effect the Plan for Accelerated Reduction of Maternal and Neonatal Mortality, which establishes strategies and goals for achieving the SDG.

Additionally, UNICEF has helped generate evidence on the risk factors associated to maternal and neonatal deaths, together with the Neonatal and Maternal Mortality Observatory (CIDES-UMSA). Using the collected information, it was possible to make a more in-depth analysis of the risk factors associated to maternal deaths.

Using all the available information, the authorities, the technical health teams and the social organizations have defined key actions which they will implement to reduce neonatal and maternal mortality. These actions will be included in the yearly and five-yearly Departmental and Municipal Health Plans.

To achieve the results planned for 2016, UNICEF decided to redirect several actions and deepen some other actions that started in 2015, focusing on the following lines of work:

[1] SDG Goal 3: '*Ensure healthy lives and promote well-being for all at all ages'*. SDG 3.1: *'By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births'.* SDG 3.2*: 'By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live birth'.*

1) Enhance the communities' capacity and skills for self-healthcare and participatory healthcare management.
2) Enhance the capacities of health networks so they would provide quality services with equity and keeping in mind the intercultural approach.
3) Develop bridges and mechanisms for links between the community networks and healthcare service networks to ensure a proper health care and management.

This year the focus will be on deepening the actions to strengthen the inter-programmatic and cross-sectoral efforts concerning care for pregnant women, newborns and children under the age of 5.

Scale and Scope

In 2016, between 70 and 90% of the programmed Annual Work Plans discussed and agreed on with the Ministry of Health and the SEDES of Cochabamba and Potosí was executed. This is explained by the fact that the activities started in the second half of the year, following the slow administrative processes related to registration of the resources with the Vice Ministry of Public Investment and External Financing (VIPFE).

The actions concerning child and maternal healthcare focused on eliminating or reducing the bottlenecks in the access to health services, keeping in mind the gender, interculturality and rights-based approaches. This process contributed to achievement of the annual goals.

The activities with the indigenous organizations mobilized and encouraged full participation of the communal authorities, the -mainly indigenous– women and the parents with a view to increasing and responding to the demand for quality services.

It is important to note that many strategic actions supported by UNICEF are part of the pool of actions of the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality.

Despite the progress made in healthcare for mothers and children, further evidence is required as feedback for making policy adjustments and shortening the times to achieve results. On the other hand, it will be important to deepen and support the application of actions to improve newborn survival since there remain weaknesses in terms of comprehensive care.

New developments in the Outcome Area

Before incorporating new actions, in 2016 UNICEF focused on developing and speeding up the actions that had already started, identifying difficulties and strengths in the implementation thereof as the basis to make the required readjustments. Most of the implemented actions are part of the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality. This means that the identified limitations and progress are important inputs for policy-making. **The following most outstanding initiatives should be noted:**

- The Neonatal and Maternal Mortality Observatory (OMMN) launched with support from UNICEF has deepened the processes to analyse the information on neonatal and maternal deaths. This ensured complementary links between the official post census information and the information resulting from in-depth studies about the risk factors associated to maternal deaths. This was a very important analysis to guide definition of the sectoral and cross-sectoral actions to be taken to achieve the results.
- The actions had an impact in the sense that more pregnant women had access to prenatal care, more women gave birth in health facilities within the framework of the policies and there was an increase in comprehensive care for newborns and infants under 1 year old. Moreover, they helped strengthen community participation and mobilization to improve and increase the demand for health services.

- Within the framework of the global ARIDA (Acute Respiratory Infection Diagnostic Aid) project, in coordination with the Ministry of Health, in 2016 UNICEF conducted a study with the aim of improving the diagnosis and treatment adherence of pneumonia in children under 5 years of age. The results will be important to develop actions to encourage completion of the treatment and elimination of the resistance to amoxicillin.

Partnerships

In 2016, UNICEF strengthened the partnerships established previously, particularly regarding neonatal and maternal health. Accordingly, the partnerships enabled coordinated actions at the national and departmental levels for dissemination of the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality and for defining strategic response actions.

One of the most important partners is the Ministry of Health which, through the Health Services and Networks Unit, which coordinated the implementation of priority actions related to child and maternal health with a comprehensive and inter-programmatic approach with the Departmental Maternal and Child Health Programmes of the SEDES of Potosí and Cochabamba. Likewise, we continue to work with the Indigenous Health Network and CPITCO in Cochabamba to satisfy the healthcare needs of the indigenous communities in a context of equity and interculturality.

On the other hand, UNICEF coordinated joint actions concerning maternal and child health with PAHO/WHO, UNFPA, GAVI and other multilateral and bilateral coordination agencies.

An important partner in this process is CIDES-UMSA, which officially launched the Neonatal and Maternal Mortality Observatory as the reference for generating complementary evidence, aside from that generated by INE and other institutions.

3. RESULTS IN THE OUTCOME AREA

Within the framework of the Country Programme 2013-2017 agreed with the Government of Bolivia, in 2016 UNICEF's support at the national and subnational level, mainly in Cochabamba and Potosí, focused on improving the quality of maternal and child healthcare, the access to comprehensive health services and support for social mobilization and participation in order to increase and qualify the demand.

In view of the fact that cases of the Zika virus had been detected, UNICEF also supported Zika control and surveillance actions in the department of Beni, primarily focusing on prevention among pregnant women.

The activities programmed and agreed with the Ministry of Health (Maternal and Child Health, Expanded Programme on Immunizations, Planning and Epidemiology) and with the SEDES of Cochabamba and Potosí, were carried out through strategic actions to reduce childhood and maternal illnesses, ensuring proper care during pregnancy and puerperium in order to contribute to the reduction of infant and maternal mortality.

The efforts were implemented in conjunction with other agencies of the United Nations System, institutions like state university Universidad Mayor de San Andrés CIDES-UMSA and NGOs like Save The Children.

The actions were implemented while taking into account the strategies included in the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality, among which the Continuous Quality

Improvement Cycles which were expanded with standards related to maternal and child care, the telehealth initiative, the kangaroo mother method, etc. Moreover, participation of the organized community was fomented.

It is also important to note that there were delays in implementation of the actions programmed with the public sector partners, due to the long processes required to register the resources in the VIPFE.

