

BOLIVIA NUTRITION



Thematic Report January - December 2016

*Prepared by:
UNICEF BOLIVIA
March 2017*

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS.....	3
1. EXECUTIVE SUMMARY.....	4
2. STRATEGIC CONTEXT OF 2016.....	7
3. RESULTS IN THE OUTCOME AREA.....	11
CASE STUDY	23
4. FINANCIAL ANALYSIS.....	25
5. FUTURE WORK PLAN	28
6. EXPRESSION OF THANKS.....	29
ANNEX 1: HUMAN INTEREST STORIES	30
ANNEX 2: DONOR FEEDBACK FORM	33

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
COED	Departmental Emergency Operations Center
COTALMA	Technical Breastfeeding Support Committee
CT CONAN	Technical Committee of the National Food and Nutrition Council
ECHO	European Civil Protection and Humanitarian Aid Operations
DHS	Demographic and Health Survey
HNE	Health and Nutrition Evaluation
FAO	Food and Agriculture Organization of the United Nations
GAM	Autonomous Municipal Government
GSHS	Global school-based student health survey
IHAMN	Friends of Mother and Child Hospital Initiative
IOM	International Organization for Migration
INE	National Statistics Institute
MDGs	Millennium Development Goals
NDHS	National Demographic and Health Survey
MS	Ministry of Health
NGO	Non-governmental Organization
PMDC	Multi-sectoral Zero Malnutrition Program
PNUD	United Nations Development Programme
SAFCI	Community and Intercultural Family Health
SDGs	Sustainable Development Goals
SDG Fund	Sustainable Development Goals Fund
SEDES	Departmental Health Service
SNIS	National Health Information System
SVINC	Community Nutritional Surveillance System
UDAPE	Unit for Analysis of Economic and Social Policies
UGR	Risk Management Unit
UNI	Integrated Nutrition Unit
UNICEF	United Nations International Children's Emergency Fund
UNIDO	United Nations Industrial Development Organization
UNS	United Nations System
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. EXECUTIVE SUMMARY

In 2016, UNICEF Bolivia continued to implement its nutrition program within the framework of the expected outcomes, with an equity-based approach and applying the theory of change of the 2013-2017 Country Program. This year the nutrition program was in full implementation, while 2017 will be a transition year towards the new cycle of cooperation. There was also a change in the technical running of the program and the chief of the Child Survival and Development Sector in 2016.

The technical work carried out in 2016 focused primarily on balancing the actions and their corresponding outcomes within the four programmatic outcomes. In previous years, due to the situation at the time, the emphasis was on strengthening institutional capacity and dealing with nutrition in emergency situations; the focus was more sector-based. This year conditions were favorable for working with a more integrated vision and approach, implementing actions at the level of demand and supply. Conditions also were favorable for working on emergency preparation and response. The program moved out of a predominantly sector-based approach to a more multi-sectoral approach, which is more appropriate for dealing with the multicausal nutritional issues in the country.

During 2016, the program continued to work with the various main counterparts: at the national level, with the Ministry of Health, through the Food and Nutrition Unit, and at the subnational level, with the Departmental Health Services. Support actions were aimed primarily at the Health Networks of the tropics of Cochabamba and the Rural Network in Potosí. Technical-level dialogues were conducted which enabled the program to recommence work with the Coordinating Unit of the Technical Committee of the National Food and Nutrition Council (CT CONAN) – the national entity in charge of heading up the implementation of the National Food and Nutrition Policy.

The dialogue also opened the doors for the program to provide technical support at the highest level of public policy decision-making on food and nutrition. Technical support was provided for the new 2016-2020 Strategic Plan of the Multi-sectoral Zero Malnutrition Program, to the Lifetime Food and Nutrition Program and to the “Know How to Nourish Yourself” Multi-sector Food and Nutrition Plan, all of which fall within the framework of the goals of the Socio-economic Development Plan and the Sustainable Development Goals.

One of the primary cost-effective strategies that were selected by UNICEF Bolivia for the 2013-2017 program cycle was the promotion of key nutritional practices to contribute to reducing malnutrition in children and in others.



Mamá indígena Chipaya - Concurso de fotografía en lactancia materna. Ministerio de Salud. ©UNICEF Bolivia/ 2016/ Vásquez

In this regard, the main achievement of 2016 was the implementation of the joint program to improve the nutritional status of girls and boys through the strengthening of local production systems. Through this program an educational communication strategy in food and nutrition was developed. The strategy was innovative and culturally appropriate and was designed on the basis of a study of current knowledge, aptitudes and practices, in close technical cooperation with the Ministry of Health. In 2017, the strategy will be scaled up by the Ministry to other regions with similar characteristics.

The support provided in the area of breastfeeding was recognized in 2016 during the celebration of the 25th anniversary of the Friends of Mother and Child Hospitals Initiative (IHAMN, in Spanish). Bolivia now has recognition at the global level as it is now one of the countries that has presented its experience through a case study, which was used as an input for reviewing and updating the strategic guidelines of the initiative.

As a result of this initiative, in 2016, 23 health services were accredited as Friends of Mother and Child. The strategy has been adopted by the state entities and is now being included in the National Health Accreditation System. In 2017, the Government will complete the full adoption of the strategy.

Historically, UNICEF has coordinated the provision of vitamin A to the country by a donor. In 2016, there was a gap in the provision of this supplement and UNICEF contacted the donor and provided the technical justification for the continued provision of the supplement (severe public health issues related to vitamin A deficiency in the country).¹

As a result of UNICEF's efforts in this regard, 1 million capsules of vitamin A were donated to the country. Additionally, the donation for 2017 was agreed on and a proposal was made for the gradual transfer of the responsibility for handling this donation to the national government in order to ensure the sustainability of the provision of the supplements during the next program cycle.

In view of the high prevalence of nutritional anemia and its relative reduction in recent years,² in 2016 the Ministry of Health ordered the Technical Roundtable on Anemia to review the strategies for iron supplementation. That work began with the review of the scientific evidence, particularly with regard to height. In 2017, alternatives for iron supplementation will be identified, put into practice and measured to determine their effectiveness.

UNICEF's contribution to generating evidence was strengthened in 2016 with the presentation of the results of the SMART Survey, conducted in 2015; the conclusion and presentation of the results of the Study on Iron Deficiencies in Pregnant Woman, which is the first such study conducted in the country in ten years; the case study on IHAMN, as part of a global series of case studies; the provision of technical support for a study on the marketing of unhealthy foods and drinks in schools in Sucre and the evaluation of the Preparation and Response Plan for the 2015-2016 El Niño climate phenomenon, both of which will be presented in 2017. Through these actions, UNICEF has contributed relevant information for use by the decision-makers and technical personnel.

The passing of Law 602, Risk Management Law, in 2014, highlighted the lack of specific attention to the area of nutrition in emergency situations and established a law under which this could be worked on. UNICEF proposed that an outcome of the 2013-2017 cooperation cycle could be the provision of support for creating national and subnational structures to promote actions in preventing disasters and reducing disaster risk and action to prepare for disaster response. In 2016, considerable technical assistance was

¹ 27% is the rate of deficiency in children between 6 and 23 months old (ESNUT 2012 and according to the WHO, a rate of higher than 20% is considered as a severe public health problem.

² Between 2007 and 2012, the rate reduced from 81.9% to 63% for children between 6 and 23 months old.

provided to the national and departmental entities involved in emergency preparedness and response, and a national Technical Roundtable on Health and Nutrition in Emergencies was created. The Roundtable was recognized through a ministry resolution, which also established that the Technical Committee on Nutrition in Emergencies is the specific entity overseeing the sector.

