

# BOLIVIA

## WATER, SANITATION AND HYGIENE



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### *Thematic Report*

### *January - December 2016*

*Prepared by:*  
**UNICEF BOLIVIA**  
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## Abbreviations and Acronyms

AAPS	Authority for the Supervision and Social Control of Drinking Water and Sanitation
ACOBENI	Association of Councilwomen of Beni
CAPyS	Drinking Water and Sanitation Committee
CRC	Convention of the Rights of the Child
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CPE	Constitution of the Plurinational State of Bolivia
CRS	Catholic Relief Services
COOPI	Cooperazione Internazionale
DESCOM	Community Development
EMAGUA	Environment and Water Executing Agency
EDAN	Damage and Needs Assessment
FPS	Production and Social Fund
GAD	Autonomous Departmental Government
GAM	Autonomous Municipal Government
GOB	Government of the Plurinational State of Bolivia
GRAS	International Water and Sanitation Cooperation Group
GHD	Global Handwashing Day
IDB	Inter-American Development Bank
MED	Framework for Performance Evaluation in the Sector
MHM	Menstrual Hygiene Management
MICSA	Mechanism for Investment in Coverage in the Drinking Water and Sanitation Sector
MMAyA	Ministry of the Environment and Water
MINEDU	Ministry of Education
NNA	Boys, Girls and Adolescents
MDG	Millennium Development Goal
NGO	Non-governmental Organization
OTB	Grassroots Territorial Organization
PSD-SB	2016 – 2020 Sector Development Plan for Basic Sanitation
PAPP	Country Program Action Plan
PAHO	Pan American Health Organization
Rural SWAP	Sector Wide Approach for water and sanitation in rural areas with populations under 2,000
SDG	Sustainable Development Goal
SID	Child Survival and Development
TA	Technical Assistance
UDAPE	Social and Economic Policy Analysis Unit
UNASBVI	Water, Basic Sanitation and Livelihood Unit (departmental government)
UNDAF	United Nations Development Assistance Framework
VAPSB	Vice Ministry of Drinking Water and Basic Sanitation
WASH	Water, Sanitation and Hygiene
W3	Matrix of who does what and where
EPSA	Drinking Water and Sanitation Services Provider
WS	Water and Sanitation
WHO	World Health Organization

# 1. Executive Summary

UNICEF's 2013-17 Country Program for the water, sanitation and hygiene sector (WASH) supports the Government of the Plurinational State of Bolivia (GOB) in fulfilling the rights of boys, girls, adolescents and women, advocating to place them at the center of national and subnational policies, programs and budgets.

The program aims to reach the most excluded sector of the population in remote, rural, largely indigenous communities and in marginalized urban areas, in order to contribute to reducing cultural, social, gender and geographic inequalities. The WASH program also supports gender equality and the empowerment of women and girls, with interventions aimed at improving the fulfillment of their rights with regard to water, sanitation and hygiene.

In 2016, new challenges were added to the UNICEF's work in the country, related to supporting the fulfillment of the Sustainable Development Goals (SDGs) as well as the goals of the 2025 Patriotic Agenda, the 2016-2020 Basic Sanitation Sector Development Plan (PDS-SB, in Spanish) and to operationalize UNICEF's 2016-2030 Global WASH Strategy, adapted to the Bolivian context. The Strategy is designed to contribute to global efforts to meet SDG 6 and focuses on priority interventions that benefit children.

In recent years, as a result of the economic situation in the country, the country was declared a lower-middle income country. As a result, the WASH area modified its way of operating in the country from a model focusing on providing services to the provision of technical assistance, analysis of disaggregated information and generation of evidence and knowledge, using innovating tools, studies and demonstration experiences. UNICEF also fine-tuned its programmatic focus in order to implement high impact, cost effective, culturally appropriate and gender sensitive interventions.

*In 2016, the most significant achievements, attained through technical assistance provided by UNICEF at the national and subnational levels to various national water and sanitation programs were the following:*

- 19,709 persons have water service and 23,637 have sanitation services through national programs and projects. Since 2013, a total of 140,025 persons have been provided with water services and 76,809 persons have been provided with sanitation services.
  - A study on menstrual hygiene management (MHM) was concluded, published and disseminated. The study served as the basis for creating packets with basic MHM supplies.<sup>1</sup>
- 10,000 girls and boys in 100 schools received support and timely and precise information regarding menstruation and MHM. At least 10,000 families, 500 teachers and 200 authorities increased their knowledge and capacity to deal with topics related to puberty, menstruation and MHM, both in the schools and at home.
- The Association of Councilwomen of Beni (ACOBENI, in Spanish), a strategic ally of UNICEF, advocates for the actions in promoting hygiene and MHM be implemented in the rest of the country.
- MHM was adopted as an academic topic and gender-sensitive capacities were defined at the local level through a close collaboration with the colleges of Pedagogy and Nursing of our local academic partner, the university, Universidad Autónoma del Beni.
- 2,017 families (a total of 10,085 people) from 60 communities in 12 municipalities in the departments of La Paz and Beni have become less vulnerable to emergencies as a result of improving their water and sanitation services and nutritional practices and hygiene. This, in turn, ensures