Outcome 1.1: By 2017, high impact interventions in maternal/child health and HIV/AIDS are being equitably used by children, adolescents and mothers from the most disadvantaged communities in the intervention area

The actions UNICEF supported in 2016 were aimed at addressing the causes and the risk factors associated to maternal and neonatal mortality, as provided for in the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality. Together with the Ministry of Health, UNICEF socialized and disseminated this plan in the subnational sphere, where an analysis was made to then define a series of key response actions to be carried out at the municipal level.

In this setting and in coordination with the National Maternal and Child Programmes, at the departmental level (Potosí and Cochabamba) the actions focused on implementing the strategic lines defined to reduce maternal and neonatal mortality, among which the Continuous Quality Improvement Cycles, Telehealth (Community Liaisons), application of the guide for maternal and neonatal home visits, and use of the backpack and box for life. Moreover, there were actions to strengthen participation of the social indigenous organizations through the Indigenous Network of the tropics of Cochabamba. Technical assistance was permanent in the intervention area, not only in the identified Health Networks but also in the rest of the department through the SEDES.

Furthermore, actions were encouraged for an inter-programmatic approach regarding Maternal and Child Health, which also included HIV. This process promoted a comprehensive approach concerning maternal, neonatal and child and adolescent health, including actions for HIV prevention and care, as applicable.

The implementation of these actions related to management and care took into account the intercultural and gender approaches, which are being addressed with the Health Promotion and Traditional Medicine Programmes of the Ministry of Health and with partners such as UNFPA and the agencies that participate in the Safe Motherhood and Birth Working Group.

In this reporting period, UNICEF worked with the Neonatal and Maternal Mortality Observatory (CIDES-UMSA) to generate evidence on maternal and neonatal deaths. The results were important to identify and define operational actions at the municipal level.

The support for implementing innovating and other actions defined following a bottleneck analysis contributed to achievement of the following results:

- Between 80 and 85% of the pregnant women in the intervention area had access to prenatal care.
- Between 30 and 60% of the pregnant women gave birth in a health facility.
- Between 40 and 60% of the mothers received postnatal care and visits.
- Between 60 and 80% of the newborns have a birth certificate.
- Between 80 and 90% of the children under the age of 1 have full vaccination coverage.

Output 1.1.1: Boys, Girls, adolescents, mothers, fathers, families and communities in the intervention area are competent in maternal/child health, and HIV prevention.

In order to contribute to the results, the Country Programme developed innovating actions to improve the competencies of children, parents and their families regarding healthcare, especially for the benefit of the children and mothers.

In the Health Networks in the intervention areas of UNICEF in Potosí and Cochabamba, the peasant and indigenous social organizations received assistance to be empowered and strengthen their participation in health care and management, primarily focusing on maternal and child health.

The communal authorities used key messages to reach the families of their communities, which had a positive impact on the timely demand and the access to health services.

Efforts have been made to engage and mobilize the women leaders of social organizations, who played a crucial role in identifying pregnant women and bringing them into contact with the Health Networks.

It was important to raise awareness and train the communal authorities about laws and topics related to maternal and child health in order to promote positive behaviours in the community in relation to the protection of and care for pregnant women and newborns.

These strategic actions contributed to achievement of the following results:

- Between 50 and 60% of the women recognize the danger signs during pregnancy, childbirth and puerperium, and 100% of the pregnant women have birth plans.
- The pregnant women and their families from 65% of the communities can identify danger signs in newborns.

Thanks to the activities carried out in line with the 2016 Work Plans in order to achieve the results mentioned above, the following output-level accomplishments can be mentioned:

- **Communal authorities of the CPITCO (Central de Pueblos Indígenas del Trópico de Cochabamba) have information and disseminate measures in support and for the protection of maternal and child health**.- 60 communal authorities of the CPITCO were trained in comprehensive neonatal and maternal health, operation of the communal network and the communal liaisons, the importance of the Bono Juana Azurduy family allowance. These authorities shared the information with the community during the communal meetings and they organized to adequately respond to obstetric emergencies.

  In Potosí, 40 communal authorities from 6 municipalities of the Potosí Rural Network received information about comprehensive maternal and neonatal health, the referral and counter-referral of pregnant women in emergency situations and for childbirth. These authorities organized their communities for the referral of pregnant women in risk situations.

  There was a reflection with the authorities on the necessary transformation of communal participation, which should be translated in an active and empowered participation to ensure the effective exercise of their rights and obligations concerning safe motherhood and birth.

  Women leaders from the tropics of Cochabamba lead communal organizations to work around maternal and neonatal health.- These 100 women leaders share information with the women in their communities about Safe Motherhood (comprehensive care during pregnancy, childbirth and puerperium), the prevention of vertical HIV transmission, childbirth in health facilities, access to the Bono Juana Azurduy cash transfers, as well as the mechanisms to have access to the referral and counter-referral system.

  In the Potosí Rural Network, 80 women leaders from 6 rural municipalities received information about comprehensive care during pregnancy, childbirth and puerperium, access to childbirth in a health facility, access to the Bono Juana Azurduy cash transfers, and the mechanisms related to the referral and counter-referral system. The women leaders supported the mothers' clubs to organize proper mother and child care.

- **Coordination mechanisms between traditional doctors and doctors of the Health Networks in the tropics of Cochabamba are established.-** 55 participants from the traditional and academic

medical spheres met to establish coordination mechanisms to ensure adequate and timely care, especially for pregnant women and newborns. This was a space to share experiences, identify limitations and areas for complementary efforts.

Output 1.1.2: Health networks and select services are strengthened and provide high impact interventions through quality and culturally appropriate health and HIV services.

The umbrella for the work in 2016 was the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality, which was officially presented in June. UNICEF worked with the Ministry of Health and other bilateral and multilateral donor agencies to disseminate and reach agreements on the plan with local authorities. Specifically, UNICEF supported the departments of Potosí and Cochabamba.

In 2016, UNICEF focused on strengthening the application of cost-effective actions identified through the situation analysis of maternal and child health, which also identified the bottlenecks in maternal and child healthcare, in line with the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality.