At the subnational level, UNICEF provided technical and logistic assistance for the creation of four departmental nutrition in emergencies committees. Likewise, UNICEF contributed to the preparation of essential instruments for these committees: their terms of reference and the Protocol to Activate the National Nutrition in Emergencies Plan. UNICEF will continue to provide support in 2017 to these entities, but only in following up to ensure they are fully operational and sustainable and following up on their progress.

An important step forward in the strategic area of disaster prevention and disaster risk reduction this year was the implementation of the Joint Resilience Program, which focused on the most vulnerable communities and municipalities in the river basins of the Beni and Mamoré rivers in the departments of Beni and La Paz (in the Amazon region). Based on the activities in the region, a model for community-based nutrition action was developed, focusing on building resilience to the negative effects of climate change through an intersectoral approach – particularly including the WASH component. The model includes creating networks of community promoters and recovering appreciation for traditional local practices that ensure the nutritional security of the homes in case of adverse events. The program also transferred technical capacity in risk management to the personnel of the municipal governments, the Health Networks and the Integrated Nutrition Units.

One of the lessons learned in 2016 was in beginning the transfer from a sector-based approach to a multisector approach in response to the multicausal nature of malnutrition. UNICEF Bolivia contributed to generating evidence through the implementation of multisectoral interventions that supported the development of multisectoral policies (linkage between production program and WASH, with nutrition strategies), thus formally establishing a response to other forms of malnutrition.

The work done by UNICEF in reducing nutritional anemia also provided lessons regarding improving our public policy advocacy. The lack of technical evidence prevented the Organization from contributing new approaches to improve results and impact in reducing cases of anemia in previous years. It was only as of 2016 that UNICEF began providing technical assistance to the National Roundtable on Anemia, the technical entity that reviews supplementary nutrition policies. A challenge in the new cycle will be assisting with strengthening the existing monitoring system.

Finally, in emergency response in 2016, three main actions were carried out: i) training was conducted for the nutrition personnel in timely diagnosis and control of Zika, in response to the Zika emergency in the Department of Beni; ii) emergency response diagnosis, analysis and preparation was conducted in the Department of Oruro in response to the drought and iii) technical and logistical support was provided to the Ministry of Health and the Departmental Government of Beni for the development of the Plan to Reduce Severe, Acute Malnutrition and related Mortality in the northern Amazon region, in the municipality of Riberalta, in response to the increase in cases of acute malnutrition and related deaths in the region. The emergency response actions has already begun to be implemented by the government and a more integrated approach is expected in 2017.

2. STRATEGIC CONTEXT OF 2016

Situation of the country that is affecting children and women

Bolivia has met Target 3 of Goal 1 of the Millennium Development Goals (MDGs), which is: *Halve, between 1990 and 2015, the proportion of people who suffer from hunger, the main indicator of which is the percentage of children under three years of age who suffer from chronic malnutrition (low height for age).*³

Despite this progress, chronic malnutrition in Bolivia continues to be the main nutrition-related problem, followed by nutritional anemia and other micronutrient deficiencies and increasing overweight and obesity. These conditions are part of the intention of the Sustainable Development Goals (SDGs) of ending all forms of malnutrition.

In 2012, the rate of chronic malnutrition among children under five years of age nationwide was 18.1%. The rate of chronic malnutrition among children under two years of age was 15.6% (HNE 2012).⁴ In rural areas, the rate of chronic malnutrition in children under five years of age was 25.2%; while in urban areas it was 14.2%. The rate of severe, chronic malnutrition was 2.9% in urban areas and 6.1% in rural areas.

Although the urban population has lower rates of chronic malnutrition, the reduction over time of these rates is very slight. In fact, peri-urban zones are the areas of greatest concern to the national government as these are the areas to which the rural poor migrate. As such, these will be the next area of interest and focus in the policies of the Ministry of Health.

Other nutritional indicators indicate that 60% of boys and girls from 3 to 59 months of age suffer from anemia. Disaggregated by age, the rates are: 3 to 5 months – 42.5%, 6 to 23 months – 63% and 24 to 59 months – 59.7% (HNE, 2012). There is a significant gap in the incidence of anemia between urban children of 3 to 59 months of age and rural children of the same age. In urban zones, 53.1% of the children suffer from anemia, while in rural zones the rate is 73.1%.

Overweight and obesity are on the rise, particularly among women of fertile age and among adolescents, as a result of the epidemiological and nutritional transition. Likewise, in the Bolivian Amazon region, acute malnutrition and related mortality rates have increased as a result of natural disasters arising from climate change.

With regard to overweight and obesity in secondary schools, at the national level 22.5% of the students are overweight and 4.7% are obese (GSHS 2012). Overweight and obesity are more prevalent among students in the lowlands. The percentage of overweight students in the highlands (*altiplano*) is 18.4%. In the valley region it is 21.2% and in the lowlands it is 27.2%. The rate of obesity is 2.5% in the highlands, 5.2% in the valley region and 7.5% in the lowlands.

Among women between 15 and 49 years of age, according to NDHS data from 2008, 50% have some degree of overweight or are obese. According to the SMART survey conducted in 2015, 42.4% of women

³ Eighth progress report on the MDG, 2015.

⁴ The Health and Nutrition Evaluation Survey (HNE 2012), is the latest assessment of the population available. In 2016, a Demographic and Health Survey (DHS) was conducted. The results are expected to be available in 2017.

in Potosí are overweight or obese and 51.8% of women in La Paz (in the highlands) are overweight or obese.

Objectives of the Country Program

The objective of UNICEF Bolivia's 2013-2017 Nutrition Program is to strengthen nutritional services and improve nutrition practices at the community level, with equity. UNICEF provides support to key interventions aimed at reducing chronic malnutrition, with the primary focus being on the window of the first 1,000 days of life of the child and on maternal nutrition. The Nutrition Program is supporting actions aimed at reducing all types of inequities in nutrition, strengthening the main nutrition-specific strategies within the country's public policy and promoting nutrition-sensitive strategies from a multisectoral perspective.

The final objective of the nutrition sector is to contribute to reducing malnutrition in all its forms in Bolivia, focusing on children under five years of age. The main expected outcomes of the nutrition program are: (i) to improve the demand by strengthening nutrition practices at the community level, focusing on mothers, women at fertile age, infants and local women's organizations; ii) to strengthen national and subnational health services that provide nutritional services and implement nutrition strategies; iii) foster a multisectoral approach in nutrition at all administrative levels and iv) ensure that nutrition is included in emergency response, focused on saving lives among children under five years of age.

The main nutrition strategies supported in 2016 that contributed to achieving the outcomes were: promoting breastfeeding and key child feeding and nutrition practices; providing micronutrient supplements; ensuring appropriate complementary nutrition; fortifying foods and providing nutrition education. High-impact interventions are crucial to ensure that the nutritional state of the children and of pregnant women and infants, is protected at all times, including during emergency situations.

Unlike 2015, which emphasized the work of strengthening institutional capacities and approaching nutrition in emergency situations, with a more sectoral approach, 2016 was conducive to balancing work with a more comprehensive vision and approach, taking actions at the level of demand, supply, the enabling environment and the response to emergencies. This ensures the achievement of balanced results expected in the program cycle.

Scale and Scope

UNICEF Bolivia's nutrition program supports the Ministry of Health in national and subnational actions in all nine departments of the country, through the departmental health services (SEDES, in Spanish). At the departmental level, in the 2013-2017 program cycle, the departments of Potosí and Cochabamba were prioritized.