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<sup>1</sup> Consists of several communication products and one hygiene product, detailed in the Results Assessment, Output 131 section.

the capacity of the municipalities and departments to respond to emergencies. These actions were carried out through the Inter-agency Resilience Project. The municipalities involved were: San Buenaventura, Guanay, Palos Blancos, Ixiamas, Rurrenabaque, Reyes, San Borja, San Ignacio de Moxos, San Ramón, San Joaquín, Santa Ana del Yacuma and Riberalta.

- The 350 national and subnational employees are carrying out their functions more efficiently in the areas of water, sanitation and hygiene after having completed the training program “Project Management and Community Development in the area of Water, Sanitation and Hygiene”. With support from UNICEF, five training cycles were conducted.
- 390 water and sanitation committees (CAPyS) are officially registered and regulated by the Authority for the Supervision and Social Control of Drinking Water and Sanitation (AAPS). The total number of CAPyS that have been officially registered since 2013 is 736.
- 275 CAPyS have been strengthened in the areas of community development, organizational strengthening and technical assistance, enabling them to fulfill their planning, operational and maintenance functions.
- 15 municipal autonomous governments have municipal water and sanitation registries and have been registered on the Information System of the Ministry of Environment and Water (MMAyA, in Spanish). In all since 2013, 140 municipal water and sanitation registries have been created.

#### *Challenges during 2016:*

- Limited integration of cross-cutting topics (gender and generational issues and other topics).
- Insufficient information about WASH and about the indicators of the Framework for Performance Evaluation in the Sector (MED, in Spanish) and corresponding official data.
- Lack of linkage between sectors and ministries at the national and subnational levels.
- Establish opportunities for social mobilization, communication and promotion of healthy hygiene habits, including MHM, in WASH services.

#### *Foreseeable challenges in 2017:*

- Reinforce work on the topics of climate change, risk management and resilience and support the implementation of the MMAyA’s rural water and sanitation strategy.
- Advocate before the MMAyA in favor of replicating the sustainable rural sanitation models.
- Encourage the implementation of a more integrated approach in actions in water, sanitation and hygiene.
- Support the decentralization of water and sanitation services.
- Establish the bases to contribute to the SDGs by reinforcing the sustainability and quality of water, sanitation and hygiene services, in both regular and emergency situations.

#### *Main lessons learned:*

1. **Intersectoral approach:** Integration of health, WASH and nutrition sectors into the Child Survival and Development team has been a positive change.
2. **Decentralized WASH intervention model:** The intervention model tested in 54 municipalities has been shown and proven to be effective and has been included in sector policy through the rural sector-wide approach (SWAp).
3. **Link the technical, social and administrative components:** It is possible to link these components and such linkage plays an essential role in the success of the project management.
4. **Develop integrated capacities of the municipal autonomous government (GAMs, in Spanish):** The GAMs’ capacities should include not only topics such as community development (DESCOM, in



Spanish) and project design and supervision, but also administrative regulations, in order that all the stakeholders are aware of the procedures they should fulfill and to further improve their municipal planning and strategic management.

5. **Sector institutions should participate from the start:** This is key to strengthening the initiative in such a way that it can be replicated and made into a public policy. Also, the presence of these institutions increases the confidence of the local institutions in the initiatives and increases the potential for success of the initiatives.
6. **Technical weakness at the subnational level:** The great technical weakness at the subnational level in project development and design and in supervision and control of projects can be mitigated through capacity building at the subnational level.



*Global Handwashing Day @UNICEF Bolivia/2016/Calderón*

## 2. Strategic Context of 2016

The political constitution of the Plurinational State of Bolivia establishes that there should be universal access to drinking water and sanitation services as essential rights of all people and guarantees access to these services and “the health of all persons, without exclusion or discrimination of any kind” and to the “exercise of the sexual and reproductive rights of men and women”.

The national Government has drawn up the 2025 Patriotic Agenda, which with regard to basic services establishes that by 2025, “One hundred percent of Bolivian men and women shall have drinking water and sanitation services”. Last February, the Bolivian Government presented the 2016-2020 Socio-economic Development Plan, which includes the following outcomes for Goal 1, under Pillar 2:

- 95% of the urban population has drinking water service;
- 80% of the rural population has safe water service;
- 70% of the urban population has sewage and sanitation services;
- 60% of the rural population has sewage and sanitation services.