The Country Programme supported processes to strengthen health management within the framework of the SAFCI policy, and operational capacity-building to provide care during pregnancy, childbirth and puerperium and for newborns. There was continued support for implementation of the CQIC to ensure enforcement of the standards as well as for the introduction of new vaccines, e.g. the Inactivated Polio Vaccine (IPV), into the vaccination programme.

Another action was the generation and dissemination of evidence on maternal deaths, which contributed to a reorientation in application of the national maternal and neonatal health policy.

The actions supported in 2016 contributed to achievement of the following results:

- Five Health Networks in Potosí and Cochabamba apply the Continuous Quality Improvement Cycles as innovating high-impact experiences that are culturally pertinent.
- Two departments – Potosí and Cochabamba – implement the immediate newborn care standard of the Continuous Quality Improvement Cycles. Compliance in Cochabamba is 80% and in Potosí 70%.
- At the national level, 110 health centers apply the 13 quality standards of the Continuous Quality Improvement Cycles, with a focus on maternal and child health.
- 170 health professionals with different profiles from the Tropics Networks of Cochabamba and the Potosí Rural Network have improved their skills and knowledge concerning maternal and child healthcare, in accordance with care policies and standards of the Ministry of Health. Cochabamba has 40 instructors in Neonatal Resuscitation.
- Introduction of new vaccines, e.g. the Inactivated Polio Vaccine (IPV). Dissemination of guidelines for replacement of the oral poliovirus vaccine by the poliovirus vaccine injection.

In order to achieve the mentioned results, the actions supported by UNICEF contributed to achievement of the following outputs:

- **Evaluation of implementation of the Continuous Quality Improvement Cycles at the national level and identification of the extent of compliance of the quality standards in maternal and child healthcare.-** Since CQIC is the strategy to address the technical quality in implementation of the standards, the national workshop with the technical teams of the SEDES facilitated the exchange of experiences and the identification of key actions to facilitate compliance of the standard and therefore its impact in the results concerning maternal and child health. The final result was information on the degree of implementation of the CQIC, and the limitations and lessons learned, as the basis of the indicators to be monitored. SEDES Cochabamba and its 50 technicians made adjustments to some of the quality standards. The Potosí Rural Network introduced the Continuous Quality Improvement Cycles which are now being monitored by the Network Coordination.

- **Improvement of the skills and knowledge of the health professionals concerning maternal and child health.-** In Cochabamba, 35 technicians (Health Networks of Sacaba, Villa Tunari, Ivirgarzama and Indigenous Network) were trained in care for pregnant women and newborns, nutrition, EPI, and adolescent care. The training focused on comprehensive maternal and child health management.

  In Potosí, the technical capacity building workshop for 100 professionals of the Potosí Rural Network (municipalities of Tinguipaya, Belén de Urmiri, Yocalla, Tacobamba, Tomave and Porco) addressed the following topics: healthcare, nutrition of the mothers, children, adolescents and their families, with a comprehensive and inter-programmatic approach.

- **Application of the red, blue and yellow codes in the 2nd and 3rd level health facilities in Cochabamba**.- 35 health professionals were trained in obstetric emergency management (red, blue and yellow code). At present, the networks of Sacaba, Villa Tunari, Ivirgarzama and Cercado are applying the codes in obstetric and neonatal emergencies.

- **Comprehensive health centers, and 2nd and 3rd level hospitals in Cochabamba have instructors in Neonatal Resuscitation**. The competencies and skills in neonatal resuscitation of 40 health professionals have been improved. They have been granted certifications in this sense. These human resources are responsible for training the human resources working in the Health Network of Cochabamba.

- **Bolivia introduces new vaccines as part of its vaccination programme.-** As part of the national workshop for monitoring and defining operational strategies for the introduction of new vaccines, several strategic actions were identified and defined for introducing the IPV, taking into account the gaps in access. Within the framework of the agreement with GAVI financing, UNICEF supported the timely availability of the pneumococcal vaccine as part of the EPI.

- **Increased vaccine coverage among children under 1 year of age from indigenous communities in the tropics of Cochabamba.-** There was support for actions around community promotion and

vaccination campaigns in indigenous communities. 100% of the health facilities of the Tropics and Sacaba Networks are applying the IPV vaccine.

Training of health workers at the Villa Tunari (2nd level) hospital
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- **Validation of instruments concerning the planning, follow-up and monitoring subsystems.-** Based on their experience in health management and in line with the SAFCI policy, the Health Networks of the Tropics of Cochabamba and of Sacaba define instruments of the Planning, Follow-up and Monitoring subsystems to be used in maternal and child healthcare.

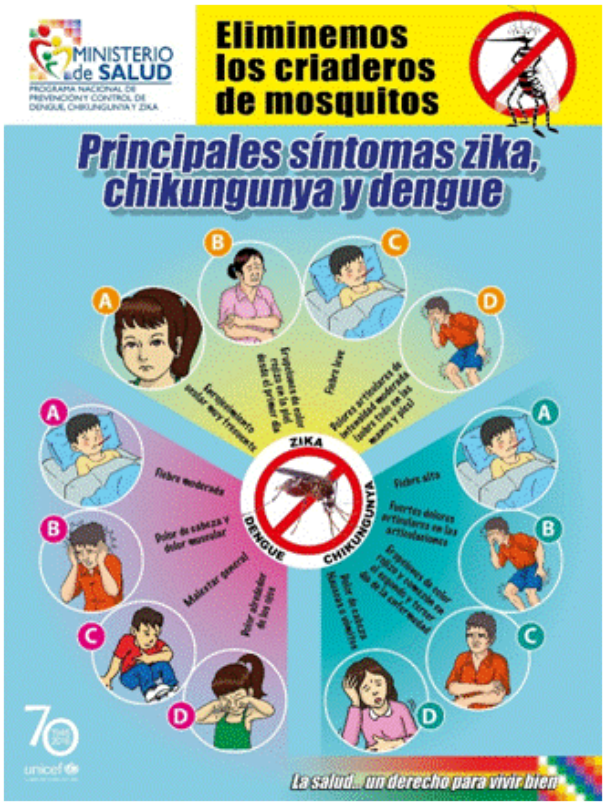
  Seven municipal health networks from the tropics of Cochabamba have Annual Operational Plans that comprise actions related to maternal and child health (SRH, HIV, and Nutrition).