*Head of the Integrated Nutritional Unit of Monte Pinku, Pocona Municipality.
©UNICEF Bolivia/2016/Alanes*

In addition, in 2016, the departments of Beni and La Paz were also prioritized within the joint resilience program. Because of their vulnerability, specific municipalities in these departments were selected for direct local interventions: Tupiza and Villazon, in Potosí, and Pojo and Pocona, in Cochabamba, in the joint intervention in food and nutrition education; and Rurrenabaque, San Borja, San Ignacio de Moxos, San Joaquín, Santa Ana de Yacuma and Riberalta, in Beni, and Ixiamas, San Buenaventura, Reyes, Palos Blancos and Guanay, in La Paz, in the resilience project.

New developments in the Outcome Area

In 2016, UNICEF Bolivia placed particular emphasis on strengthening a multisectoral approach that would be more appropriate in dealing with the multicausal issue of nutrition in the country and that would be in line with the 2014 National Food and Nutrition Policy, with the recognized objectives of the new 2016-2020 Socio-economic Development Plan, with the SDGs and with the “Know How to Nourish Yourself” Multi-sector Food and Nutrition Plan. This approach has made it possible to expand the Zero Malnutrition target to include not only reducing chronic malnutrition but also other forms of malnutrition that can arise in a person’s life. In this regard, UNICEF has provided support for the design of the Lifetime Food and Nutrition Program.

The reduction of chronic malnutrition in Bolivia remains to be the main objective of our intervention. However, Bolivia, like other countries in the region, is entering a phase of epidemiological and nutritional transition in which unequal distribution of chronic malnutrition is combined with a similarly unequal rise in problems of obesity and overweight. This new approach will facilitate the consolidation of a multicausal and multisectoral approach to dealing with all forms of malnutrition in the new programmatic cycle which begins in 2018.

Partnerships

Our main partner during 2016 was the Ministry of Health, through the Food and Nutrition Unit, the Coordination Unit of the Technical Committee of the National Food and Nutrition Council (CT-CONAN) and the National Disaster Control and Services Program. At the departmental level, the main counterparts were the SEDES, specifically their Food and Nutrition Units. UNICEF worked directly with these entities through SEDES Cochabamba and SEDES Potosí’s annual work plans, focusing particularly on strengthening the capacities of these partners, a strategy that will continue during the next period.

As to partnerships with other United Nations agencies, in 2016, two joint programs were implemented in which UNICEF’s nutrition area was in charge of the nutritional components. One of these programs is financed by the SDG Fund, in association with the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Industrial Development Organization (UNIDO). The objective of the program is to “Improve the situation of child malnutrition by strengthening local production systems.” The project has been implemented in the field in partnership with Acción Contra el Hambre.

The other joint program implemented in 2016 was supported by the European Civil Protection and Humanitarian Aid Operations (ECHO). The purpose of the program was to improve the flood resilience of 12 municipalities in the Department of Beni. This program is implemented jointly with FAO, PNUD, International Organization for Migration (IOM) and the NGOs Ayuda en Acción and Soluciones Prácticas.

The nutrition component of the program was implemented on the ground through a work agreement with Sumaj Huasi Foundation.

In 2016, other joint work agreements with Acción contra el Hambre were concluded. Through the work agreements a SMART survey on malnutrition and mortality and a study on iron deficiencies were conducted. These alliances have strengthened the technical capacities of the partner NGO and prepared them to continue partnering in this sector from a stronger position and aligned with UNICEF's work mode.

3. RESULTS IN THE OUTCOME AREA

Outcome 1.4: By 2017, the equitable use of nutritional support and care practices for are improved among girls, boys, adolescents and women from disadvantaged communities in the intervention area.

In 2016, UNICEF Bolivia continued to implement its nutrition program within the framework of the expected outcomes, with an equity-based approach and applying the theory of change of the 2013-2017 Country Program. This year the nutrition program was in full implementation, while 2017 will be a transition year toward the new cycle of cooperation.

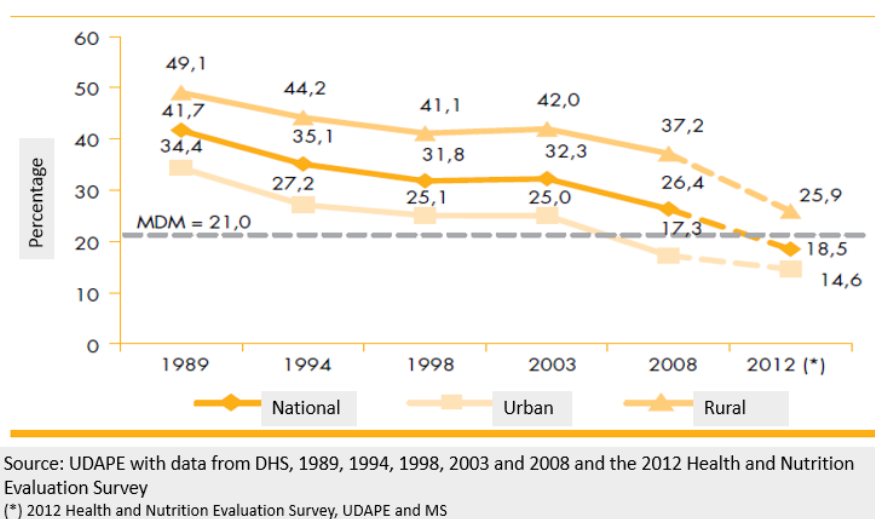
The technical work carried out in 2016 focused primarily on balancing the actions and their corresponding outcomes within the four programmatic outcomes. Program work was implemented with a more integrated vision and approach, carrying out actions at the level of demand and supply. Conditions this year were favorable for working on emergency preparedness and response. The program moved out of a predominantly sector-based approach to a more multisectoral approach, which is more appropriate for dealing with the multicausal nutritional issues in the country.

During 2016, the program continued to work with the various main counterparts: at the national level, with the Ministry of Health, through the Food and Nutrition Unit, and at the subnational level, with the Departmental Health Services. Support actions were aimed primarily at the Health Networks of the tropics of Cochabamba and the Rural Network in Potosí. The program strengthened the capacities for implementation of nutritional strategies, including nutrition education, appropriate complementary nutrition and supplementary nutrition consisting of micronutrients and other nutrients.

Also in 2016, technical-level dialogues were conducted which created the necessary conditions to recommence work with the Coordinating Unit of the Technical Committee of the National Food and Nutrition Council (CT CONAN) – the national entity in charge of heading up the implementation of the National Food and Nutrition Policy. Both the governmental partners of the program and the partner NGOs increased their capacities and became stronger strategic allies of the nutrition program. Additionally, the agencies of the United Nations system played a significant role in the intersectoral work carried out in nutrition.

The main objective of UNICEF's nutrition program in 2016 and for the 2013-2017 cooperation cycle, was to contribute to reducing chronic malnutrition in children under five years of age by: strengthening the equitable use of health services in order to implement effective nutrition interventions, improving key nutritional practices and care of girls, boys, adolescents and women of the most disadvantaged communities; generating evidence and advocating for the allocation of resources for multisectoral interventions and building the necessary conditions for the protection of the nutritional status of children during emergency situations.

Prevalence of chronic undernutrition among children under three years of age by geographical area, 1989-2012



Output 1.4.1: Children, mothers, fathers, families and communities use key proven nutrition practices to prevent and treat chronic malnutrition and other forms of malnutrition.

One of the cost-effective strategies that UNICEF Bolivia selected for the 2013-2017 cycle of the program, to contribute to reducing malnutrition in children, is the promotion of key nutritional practices such as breastfeeding. The emphasis was on exclusive breastfeeding, complementary nutrition and the use of micronutrient supplements.