Furthermore, the intersectoral interventions to improve child health, wellbeing and development will include WASH in actions within the education sector (SDG 4), at local clinics (SDG 3), in MHM interventions and in other interventions aimed at women and girls (SDG 5). Sanitation and hygiene interventions will also be implemented to support programs to reduce child malnutrition (SDG2) and to end child poverty (SDG 1). WASH inputs will also contribute to achieving other goals and targets, including sustainable cities (SDG11), reducing inequality within and between countries (SDG 10) and protecting the environment and combating climate change (SDG 13).

WASH contributes directly to realizing the human right to water and sanitation in all stages of life. Sanitation and hygiene interventions that reduce morbidity due to diarrhea, from birth through one year of age, also contribute to reducing stunting, while the provision of drinking water helps to reduce maternal mortality.

Responses to humanitarian crises contribute to rapid response solutions and to more long-term solutions that build resilience in communities and in the sector systems that respond to shocks and crises. Investments during stable periods can efficiently mitigate the impacts of crises and, to the extent possible, development systems and relevant stakeholders can contribute to achieving long-term objectives.

UNICEF is working to reinforce mechanisms for more holistic coordination between the sector institutions and to support the transition from a group approach to an approach based on these national coordination mechanisms. UNICEF is also working to strengthen climate change adaptation and resilience.

It has been shown that diarrhea kills more boys and girls than HIV/AIDS, malaria and measles combined (UNICEF/OMS 2009). Most of the fatal cases of diarrhea occur in boys and girls under five years of age. Eighty-eight percent of diarrhea cases are due to lack of water and sanitation (OMS 2004). Beyond the importance of water and sanitation services in and of themselves, access to these services is closely linked to the health of boys, girls and adolescents. Water and sanitation services reduce the causes of morbidity and mortality among children.

According to the Eighth Progress Report on the MDGs, published by the Social and Economic Policy Analysis Unit (UDAPE) in 2014, nine out of every ten persons in urban areas have access to drinking water, while, in the rural areas, six out of every ten persons have access to drinking water. The urban-rural gap has been reduced over the last thirteen years from 40.3% to 25.8% from 2001 to 2014, with the most rapid progress being made in the rural areas, primarily through the Mi Agua (My Water) programs.

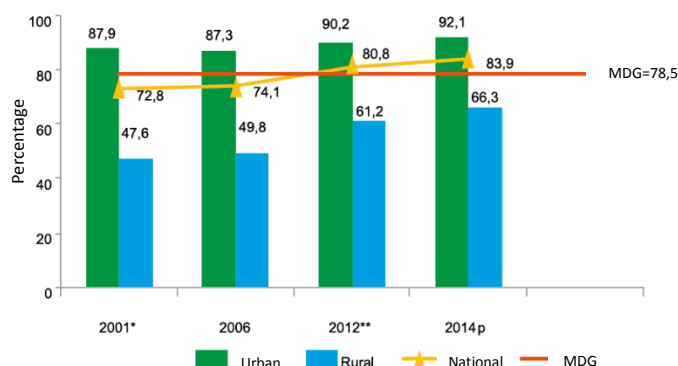


WASH interventions in the Amazon region. ©UNICEF Bolivia/2016/Pérez

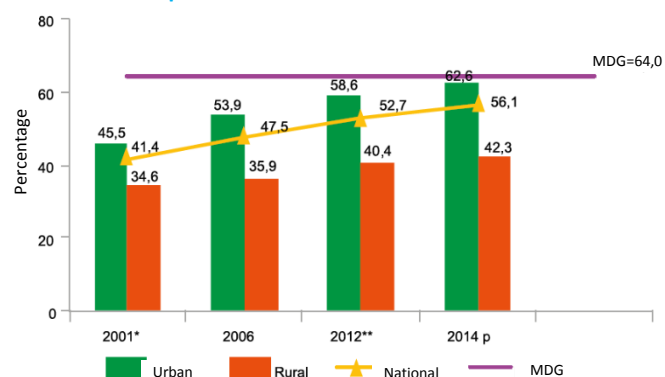
The UDAPE report also notes that six out of every ten persons who live in urban areas have basic sanitation services, while four out of every ten rural dwellers have sanitation services. The gap between urban and rural areas in this regard is 20.3% (2014).

Illustration 1: Families with access to drinking water and basic sanitation, 2001 – 2014 (Source: UDAPE, 2016)

Population with Access to Drinking Water



Population with Access to Basic Sanitation



Source: Vice Ministry of Drinking Water and Basic Sanitation

p Preliminary information

(\*) Number adjusted according to the national population and households census of 2001, National Statistics Institute (INE, in Spanish).

Calculated based on number of people per private household with persons present in the home.