- **Implementation of Zika control and surveillance actions in seven municipalities of Beni.-** Within the framework of the agreements entered into with the Epidemiology Unit of the Ministry of Health, actions have been developed to improve the technical competency of 1,055 (73%) health professionals working in seven municipalities (Riberalta, Trinidad, Rurrenabaque, Guyaramerin, San Andrés, San Borja) in Beni to conduct a differential diagnosis of Dengue, Chikungunya and Zika, as well as for epidemiological surveillance, especially of microcephaly attributable to Zika.

  The health teams have developed cross-sectoral and integral actions for Zika prevention and care, focusing on the elimination of breeding grounds. This was a joint effort with the schools, the municipal governments and the social organizations. Important partnerships have been established with the municipal governments to implement the Departmental Strategy for the Comprehensive Management of Dengue, Zika and Chikungunya Control.

  The communications strategy around Zika prevention reached more than 27,000 students and 900 teachers from 180 schools, besides 400 public servants and authorities. The production of standard communication materials for all endemic zones of the country was supported. There was also support for a KAP (Knowledge, Attitudes and Practices) study about the mosquito and the Zika virus, which provided inputs for the national communications strategy for prevention of the virus.



- **Strengthened management capacity of the Indigenous Health Network to improve the access of children, women and their families to health services.-** The Health Network receives support for planning and evaluation processes and to make an analysis of the health situation. Based on the identified limitations concerning the access to healthcare services, operational actions are defined to overcome bottlenecks, among which geographical and cultural access.

"Without UNICEF's support, I could not have gone to the communities and provide many people with essential services." Coordinator of the Indigenous Health Network ©UNICEF 2016/Bolivia/Pérez

The activities had an impact in terms of the growing coverage, particularly of maternal and child care in the communities of yuracaré, yuqui and moxeño trinitario where approximately 5,500 people live who did not have systematic and timely healthcare because of their geographical location. The implemented actions are developed within the framework of the SAFCI policy and the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality.

The operating regulations of the Indigenous Health Network are being drafted and validated in line with the legal and regulatory framework in effect.

Output 1.1.3: Subnational authorities allocate budgets for cost-effective interventions aimed at impacting bottlenecks present in maternal/child health, and HIV/AIDS care.

In 2016, UNICEF supported management processes, especially paying attention to the strengthening of planning. Once the bottlenecks in the service supply and demand have been identified, it is easier to identify and define key strategies to achieve results in the country's implementation of the tracer interventions.

Together with the Ministry of Health, actions have been encouraged to support the departmental and municipal levels in application of the policies related to maternal and child health and emergency situations such as Zika.

UNICEF is assisting the Ministry of Health to disseminate and implement the actions outlined in the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality and to introduce new vaccines.

Furthermore, within the framework of the SAFCI policy UNICEF is giving support for the strengthening and empowerment of peasant and indigenous social organizations in terms of participatory health management. This is having a positive effect in that this support has enhanced the demand for services, many of which are not well-know, e.g. the Bono Juana Azurduy family allowance.

In response to and within the framework of the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality, UNICEF is supporting the generation of evidence underpinning the strategies included in the mentioned Plan. In this regard, in partnership with CIDES–UMSA through the Neonatal and Maternal Mortality Observatory, UNICEF is supporting in-depth research about the risk factors associated to maternal and neonatal deaths. The findings are shared with authorities of the Ministry of Health and the nine SEDES of the country, as well as with departmental and municipal governments.

With the objective of improving the diagnosis and adherence to the treatment of pneumonia in children under 5 years old, UNICEF has conducted a study in coordination with the Ministry of Health to determine and characterize the processes related to the diagnosis of pneumonias in children under the age of 5 (in compliance with the standards) and particularly the adherence to the treatment with amoxicillin by the child caregivers. The results on the treatment adherence will be important to develop actions to encourage completion of the treatment and elimination of the amoxicillin resistance (ARIDA project).

An indigenous pregnant woman is given a mobile phone to facilitate contacts with the health services *©UNICEF Bolivia/2016/Pérez*

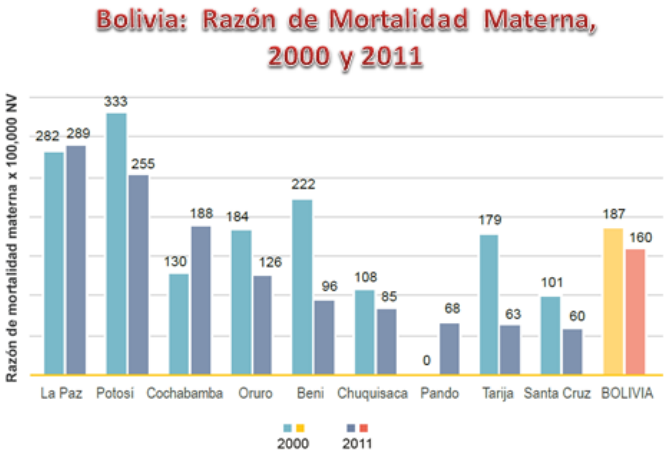
At the local level UNICEF is supporting innovating initiatives such as the introduction of information and communication technologies (ICTs) to facilitate communications between pregnant women/their families and health centers -especially in case of obstetric-neonatal emergencies-, home visits to the mother and newborn within 48 hours of the birth, etcetera.

The development and implementation of these actions contributed to achievement of the following results:

- Two departmental governments (Potosí and Cochabamba) plan and monitor interventions based on bottleneck analyses.
- Two departments (Potosí and Cochabamba) develop a policy of home visits to newborns, in line with the standard.

The mentioned results were achieved thanks to the following outputs:

- **Presentation of the results of the post census survey on maternal and neonatal death to authorities, health technicians and decision-makers at the national and departmental levels in Potosí and Cochabamba.-** Together with the Ministry of Health and other multilateral and bilateral donor agencies and NGOs, UNICEF assisted the Ministry of Health to disseminate the findings.