In 2016 the strategy advanced significantly with the implementation of the nutritional component of the joint program “Improving the Nutritional Status of Girls and Boys by Strengthening Local Production Systems”, which links production and nutrition. Through the program an educational communication and social mobilization strategy was developed. The strategy was developed based on the result of a study on the nutritional knowledge, attitudes and practices of the smallest children and their families. The results of the study were analyzed and used to design key messages that were culturally appropriate as well as a packet of educational communication materials. The latter were validated internally with the regulating entities and externally with the target population.

The educational communication strategy was implemented directly on site, in the communities, through an implementing partner, and indirectly through the health, education and production services. This way, the messages were harmonized and the beneficiaries received the same message from two sources, encouraging them to adopt the key practices. The program worked with 58 field schools (communal work method) in four municipalities in the prioritized departments (Pojo and Pocona municipalities in Cochabamba and Tupiza and Villazon municipalities in Potosí).

The strategy promoted key nutritional practices and linked this to recovering the appreciation of local highly-nutritious products for family nutrition, particularly for small children, thus increasing food diversity and the consumption of micronutrients among the families.

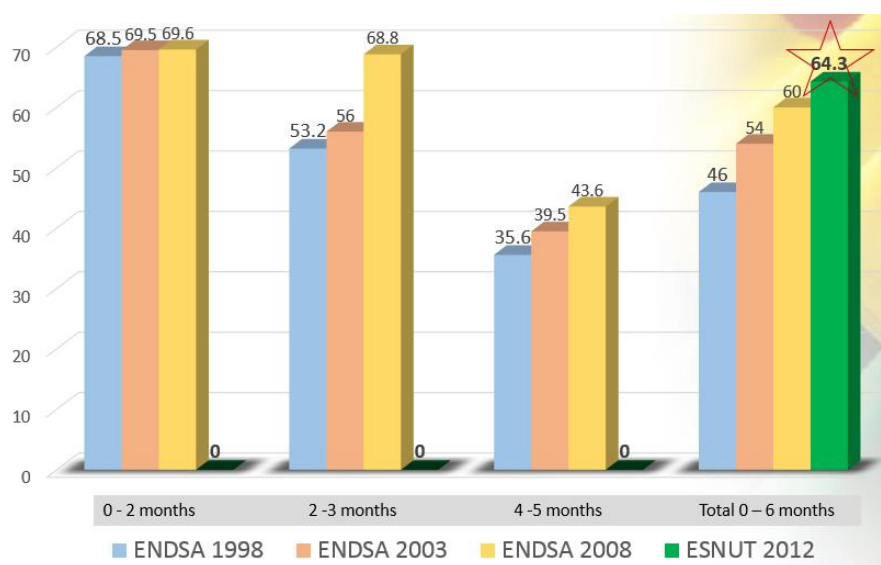
The Ministry of Health followed the implementation of the strategy throughout and expressed its interest in expanding the strategy to other regions with similar characteristics (namely, Oruro and Chuquisaca). The Ministry has requested an additional lot of the packets of materials and technical assistance; these have now been provided.

Another significant step forward in 2016 was the implementation of the nutritional component in the Joint Program to Increase Resilience in Vulnerable Communities in the Basins of the Beni and Mamore Rivers, linked to the WASH component. Within this component, the project promoted the key food and nutrition practices and prioritized the empowerment of women and adolescents. The program also promoted resilience practices based on local knowledge in preparing and conserving foods in emergency situations.



Farming families receive promotional material. Pojo Municipality. ©UNICEF Bolivia/2016/ACH

Percentage of children under six months of age who are exclusively breastfed, Bolivia 1998 - 2012



Source: Food and Nutrition Unit, Ministry of Health

Important outputs during this period include the following:

- 1,121 farmers (681 women and 440 men) increased their knowledge regarding the preparation of healthy foods through 133 theoretical/practical workshops in the field schools.
- 210 families in 45 communities were visited to monitor and reinforce key practices in the home.
- 4 multisectoral food and nutrition fairs were held in order to recover the appreciation of local, highly nutritious foods for family consumption.
- 618 parents (489 women and 98 men) increased their knowledge regarding food and nutrition through 43 workshops conducted by personnel from the health sector.
- 108 mothers of children who go to the PAN childcare centers were trained in 6 workshops on food preparation.

- 151 members of the producer associations (90 women and 61 men) who have commercial food processing activities were trained in food safety and nutrition in a total of 8 workshops.
- 2,017 people from 54 communities (including women, pregnant women, mothers of boys and girls under five years of age, adolescents and fathers) improved their knowledge regarding food and nutritional practices in order to increase their resilience to adverse events.

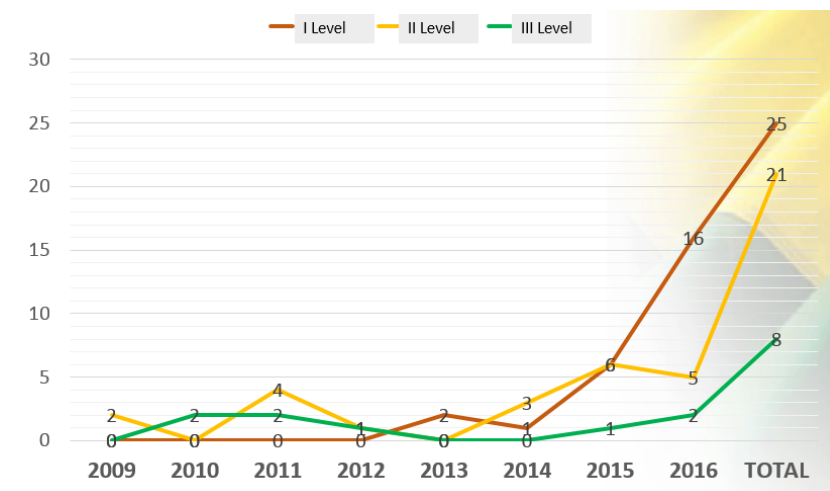
Output 1.4.2: Health services in priority areas implement effective nutrition interventions.

At the national level, the main counterpart of UNICEF's nutrition program is the Ministry of Health, through the Food and Nutrition Unit. During 2016, the work done in capacity development focused on the areas of: breastfeeding, micronutrients, food and nutrition education, food fortification and nutrition in emergencies.

Support in the area of breastfeeding has continued and activities remain similar to those implemented as in previous periods: with the update of the Law 3460, the heads of the 9 SEDES, the National Breastfeeding Committee for the analysis and definition of strategies for compliance with the Regulatory Decree on the marketing of substitutes, and their socialization to with private companies. Likewise, the program continued to provide support to the Friends of Mother and Child Hospitals Initiative, which developed into a strategy for first and second level healthcare facilities. A total of 23 facilities were accredited through the initiative in 2016.

Number of healthcare facilities accredited through the Friends of Mother and Child Hospitals Initiative,

2009 – 2016



Source: Food and Nutrition Unit, Ministry of Health

In relation to **micronutrients**, UNICEF continued to coordinate the donation of vitamin A. This year, 1 million vitamin A capsules were donated for children under five years of age. This donation contributed significantly to supplementing children's nutrition as the national entities do not at this time purchase vitamin A. A strategy is in place to transfer the responsibility for coordinating the donation to the national government in the medium term.

Nutritional anemia is one of the deficiencies that is less prevalent in the country. However, it is one of the most severe problems in public health. In order to analyze and review the standards regarding supplementation, based on scientific evidence, in 2016 the Ministry of Health, through the Food and Nutrition Unit, placed great emphasis on the work of the Technical Roundtable on Anemias, of which UNICEF is a member and contributes to the technical analysis. After a first phase in which the evidence

will be reviewed, particularly height for age data, it is expected that during 2017 policies and strategies for this issue will be adjusted.