Maternal mortality rates remain high in Bolivia: the study found a maternal mortality ratio of 160 per 100,000 live births, whereby the ratios of the departments of Potosí (333), La Paz (289) and Cochabamba (188) are above the national average. The main causes of maternal deaths are haemorrhage (37%), hypertension (12%) and abortion (8%). 64% of the mothers who die, are quechua and aymara women. 42% die at home and 37% in health facilities.

The Plan for the Accelerated Reduction of Neonatal and Maternal Mortality with its six central lines of action was presented:

Line 1: Working together with the community to reach excluded populations.
Line 2: Making Obstetric and Neonatal Care available for the majorities.
Line 3: Transforming Health Facilities so they would provide patient-friendly and quality services with respect for diversities.
Line 4: Ensuring the availability, access and rational use of medication.
Line 5: Innovating the infrastructure and technology at the service of health.
Line 6: Conducting periodic evaluations to monitor progress and decision-making.

- **Rapid monitoring of indicators to track maternal and child health (Sexual Health, Child Health, Nutrition, EPI) in the SEDES of Potosí and Cochabamba**.- The health facilities of the Health Networks of Sacaba, Villa Tunari and Ivirgarzama, the Indigenous Health Network and the Rural Network of Potosí conducted a rapid monitoring of tracking indicators and management commitments as the basis to adopt corrective measures to overcome the identified bottlenecks.

In Potosí and Cochabamba, together with the departmental and municipal governments operational actions were defined for maternal and neonatal healthcare within the framework of the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality.- The municipal governments, the health authorities and the representatives of social organizations have defined joint and strategic actions to help reduce maternal and infant mortality in line with the legal framework and the standards in effect. The municipal governments undertake to allocate resources for developing and implementing strategies as part of their short and long-term Action Plans.

- **The strategy of the "Communal Liaisons", which is still under development, focuses on the provision of services to excluded indigenous communities through the use of mobile phone communication (13 health facilities)**.- This strategy in remote communities without health facilities ensures greater access of the families to health services by using mobile phones. The pregnant women and their newborn babies have access to the professional guidance and care offered by the Health Networks both during and after their pregnancy. This has been fundamental in obstetric-neonatal emergency situations.

Challenges

- Secure financial resources from the state at the subnational level to implement the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality.
- It will be fundamentally important to link the work of the Communal Network to that of the Health Network in order to increase the access of pregnant women and newborns to health services.
- Implement some strategies of the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality with the sustainability approach.
- Start expanding innovating initiatives, such as the "Communal Liaisons", because resources are not always available in the local governments.
- Consolidate full operation of the Neonatal and Maternal Mortality Observatory as a point of reference to generate evidence on maternal and neonatal mortality.

Lessons learned

- Evidence-based local programming with participation of different sectors and stakeholders is helpful to identify effective strategic response actions, as well as the commitment of the authorities and the organized community to achievement of the results.
- Encouraging activities of multidisciplinary teams in the health facilities to address the care quality is helpful to join technical and administrative efforts and achieve changes in the quality of the care and the goals set.
- Links between the Health Networks and the Communal Networks through joint planning and evaluation activities facilitate the operation of mechanisms to encourage the communities' timely access to health services, e.g. the referral and counter-referral system.

Results Assessment Framework

The following tables outline a review of the indicators for all Outputs in the Outcome Area, showing the results achieved in 2016 compared to the baseline and targets as outlined in the UNICEF 2013-2017 Country Programme Document.

Indicators for Outcome 1.1:

By 2017, high impact interventions in maternal/child health and HIV/AIDS are being equitably used by children, adolescents and mothers from the most disadvantaged communities in the intervention area.

	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Institutional delivery coverage in Cochabamba	2013	68	2017	81	60	In progress	SNIS
2	Institutional delivery coverage in Potosi	2013	14	2017	30	30	In progress	SNIS
3	Postnatal control coverage in Cochabamba	2013	54	2017	80	60	In progress	SNIS
4	Postnatal control coverage in potosi	2013	44	2017	90	35	In progress	SNIS
5	Pneumococcal conjugate vaccine (PCV13) coverage (CBBA)	2013	35	2017	80	80	In progress	SNIS
6	Pneumococcal conjugate vaccine (PCV13) coverage Pot	2013	44	2017	80	80	In progress	SNIS
7	Infants born to HIV-positive mothers that	2014	75	2017	90	80%	Update not	SNIS

	received their first viral load testing within two months of being born (CBB)						available yet	
8	Infants born to HIV-positive mothers that received their first viral load testing within two months of being born (POT)	2014	70%	2017	90	80%	Update not available yet	SNIS

Indicators for Output 1.1.1:

Boys, Girls, adolescents, mothers, fathers, families and communities in the intervention area are competent in maternal/child health, and HIV prevention.

No	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Number of schools in the intervention area that develop HIV preventive actions with adolescents participation	2014	10	2017	50	56	In progress	MS/PNITS-VH-Sida
2	Percentage of families that adopt new-born essential care in prioritised communities.	2014	10	2017	90	80%	In progress	Reporte técnico Red Salud Indígena

Indicators for Output 1.1.2:

Health networks and select services are strengthened and provide high impact interventions through quality and culturally appropriate health and HIV services.

	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Number of health networks that apply innovative, high-impact strategies that are also culturally pertinent.(CBB)	2014	0	2017	3	3	In progress	MS/Reporte de CMCC,
2	Number of health networks that apply innovative, high-impact strategies that are also culturally pertinent.(POT)	2014	0	2017	2	2	In progress	MS/CMCC
3	Percentage of health facilities that conduct HIV rapid tests	2014	35	2017	80	69	In progress	MS/PN ITS-VIH-Sida
4	Percentage of health centres delivering ARV to HIV-positive pregnant women for PMTCT.	2014	8	2017	50	35	In progress	MS/PN ITS-VIH-Sida
5	Number of Departments implementing newborn's quality standard from the Improvement quality cycles.	2014	1	2017	2	2	In progress	MS/reporte de CMCC

Indicators for Output 1.1.3:

Subnational authorities allocate budgets for cost-effective interventions aimed at impacting bottlenecks present in maternal/child health, and HIV/AIDS care.

No	Context-Specific Indicators	Baseline		Target		Update for 2016	Status	Primary Source
		Year	Value	Year	Value			
1	Number of Departments planning and monitoring interventions based on bottleneck analyses.	2014	0	2017	2	2	In process	SEDES Potosí y Cochabamba.Unidad de Planificación
2	Number of Departments in which a policy for home/family visits of new-born is revised, adopted and in use	2014	0	2017	2	1 in Cochabamba	In process	MS/ SAFCI

CASE STUDY

Key results:

Setting-up and operation of the Indigenous Health Network in the tropics of Cochabamba, as a strategy to facilitate links between the Communal Network and the Health Networks (supply and demand) in order to improve and increase the access to health services for the families living in indigenous communities that are faced with cultural, economic and geographical access barriers.

Some indigenous communities in the tropical area of Cochabamba can only access health services by boat *©UNICEF Bolivia/2016/Pérez*

This result is in line with output 1.1.3 Subnational governments allocate resource for cost-effective interventions to address the bottlenecks in maternal and child healthcare and HIV/AIDS care.

Background:

In more than 60 indigenous communities in the tropical area of Cochabamba, the women, children and their families have difficulties to access health services, the coverage of maternal and child healthcare is low and there is a risk of a high prevalence of diseases that are already under control as well as maternal health risks during pregnancy, childbirth and puerperium.

Within the framework of its support for SEDES Cochabamba, UNICEF is carrying out comprehensive actions in maternal and child health in seven municipalities of the tropical area of Cochabamba, which is affected by a high rate of maternal and neonatal mortality. Following an analysis of the health situation in these zones and together with the indigenous authorities of CPITCO and the Ministry of Health, the decision was taken to ensure operation of the Indigenous Health Network with the aim of resolving the problems regarding the access to health services of 60 indigenous communities which comprise the yuracaré, yuqui and moxeño trinitario peoples and a population of approximately 5,500 inhabitants. Because of their geographical location, these communities do not receive systematic and timely healthcare. Since this network works with communities in two departments - Cochabamba and Beni (municipalities of Chimoré, Puerto Villarroel, Villa Tunari and San Ignacio de Moxos in Beni) -, it is considered to be a national entity. In order to ensure social sustainability of the Indigenous Health Network, the work is coordinated with the Indigenous Health Council which is composed of 4 chiefs (*caciques*) and the health secretaries of CONISUR, CONIYURA, CIRI and YUQUI.

Likewise, the Indigenous Network Coordination started to operate as the body responsible for managing information, training, supervision, evaluation and for administering national, departmental and municipal resources to ensure operation of the Network and manage agreements regarding municipal, departmental and national funding.

Rationale:

The more than 60 indigenous communities in the tropical area of Cochabamba and Beni have a high prevalence of childhood illnesses, a high maternal and infant mortality rate and a low coverage of vaccines, prenatal care, childbirth in health facilities, and micronutrient administration. This is largely attributable to the economic, cultural and mainly geographical access limitations which the health system has not been able to overcome. Faced with this situation and with the objective of increasing coverage of the care and prevention, it was considered necessary to create this functional network to provide health services and have effective links to the Health Networks of Villa Tunari and Ivirgarzama for more complex requirements.

Strategy and Implementation:

- **Dialogue with indigenous community authorities.-** They are the ones who filed an official request with the Ministry of Health to have a Health Network since the health brigades of the Tropics Network of Cochabamba did not provide them the required care.

  UNICEF supported the procedure followed by CPITCO concerning creation of this Network, in a joint effort with the Ministry of Health/Planning Directorate.

  The communal authorities encouraged participation in local health management.

- **Functioning of the Network Coordination.-** The Ministry of Health has allocated a basic team to the Indigenous Health Network.

  UNICEF supports and grants technical assistance to the Coordination for planning, evaluation, follow-up and training of the human resources. The emphasis is on regionalization and the functions to be fulfilled by the operational bodies of the network.

- **Capacity-building of the Network's human resources.-** The professionals working in the health facilities are the doctors of the "Mi Salud" programme and the SAFCI policy who are under the supervision of the General Planning Directorate of the Ministry of Health and the SAFCI programme, respectively.

  Within the framework of the SAFCI policy, these professionals were trained because many of them were unaware of the general care standards. Special attention was paid to the maternal and child health programmes in line with the Care Continuum established by the Ministry of Health.

Resources required/allocated:

The implementation of this innovative action had a cost of USD 20,000.

Progress and Results:

- An increased coverage of maternal and child healthcare: prenatal care, childbirth in health facilities, puerperal care, vaccination of infants under 1 year old, and micronutrient administration to children under 5 years old.
- There are at least 6 to 10 visits per year to the indigenous communities in these zones, compared to 1 or 2 before this strategy was developed.
- The Indigenous Health Council is set up. It is made up of representatives of the yuracaré, yuqui and moxeño trinitario peoples who manage health-related actions at the communal level and who coordinate the work at the communal level.
- The Network Coordination is set up.- This management and technical assistance body for the health facilities and the health workers is responsible for planning, monitoring and evaluation processes and for training the human resources.

Lessons learned:

Implementation of the actions has shown that the coordinated work and the allocation of responsibilities to the communal organizations, 1) facilitate adequate compliance of the programmed activities in the communities, which has a positive impact on achievement of the results. Another lesson learned is that 2) it is necessary to mainstream the equity and interculturality approaches in management of the Health Networks, which is helpful for the health teams to identify gaps in the access and the underlying causes, as well as the most adequate response identified through a dialogue with the community.

Strengthening these lines of action has facilitated the access to health services and other programmes such as the Bono Juana Azurduy family allowance. These strategies had not previously reached these indigenous communities.

Thanks to this strategy, the policy was implemented with the interculturality and equity approaches, which had a positive impact on the indigenous population's access to maternal and child health services.

Albeit that the Ministry of Health wants to assume full leadership of the strategy with scarce SEDES participation, it will be necessary to examine the technical mechanisms in this sense so that the different entities would fulfil their role in order to ensure technical sustainability.

At present, this strategy is part of the SAFCI policy and it is a line of action within the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality. It will be important to consolidate this Network as a strategy that links community-based actions to the institutional sphere.