Health policy regarding **food and nutrition education** includes the use of nutrition guides as the main tool. The guides were used to train the technical teams of the SEDES in pedagogical techniques for teaching the messages and recommendations for the key nutrition practices.

In order to improve quality of the information in the National Network of Micronutrient Laboratories, support was provided to conduct quality assurance tests for fortified salt, flour and oil. In the area of nutrition in emergencies, substantial technical assistance was provided for capacity development (detailed in Output 4.3).

At the subnational level, the SEDES, through their Food and Nutrition Units, are the counterparts of UNICEF's nutrition program. In 2016, the program continued to support these entities in the departments of Cochabamba and Potosí, specifically the prioritized health networks: Rural Potosí Network and the networks of the Tropics of Cochabamba. The support provided was linked to the health and AIDS program, thus contributing to an integrated approach in the provision of health and nutrition services.

Specifically, the program assisted in the improvement of the technical competencies of the Rural Potosí Network personnel with regard to providing health, nutrition and AIDS services for mothers, children, adolescents and their families using an integrated and inter-programmatic approach. Likewise, the program assisted in the development of instruments that contribute to the integrated implementation of the activities of the health networks; in cross-check monitoring of the nutrition indicators, with particular emphasis on micronutrients and on the application of nutrition strategies through the Integrated Nutrition Units (UNIs, in Spanish). These actions facilitated decision-making and corrective action on the part of the entities that were monitored.

At the municipal level, primarily the Joint Programs, the program contributed to strengthening institutional capacity in the municipal governments and in healthcare services, particularly the Integrated Nutrition Units in charge of implementing the nutrition strategies. Additionally, the program trained the healthcare personnel who work directly with the families who have children under five years of age in food and nutrition education. The program also trained the persons responsible for the programs and health authorities in current nutrition strategies, in order to strengthen their capacities and the implementation of nutrition strategies and actions.

The national government, through the Multisectoral Zero Malnutrition Program, prioritized the creation of UNIs in 166 vulnerable municipalities nationwide. Other municipalities still require this service which specifically deals with nutrition. In this regard, and in coordination with the regulating entity, in 2016 support was provided for the creation of three UNIs in the municipalities of Pojo, Tupiza and Villazón and nine others were provided with technical assistance, materials and equipment for community actions.



*Rosemary, leader of a women's organization, Pocona Municipality
©UNICEF Bolivia/2016/Alanes*

The work carried out during the first half of the current cycle of cooperation focused primarily on sector-specific work, not a part of the program approach, but rather subject to the weakness of the counterpart

in terms of intersectoral work. In 2016, the opportunity arose to recommence multisectoral work as a result of technical-level dialogue with the Coordinating Unit of the Technical Committee of the National Food and Nutrition Council. This dialogue made it possible for UNICEF to provide technical assistance with regard to the role of the Council, which is responsible for creating the necessary conditions to implement the National Food and Nutrition Policy by implementing programs and plans.

This made it possible to take the technical dialogue to the highest level of decision-making regarding policies specific to and sensitive to the sector and to contribute to the technical review of the new 2016-2020 Strategic Plan of the Multisectoral Zero Malnutrition Program, the new Lifetime Food and Nutrition Program and the Multisectoral Food and Nutrition Plan. Technical assistance was also provided for the preparation of the plan to reduce severe, acute malnutrition and resulting mortality in the northern Amazon region (based on a situation assessment) and for the participatory, intersectoral preparation of the plan, its validation and dissemination among departmental and municipal stakeholders.

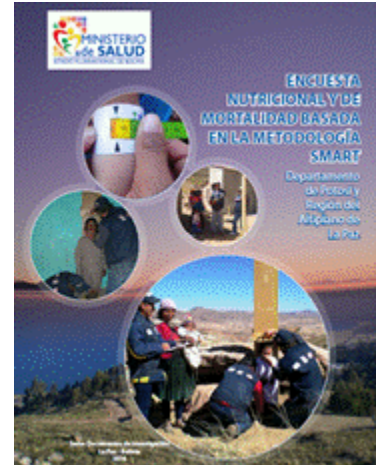
Some key outputs of these actions are the following:

- 23 healthcare facilities accredited as Friends of Mother and Child.
- 100 healthcare professionals in seven municipalities belonging to the Rural Potosi Network increased their knowledge and skills in providing care in health, nutrition and AIDS to mothers, children, adolescents and their families.
- 118 healthcare professionals trained in food and nutrition education.
- 14 chiefs and people responsible for programs strengthened their capacities in managing and implementing nutritional strategies (UNI, SVINC, supplementation, fortification, etc.)
- 3 UNIs are being implemented, with support from the joint program of the SDG Fund.
- 9 UNIs were trained and basic equipment was provided for community extension work in resilience.
- People responsible for the area of nutrition at the nine SEDES trained in pedagogical techniques for implementing the Nutrition Guides in educational activities.
- People responsible for the accreditation and nutrition areas of the SEDES trained in handling the IHAMN accreditation standard in order for it to be included in the National Accreditation System.
- 1 million capsules of vitamin A distributed nationwide for children under five years of age.
- 11 health networks further developed in the area of nutrition strategies through cross-checked supervision for training purposes in the Department of Potosi.
- 9 SEDES strengthened by certifying validated tests conducted in the fortification of salt, flour and oil, within the Network of Micronutrient Laboratories.
- Nutritional indicators of the Health Information System (SNIS) reviewed and updated with technical assistance provided by UNICEF.

Output 1.4.3: Subnational governments identify bottlenecks and allocate resources for cost effective key nutrition multi-sectorial interventions.

Insufficient information and the low quality of existing information are recurrent problems of the national information system. The last demographic and health survey was conducted in 2008. In 2012, a health and nutrition evaluation survey was conducted (published in 2015). The latter is the latest information that is available in the area of nutrition. As such, this cycle the program placed emphasis on advocating in favor of updating key studies. As a result, in 2016, the results of a SMART study on malnutrition and related mortality conducted in 2015 in the departments of Potosi and a Paz (highlands).

Furthermore, in 2016 the study on iron deficiencies in pregnant women, begun in 2015, was concluded. The study was programmed to cover five cities, but was expanded to in response to the request of the Ministry of Health, to nine departmental capitals and to the city of El Alto.



The results show that the national average of CUY is 261ug/L. The results by city indicate that in Cobija the median level of iodine is inadequate (130.9ug/L). At the individual level, the results of the analysis show that there is percentage of the population in four cities that has excess iodine (> 500ug/L). Around fifty-seven percent (57.5%) of the salt samples tested had the correct amount of iodine according to national standards for iodine fortification. At present, only 86.4% of the salt samples are fortified with iodine at 15ppm or more. Different levels of iodine fortification were found in a single brand of salt.

Although the study showed that the national median of urinary iodine is adequate, it is important to note the low levels in individual zones. The Ministry of Health and the municipal governments should resume close control and monitoring of iodine fortification of salt in Bolivia. The salt companies should improve the levels of iodine fortification and homogenization.

Median level of urinary iodine in pregnant women, by department.