4. FINANCIAL ANALYSIS

4.1. RESOURCES

Table 1. Planned Budget for Outcome

Outcome Area 1: Health
Bolivia
Planned and Funded for the Country Programme 2016 (In US Dollar)

Output	Funding Type[1]	Planned Budget[2]
1.1.1 Demand Health HIV AIDS	RR	-
	ORR	300,000
1.1.2 Supply Health and HIV	RR	-
	ORR	350,000
1.1.3 Environment Effective Intervention	RR	-
	ORR	210,000
Total Budget		**860,000**

[1] RR: Regular Resources, ORR: Other Resources-Regular

[2] Planned Budget for ORR does not include estimated recovery cost

[3] ORR funded amount exclude cost recovery (only programmable amounts)

Table 2. Thematic contributions to Country Office Outcomes in 2016

Outcome Area 1: Health
Thematic contributions received for Outcome 1 by UNICEF Bolivia in 2016
(in US Dollars)

Donors	Grant Number	Contribution Amount	Programmable Amount
SIDA - Sweden	SC1499010030	109,866	102,176
Total		**109,866**	**102,176**

4.2. FINANCIAL EXECUTION

Table 3. Outcome-level execution

Outcome Area 1: Health
Bolivia
2016 Provisional Expenditures by key results areas (In US Dollars)

	Expenditure Amount			
Organizational targets	Other resources - Emergency	Other Resources- Regular	Regular Resources	All Programme Accounts
01-03 Maternal and Newborn health	0	52,790	0	52,790
01-05 Health systems strengthening	0	284,234	0	284,234
01-05 Health systems strengthening	0	0	42,045	42,045
Total	**0**	**337,023**	**42,045**	**379,068**
Percentage	0.00%	88.91%	11.09%	

Table 4. Budget execution by programme area

Outcome Area 1: Health

Bolivia

Thematic provisional expenses by programme area (In US Dollar)

Organizational targets	Other Resources-Regular
01-03 Maternal and Newborn health	(564)
01-05 Health systems strengthening	55,357
Total	**54,793**

Table 5. Execution by specific intervention code

Fund Category	All Programme Accounts
Year	2016
Business Area	Bolivia - 0510
Prorated Outcome Area	01 Health

Row Labels	Expense
01-03-07 Other maternal and newborn activities	22,390
01-03-08 Home visits, parent and community education for early childhood	30,284
01-05-03 Health # support for real-time monitoring	73,208
01-05-04 Health barriers-bottleneck analysis # investment case	79,345
01-05-05 Health systems strengthening # General	171,944
08-09-06 Other # non-classifiable cross-sectoral activities	1,090
08-09-07 Public Advocacy	(21)
10-07-11 Country office leadership and direction	(0)
1072 Maternal health/Safe motherhood # general	0
7921 Operations # financial and administration	823
Unknown	3
Grand Total	**379,068**

5. FUTURE WORK PLAN

Taking into account the progress to date, in 2017 UNICEF's support will focus on consolidation of the results of the Country Programme 2013-2017. Therefore, the support will be directed primarily to the sectoral, cross-sectoral and communal actions set out in the Plan for the Accelerated Reduction of Neonatal and Maternal Mortality and the actions detailed below which were defined by the technical teams of SEDES Potosí and Cochabamba:

a) Strengthen the inter-programmatic integration of child health, maternal health, HIV, EPI and Epidemiology in order to ensure comprehensive care for the mothers and children.
b) Adjustments to the following initiatives: "Communal Liaisons" and "Home Visits to mothers and newborns".
c) Strengthen the information and epidemiological surveillance systems through the Neonatal and Maternal Mortality Observatory.
d) Evaluate and make adjustments to the follow-up and monitoring instruments.
e) Launch the "Kangaroo Mother" initiative.
f) Strengthen operation of the functional Health Networks linked to the Communal Networks.
g) Deepen the partnerships with grassroots organizations such as CPITCO.

Table 1. Planned budget for 2017

Tabla 1. Presupuesto estimado para la gestión 2017

Bolivia
Planned Budget and Available Resources for 2017

Outcome	Funding Type	Planned Budget Budget [1]	Funded Budget [1]	Shortfall
Health	RR	-	-	-
	ORR	860,000	156,321	703,679
Total for 2016		**860,000**	**156,321**	**703,679**

[1] Planned and Funded budget for ORR *(and ORE, if applicable)* excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration
[2] Other Resources shortfall represents ORR funding required for the achievements of results in 2016.

6. EXPRESSION OF THANKS

The results achieved in 2016 do not only reflect the efforts and investments made by the parties who directly implemented the actions, but also the sum of the wills and the strong support of the donors, among which the Government of Sweden, and their commitment to realization of the rights of children and women. This has ensured the development of transcendental actions to improve the living conditions of many children who did not exercise their rights to health, e.g. the indigenous children living in remote communities that are difficult to reach.

In this joint effort, we should also underscore the coordination with agencies of the United Nations System, universities and NGOs working around these topics.

Without doubt, the partnerships with the donors were determinant in the contribution to achievement of the results favouring the children and mothers. Thank you for your valuable contribution.

ANNEX 1: HUMAN INTEREST STORY

'The worst pain you can ever imagine…'