Bolivia 2016

<i>Department</i>	<i>Nº de</i>	<i>Lowest</i>	<i>Highest</i>	<i>Median</i>	<i>Median</i> _{95%}
	<i>Sample size</i>	<i>value</i>	<i>value</i>		<i>C.I.</i>
National	479	6.54	987.33	261	240 - 278.3
Trinidad	59	69.2	987.3	360.4	260.7 - 421.7
Cochabamba	40	58.8	987.3	303.6	233 - 370
Santa Cruz	29	94.8	987.3	297.9	238.5 - 390
Potosí	60	80.3	987.3	287.9	246.5 – 344.4
Oruro	40	63.7	654	286.1	234.3 – 446.2
El Alto	30	66.1	515.7	237.1	199.9 – 310
Sucre	100	20.3	481.1	234.3	197.4 - 268.1
Tarija	21	85.9	987.3	229.2	182 - 316
La Paz	70	14.3	727.9	228.5	198.3 – 285.6
Cobija	30	6.5	344.2	130.9	105.7 - 169.9

Source: Report of the Study on Iodine Deficiencies in Pregnant Women, Bolivia 2016.



Fieldwork in the study on urinary iodine in pregnant women. ©UNICEF Bolivia/ 2016

In 2016 another case study was conducted on the Friend of Mother and Child Hospitals Initiative in Bolivia, as a part of a set of global case studies (38 in all) which were presented at the World Breastfeeding Congress. The purpose of the case studies was to assess the progress made over 25 years of implementation of the initiative and to develop new strategic guidelines based on the experiences. The Bolivian case study drew particular interest because of the quality of the study and, especially, because of the

depth of the process carried out over the 25 years of its implementation, of which UNICEF has been an essential element.

As part of the culture of information handling and generation of evidence that UNICEF promotes, in 2016 the **baseline studies and situational assessments** of the joint interventions of the plan to reduce acute malnutrition in the northern Amazon region were carried out. The information resulting from these

actions was applied during the interventions to determine the focus of the actions and in advocacy actions before local authorities.

Through the joint SDGF program, opportunities for intersectoral **dialogue** on food and nutrition were created, with the participation of civil society. These venues for dialogue are established in the national regulations as Municipal Food and Nutrition Councils (COMAN, in Spanish) and Information Analysis Committees (CAIs, in Spanish). As a result of these dialogues, which were based on the analysis of available evidence, local authorities committed to creating UNIs in the municipalities of Pojo, Tupiza and Villazon.

This year, the program worked more intensively on **promoting disaster prevention and disaster risk reduction and on preparation for disaster response**, primarily by strengthening the national emergency nutrition structure based on the mandate in Law 602, Risk Management.

At the national level, the establishment of the **Technical Roundtable on Health and Nutrition in Emergencies** as the technical and operational arm was finalized. Technical assistance was provided for the development of the terms of reference, the Protocol for Activating the National Nutrition in Emergencies Plan and other essential tools necessary to ensure adequate preparation and response in emergency situations.

At the subnational level, technical and logistic support was provided for the creation of the Departmental Nutrition in Emergencies Committees in Pando, Beni, Cochabamba and Oruro. The committees of Chuquisaca, Potosí and La Paz are in process of development. Likewise, through the national nutrition in emergencies workshop, spearheaded by the Ministry of Health, the National Nutrition in Emergencies Plan was shared as an input for the development of departmental and municipal plans.

The stakeholders and capacities of the humanitarian institutions that work in nutrition have been mapped in order to create the Thematic Group, as part of the structure of the Country Humanitarian Team. This is being done under the joint leadership of UNICEF and Acción contra el Hambre.

Some of the key outputs of the period are the following:

- Publication of the Nutrition and Mortality Survey based on the SMART method.
- Completion and publication of the Study on Iodine Deficiencies in Pregnant Women.
- A case study was conducted on IHAMN in Bolivia and was presented at a global congress.
- Preparation of three situational assessments of interventions for the purpose of making necessary adjustments and to be used in public policy advocacy.
- Four multisectoral dialogues on food and nutrition technically strengthened to be used in decision-making. The participation of civil society in these dialogues was encouraged, particularly that of women's organizations.
- The Technical Roundtable on Health and Nutrition in Emergencies was fully implemented and was recognized through a ministerial resolution. The roundtable is co-led by UNICEF and another organization.
- The National Nutrition in Emergencies Committee was set up with its terms of reference and its Protocol for Activation, approved by the Ministry of Health and the Vice Ministry of Civil Defense.
- National Nutrition in Emergencies Plan prepared and validated at the national and subnational levels.
- Four Departmental Nutrition in Emergencies Committees created and recognized within the structure of the Departmental Emergency Operations Center (COED).

Output 1.4.4: Increased national capacity to ensure protection of the nutritional status of girls, boys and women in humanitarian situations.

Natural disasters are recurrent in Bolivia and create emergency situations which require response but also threatening the progress that is attained regularly in nutrition and affecting the distribution chains of nutritional provisions and reducing the impact of action taken at the community level and in healthcare services.

In 2016 there were no specific intervention in emergency response nutrition. The health and WASH areas contributed jointly to the Zika emergency by strengthening the technical capacities of the nutrition personnel in the Department of Beni (which was prioritized for the intervention), particularly in correctly measuring head circumference. The two areas also worked together to promote the continuation of breastfeeding.

The western region of the country was affected by drought, particularly the Department of Oruro. UNICEF provide accompaniment for a rapid multisectoral evaluation, headed up by the World Food Program, in which primary information was collected through interviews and secondary information was collected on nutritional status. As a result of the evaluation, it was decided that inputs would be provided to five municipalities that had shown an increase in acute malnutrition. Additionally, technical support was provided to SEDES during technical meetings held between the Departmental Nutrition in Emergencies Committee and the municipal governments, which led to the development of an action plan.



Diet diversity to strengthen nutritional resilience.
©UNICEF Bolivia/2016/Alanes

Despite the response to these emergency situations, the government did not declare states of emergency, which would have activated humanitarian assistance. The primary area of activity with regard to emergencies in 2016 was that of emergency preparedness. In this regard, the joint resilience program focused on the departments of Beni and La Paz. The program implemented community-level action and organizational strengthening, using an intersectoral approach in which WASH and nutrition actions were linked. These activities were implemented in 60 communities in 12 municipalities along the basins of the Beni and Mamore rivers.

Some of the key outputs during this period are the following:

- Support in the Zika emergency, providing training to nutrition personnel in the Department of Beni, in prevention and control, by accurately measuring head circumference.
- Technical support to the Oruro Nutrition in Emergencies Committee in conducting a situational assessment and planning the response to drought.
- Provision of nutritional supplements for the emergency situation resulting from drought in Oruro, for five severely affected municipalities.
- Pre-positioning of nutritional supplies for emergency situations in vulnerable municipalities in the departments of Beni and northern Paz.

- Creation of community promoter networks for health and nutrition in 12 municipalities in the river basins of the Beni and Mamore rivers to work on resilience.
- 60 health and nutrition promoters (32 women and 28 men), from 54 communities in 12 municipalities, were trained in promoting key community resilience and nutritional control practices.
- 80 municipal technicians (42 women and 38 men) trained in nutrition management in emergency situations.
- 12 municipalities strengthened with regard to implementing nutrition situation rooms as part of risk management and the Community and Intercultural Family Health (SAFCI) policy.
- 12 municipal governments have WASH and nutrition tools for working on resilience.

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 1.4:

By 2017, the equitable use of nutritional support and care practices for are improved among girls, boys, adolescents and women from disadvantaged communities in the intervention area.