Healthcare solutions for indigenous women

©UNICEF Bolivia/2016/Perez

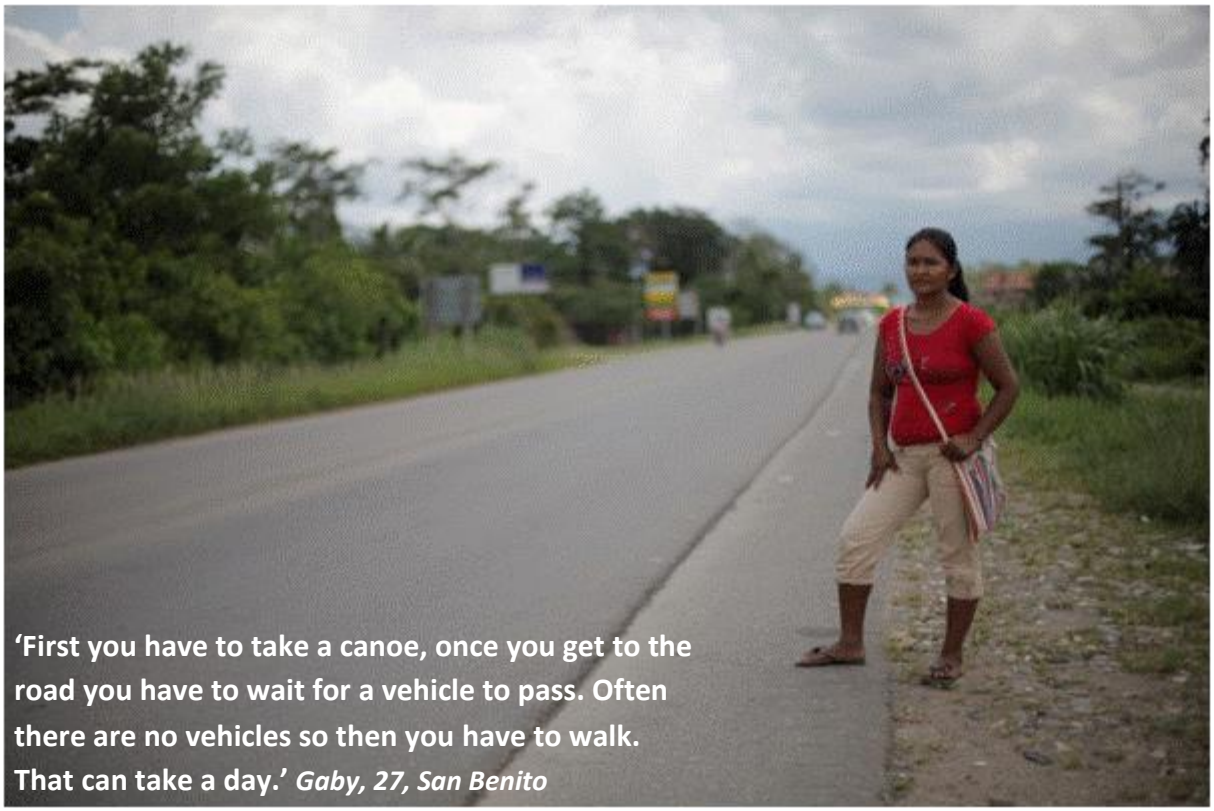
Becoming pregnant should be a cause for celebration. But in San Benito, a very remote indigenous yurakare community of 66 families in the tropics of Cochabamba, fear has often been the overriding emotion. Gaby, who is 27 years old and a mother of two children, is eager to share the reasons why. She talks about the long journey to get to the hospital in Villa Tunari: 'First you have to take a canoe, once you get to the road you have to wait for a vehicle to pass. Often there are no vehicles so then you have to walk. That can take a day.' And now that she has finally arrived, she is keen to speak; clearly these opportunities are extremely rare for women like her.'

The sexual life of a girl in Gaby's community and other nearby communities normally starts around the age of 11. Whole families tend to sleep in one room, exposing to children to the abuse of step-dads and uncles. As soon as menstruation starts, the first pregnancy shortly follows. 'Some women can have up to 18 to 20 pregnancies,' says Gaby, 'but probably only about 8 to 10 babies survive.' For many yurakare woman, who have to travel by boat or on foot through the jungle to reach a healthcare center, giving birth is a dangerous experience, for both the mother and her baby. 'The first time I gave birth… I almost died. The worst pain you can ever imagine, it lasted three days,' Gaby recalls. And the subsequent birth was even worse: 'I then had another baby who died. There was no medical care available at the time. If there was a complication in your pregnancy, it was terrible.'

But thanks to UNICEF's interventions, things are finally starting to change. 'Two pregnant women in my community now have mobile phones; they receive messages reminding them to go for check-ups, something we never used to do,' explains Gaby. While signal issues limit the possibilities of many women in the tropics of Cochabamba to access this service, among the 30% of pregnant woman who benefitted from this service, the maternal mortality rate was zero. A huge achievement amongst these highly vulnerable populations, where pregnant women often used to die of preventable complications.

And it is not only the pregnant women who are benefiting from improved healthcare. Having attended regular trainings supported by UNICEF, Gaby is now confident about her sexual and reproductive health rights: 'There is a lot of abuse against women in my community, but the situation is improving. I know my rights, and the rights of my friends. That is why the psychological and physical abuse is decreasing. I can discuss this with my husband, and also the consequences of the abuse.' But transforming entrenched values can take time, and Gaby is now working hard to support the women who are too afraid to attend the workshops.

These holistic interventions are slowly starting to transform indigenous communities and are offering women and children better prospects in life. And Gaby wants to see change: 'I don't want my children to suffer like I did, working outside in the burning heat, the torrential rain. I would be so proud if they could go to university and become professionals.'



'First you have to take a canoe, once you get to the road you have to wait for a vehicle to pass. Often there are no vehicles so then you have to walk. That can take a day.' ***Gaby, 27, San Benito***

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ANNEX 2: DONOR FEEDBACK FORM

UNICEF is making an effort to improve the quality of its reports. In this sense, we greatly appreciate your feedback. Please answer the following questions about this report and forward this form to:

Name: Katarina Johansson Mekoulou, Deputy Representative

Email: kjohansson@unicef.org

***

SCORING:	**5 means "very satisfactory"** **0 means "completely unsatisfactory"**

1. To what extent does the narrative content of the report meet your expectations? (For example, the overall analysis and the identification of challenges and solutions)

5	4	3	2	1	0

_____
_____
_____

2. To what extent does the fund use report meet your expectations?

5	4	3	2	1	0

If you are not satisfied, please specify the information that is missing and how we can do better next time.

_____
_____
_____

3. To what extent does the report meet your expectations in terms of the identification of difficulties and constraints and how these were resolved?

5	4	3	2	1	0

If you are not satisfied, please specify the information that is missing and how we can do better next time.

_____
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4. To what extent does the report meet your expectations in terms of the results achieved?

5	4	3	2	1	0

If you are not satisfied, please specify the information that is missing and how we can do better next time.

_____
_____
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5. Do you have any suggestions to improve this report and meet your expectations?
_____
_____
_____

6. Do you have any other comments?
_____
_____
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Thank you for your answers!