	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Children 0-5 months old who are exclusively breastfed	2013	64%	2016 2017	N/A 70%	N/A in 2016	23 accredited health services in BFHI	MoH
2	Percentage of children under 6 months that exclusively breastfed in the intervention area (CBB)	2013	18.6%	2016 2017	N/A 74%	N/A in 2016	In 2016, information was collected from the National Demographic and Health Survey, the results will be available in 2017	MoH
3	Percentage of children under 6 months that exclusively breastfed in the intervention area (POT)	2013	25.1%	2016 2017	N/A 84%	N/A in 2016	In 2016, information was collected from the National Demographic and Health Survey, the results will be available in 2017	MoH

Indicators for Output 1.4.1:

Children, mothers, fathers, families and communities use key proven nutrition practices to prevent and treat chronic malnutrition and other forms of malnutrition.

	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Percentage of children under 6 months that exclusively breastfeed in the intervention area (CBB)	2013	64.4%	2016 2017	N/A 74%	N/A in 2016	In 2016, information was collected from the National Demographic and Health Survey, the results will be available in 2017	MoH
2	Percentage of children under 6 months that exclusively breastfeed in the intervention area (POT)	2013	74.2%	2016 2017	N/A 84%	N/A in 2016	In 2016, information was collected from the National Demographic and Health Survey, the results will be available in 2017	MoH

Indicators for Output 1.4.2:

Health services in priority areas implement effective nutrition interventions.

	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Percentage of children aged 1- 5 years that received a second dose of Vitamin A (CBB).	2013	37%	2016 2017	41% 45%	Not available	43,017 Children aged 1- 5 years with second dose of vitamin A until September 2016	SNIS
2	Percentage of children aged 1- 5 years that received a second dose of Vitamin A (POT).	2013	51%	2016 2017	55% 60%	Not available	31,246 Children aged 1- 5 years with second dose of vitamin A until September 2016	SNIS

Indicators for Output 1.4.3:

Subnational governments identify bottlenecks and allocate resources for cost effective key nutrition multi-sectorial interventions.

	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	National Multisectorial Committee for Nutrition available and functional	2013	Yes	2016 2017	Yes Yes	Yes	In 2016, the Technical Committee of the National Council of Food and Nutrition was available and functional.	MoH
2	Number of Departments that have risk and contingency plans for the nutrition sector	2014	0	2016 2017	1 2	1	In 2016, the National Nutrition's Emergency Plan	MoH

Indicators for Output 1.4.4:

Increased national capacity to ensure protection of the nutritional status of girls, boys and women in humanitarian situations.

	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Children aged 6-59 months with SAM targeted by UNICEF-support (financial or supplies) in humanitarian situations	2015	N/A	2016 2017	N/A N/A	N/A in 2016	In 2016, no humanitarian assistance was provided in nutrition	MoH
2	Percentage of children between the ages of 6 to 59 months with acute severe malnutrition receiving treatment and care during a humanitarian situation.	2015	N/A	2016 2017	N/A N/A	N/A in 2016	In 2016, no humanitarian assistance was provided in nutrition	MoH
3	Percentage of children between the ages of 0 to 23 months that have access to counselling services on infant and child nutrition.	2015	N/A	2016 2017	N/A N/A	N/A in 2016	In 2016, no humanitarian assistance was provided in nutrition	MoH

Friends of Mother and Child Hospitals Initiative: 25 years of history in Bolivia

Background: The case study of the Friends of Mother and Child Hospitals Initiative (IHAMN) in Bolivia was conducted from July through August, 2016. A total of 20 key informants from the national and departmental levels and from the breastfeeding committees of the accredited hospitals and, finally, from the academic sector, participated.

IHAMN was introduced in Bolivia in 1992 and was headed up by the National Breastfeeding Committee, which comprised representatives from the Ministry of Health and other institutions, including the Child-Maternal Directorate, WHO/OPS, UNICEF and the NGO COTALMA, which headed up the technical and operational aspects during the first years. At that time, UNICEF financed all the activities related to the initiative, including training the trainers and evaluators at the national level and ensuring the necessary logistical means for their transport as well as conducting training in hospitals all nine departments of the country that were beginning the accreditation process in accordance with the general evaluation and certification criteria.

Progress and results:

Through 1996, 14 hospitals were certified as Friends of Mother and Child. In the following period the initiative entered a period of inactivity. In the following period, the initiative entered a period of inactivity. The elaboration of Law 3460 on Promotion of Breastfeeding and Marketing of its Substitutes which was then finally promulgated in 2006. In 2007, the State officially launched the Multisectoral Zero Malnutrition Program with a strategic package aimed at eradicating malnutrition among children under five years of age. Within the actions of the program emphasis was placed on promoting breastfeeding. In view of this situation, IHAMN was reactivated and, as of that time, was taken on by the Ministry of Health.

To date, 51 first, second and third tier healthcare facilities have been accredited but none has been re-accredited. This is primarily due to the fact that the monitoring and re-evaluation activities were not carried out. As such, several actions were proposed to ensure the sustainability of the initiative. One of them was the possibility of including IHAMN within the hospital accreditation process. This proposal is being analyzed by the Ministry of Health.



*Early initiation of breastfeeding IHAMN By: Mabel Nayda Silisqui Villanueva
Photography contest, topic: Breastfeeding. Ministry of Health.
Bolivia 2016*

Among the most important aspects that contribute to the implementation and application of IHAMN in Bolivia is having a team responsible for its application, that is established within the structure of the ministry and that have the political, technical and financial backing of the State itself. Another important element is a favorable regulatory framework, not only institutional but also civil and labor.

Lessons learned:

- Legislation that encourages breastfeeding and includes the initiative has been key to the implementation of the initiative.
- Identification and support of key personnel who head up the implementation process at each healthcare facility. The commitment of the directors of the healthcare centers is key.
- Individual certification serves as a stimulus to the healthcare personnel for the implementation of the initiative.
- Institutionalization through the adoption of the initiative as a public policy under a decentralized system and with budget allocation.
- Institutionalization of a national technical team that is responsible for breastfeeding.
- The regulatory package of the initiative was designed far after its implementation. This led to many errors being committed.
- The gradual progress of the implementation of the steps that generate conflict turned out to be a strategy through which the personnel developed a sense of ownership and adapted to the new processes.
- The functionality of the initiative in 1992 and, especially, 1966 was a result of the support of international cooperation agencies, UNICEF in particular.
- The political support of the State, as of 2007 and as a result of the creation of the PMDC and the joint strategies to foster health and nutrition.
- Bring together technical, political and financial support for the activities within the implementing team (the National Breastfeeding Committee) and its related institutions at the intermediate level.

Key challenges in the implementation and sustainability of the initiative:

- Having the topic of breastfeeding and the IHAMN included in the undergraduate curriculum.
- Implementing a monitoring and re-accreditation system for continuous improvement in healthcare.
- Identify a sustainable support system for the mothers after being released from the healthcare facility.
- Include indicators specific to the initiative in the National Healthcare System in order to improve monitoring and evaluation.
- Seek alternative training systems in the IHMAN, throughout the system.

4. FINANCIAL ANALYSIS

4.1. RESOURCES

Table 1. Programmed Budget for Outcome

Outcome Area 4: Nutrition
Bolivia
Planned and Funded for the Country Programme 2016 (In US Dollar)

Outcome	Funding Type ¹	Planned Budget ²
Nutrition	RR	180,000
	ORR	1,860,000
Total Budget		2,040,000

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. Contribution of thematic resources to the outcome at the Country Office level –2016

Outcome Area 4: Nutrition
Thematic contributions received for Outcome 4 by UNICEF Bolivia in 2016
(in US Dollars)

Donors	Grant number	Contribution Amount	Programmable Amount
SIDA- Sweden	SC1499030011	183,568	170,719
Total		183,568	170,719

4.2. FINANCIAL IMPLEMENTATION





Table 3. Execution at the Outcome Level

Outcome Area 4: Nutrition Bolivia 2016 Provisional Expenditures by key results areas (In US Dollars)				
Organizational targets	Expenditure Amount			
	Other resources - Emergency	Other Resources- Regular	Regular Resources	All Programme Accounts
04-02 Micronutrients	0	-2	-3,895	-3,897
04-05 Nutrition and emergencies	873	202,791	14,214	217,879
04-06 Nutrition # General	0	338,927	260,676	599,602
Total	873	541,716	270,995	813,584
Percentage	0.11%	66.58%	33.31%	

Table 4. Execution of resources by programmatic area

Outcome Area 4: Nutrition Bolivia Thematic provisional expenses by programme area (In US Dollar)	
Organizational targets	Other Resources- Regular
04-05 Nutrition and emergencies	22,266
04-06 Nutrition # General	148,453
Grand Total	170,719

Table 5. Execution by specific codes of intervention

Fund Category	All Programme Accounts	
Year	2016	
Business Area	Bolivia - 0510	
Prorated Outcome Area	04 Nutrition	

Row Labels	Expense
04-05-02 Nutrition # emergency preparedness and response	213,616
04-06-01 Nutrition # General	544,189
04-06-04 Nutrition surveys, assessments and surveillance	829
08-09-06 Other # non-classifiable cross-sectoral activities	55,309
08-09-07 Public Advocacy	1,660
10-07-11 Country office leadership and direction	-16
1021 Micronutrient supplementation	-829
1134 Other nutrition interventions in humanitarian response and	45
7921 Operations # financial and administration	-1,412
Unknown	194
Grand Total	813,584

5. FUTURE WORK PLAN

The year 2017 will be a transition year toward UNICEF Bolivia's new cooperation cycle. The key activities of the program will continue to be implemented in order to fully achieve the expected outcomes of the 2013-2017 Country Program. For this purpose, work is planned with the main counterparts: the Ministry of Health and the Departmental Health Services of the departments of Cochabamba and Potosí, with the support of the main nutritional strategies. This with the objective of fully achieving the task of contributing to reducing chronic malnutrition and supporting institution of new approaches to dealing with new forms of malnutrition.

The main strategies are aimed at:

- I. Providing support for breastfeeding through actions to promote breastfeeding month, by re-training the technical personnel in the current legislation and providing support for the institutionalization of the IHAMN within the national accreditation standards.
- II. Provide support for the implementation of the Food Guides through methods and techniques that are appropriate for community education, as tools to promote key practices.
- III. Strengthen the main nutritional strategies by strengthening capacities of the personnel of the Integrated Nutrition Units, in the prioritized areas.
- IV. Provide support for monitoring the nutrition indicators, with particular emphasis on micronutrients, through technical controls carried out by the regulating entities.
- V. Provide technical assistance to the Roundtable for Health and Nutrition in Emergencies and the Committees for Nutrition in Emergency Situations in the prioritized areas, in order to fully establish and institutionalize these entities.

In support of the activities prioritized in the nutrition program for the transition phase during 2017, a budget of USD 50,000 has been allocated. The funds are aimed primarily at completing the development of institutional capacities of the main counterparts. However, there is the opportunity to align the outcomes to the demand and the favorable environment in order to conclude the integrated support and ensure the sustainability of the interventions.

Table 1. Estimated 2017 Budget

Outcome Area 4: Nutrition				
Bolivia				
Planned Budget and Available Resources for 2017				
Outcome	Funding Type	Planned Budget Budget ¹	Funded Budget ¹	Shortfall
Nutrition	RR	180,000	50,000	130,000
	ORR	1,860,000	0	1,860,000
Total for 2016		2,040,000	50,000	1,990,000

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

For decades, the contribution of the Government of Sweden has played a key role in the positive and permanent impact made on the protection and wellbeing of the Bolivian children, improving their chances for survival and providing them with opportunities to prosper. UNICEF Bolivia therefore wishes to express its profound appreciation to the Embassy of Sweden for their contribution. The collaboration of the Government of Sweden, as well as that of the Government of the Plurinational State of Bolivia, has supported the successful execution of the strategies for action. Without this support, the proposed WASH objectives would not have been achieved.

Improving the nutritional status of boys and girls



In Bolivia, one out of every three children under the age of five suffers from chronic malnutrition. In Pojo and Pocona, in the valleys of Cochabamba, the people are particularly vulnerable and the effects of climate change worsen the situation. UNICEF is helping the communities to diversify their products so that they can have a more healthy diet and reduce the levels of malnutrition among boys and girls. Here are the voices of the families and the communities...

"The wauwas (children) are eating all that we produce and now they are eating more fresh foods. Before, we brought everything (the food) from the bridge, and it wasn't fresh. When they got sick, I would be sad, worried. I would worry a lot when the wauwas got sick. Now the wauwas don't get sick much anymore. Everything grows in the greenhouse. And it's clean now that the chickens don't go in. The vegetables grow well and that helps the wauwas to eat well. This is good for us. They teach us how to cook also. Before we cooked potatoes and rice, but now we cook vegetables. The wauwas are well-fed. They aren't malnourished anymore."

‘There are many diseases that affect us: diarrhea, malnutrition and poor nutrition.... The children don’t grow, they are really thin. We don’t want that. Now we have **opened our eyes** and we’re thinking about improving, so that our children can be better fed. They eat more vegetables. Now they’re healthy. The people who live close to the border, 50 km from here, don’t know what broccoli is, or basil or how to prepare them, how to cook them, etc. We are improving. **Now the children know what is healthier, and what isn’t.** Now we plant, before we bought at the markets. Now that we know, we produce almost all types of vegetables and fruits. The lack of water ... that’s the problem we have now.’ Rosemary, Leader of the Women’s Social Organization, Pocona.



‘Nutrition, for my children, is important. They have to eat healthy so that they won’t get sick. Now in my vegetable garden I have apples, grapes, guavas. We have received rabbits, also vegetables, little pumpkins and sweet potatoes. They’ve given us rabbits, which multiply faster than we can eat them, for a better nutrition, to maintain my family.

The diet has changed, just like they’ve taught us. We are trying to improve. When the grapes and apples grow, we think about selling them. We have also received support in the technical aspects, like preparing foods. We’ve learned.’



‘Nutrition (is important for the children) so that they can be well fed and not get sick, so that they have healthy lives. They have given us five types of seeds. (Things) have changed a lot. Before, we didn’t have these possibilities of having seeds. And some little animals too. And a book, about how to make them more nutritious. With that, I cook for my children. That way, we practice what they have taught us in the workshops.’

ANNEX 2: DONOR FEEDBACK FORM

UNICEF is working to improve the quality of its reports. In this regard, we appreciate your comments. Please answer the following questions regarding this report and send your comments to:

Katarina Johansson Mekoulou, Adjunct Representative

Email: kjohansson@unicef.org

SCORING: 5: Very satisfied
0: Completely dissatisfied

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

5	4	3	2	1	0

2. To what extent did the reporting of the use of funds meet your expectations?

5	4	3	2	1	0

If you indicated that you are not satisfied, please let us know what information was missing and how we can improve next time.

3. To what extent did the report meet your expectations, including Identifying difficulties and limitations and how these were resolved?

5	4	3	2	1	0

If you indicated that you were not satisfied, please let us know what information was missing and how we can improve next time.

4. To what extent did the report meet your expectations with regard to the results achieved?

5

4

3

2

1

0

If you indicated that you were not satisfied, please let us know what information was missing and how we can improve next time.

5. Please suggest how this report can be improved to better meet your expectations.

6. If you have any other comments you would like to share with us, please write them here.

Thanks very much for your response!