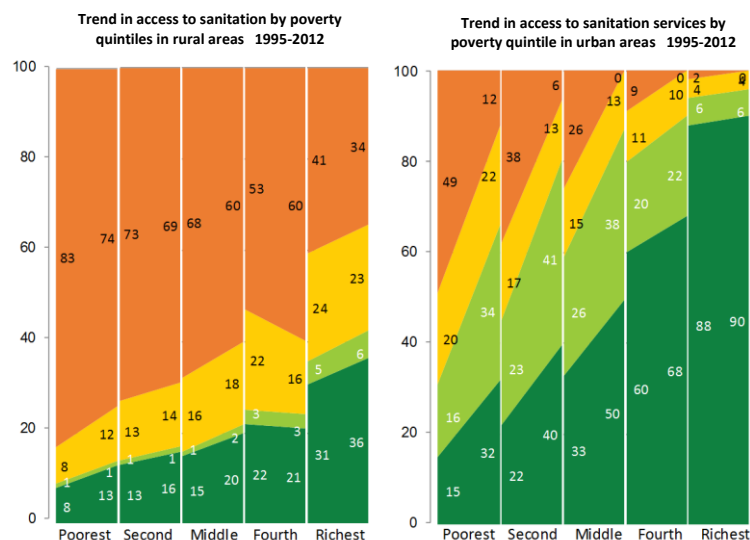
(\*\*) Estimated by the Vice Ministry of Drinking Water and Basic Sanitation, based on report of new water connections and beneficiary population of the project executed by the MMAYa, FPS and EPSAs and the population projections of the INE.

According to the report of the Joint Monitoring Program (See Illustration 2) on trends in access to sanitation services, the increase in sanitation services for the poorest quintile of the rural population was lower than that of the poorest quintile of the urban population.

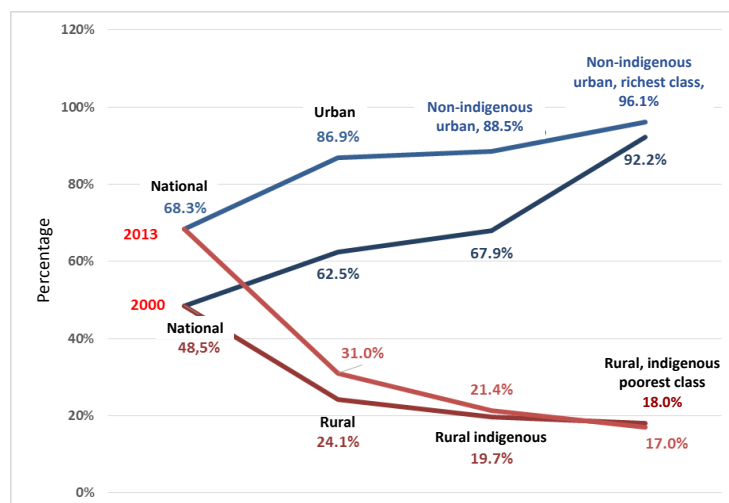
Between 2000 and 2013, the increase in sanitation service coverage in the country benefitted several sectors of the population, however, the increase was much greater in urban areas than in rural areas, was very low in rural, indigenous areas and did not increase among poor, rural, indigenous women. As a result, in 2013, the probability of a poor, indigenous person living in a rural area to access sanitation services (17%) was almost six times less than that of a high-income, non-indigenous man living in an urban area (96%). This brings attention to the need to act in a focused manner to resolve the most-entrenched gaps in basic sanitation. (See Illustration 3.)



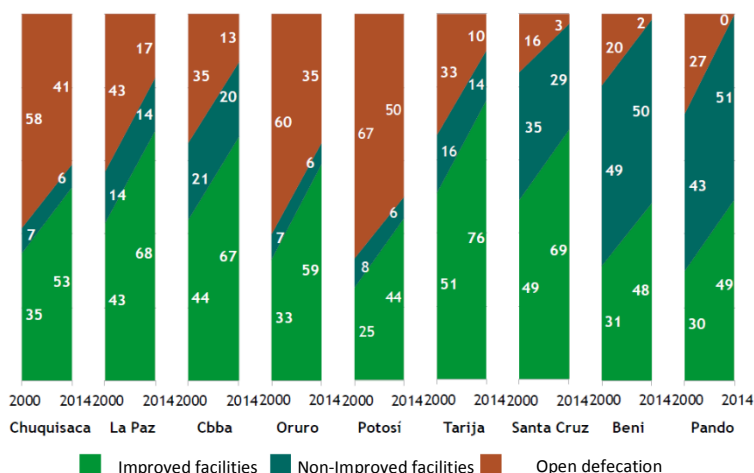
**Illustration 2: Trend in Access to Rural and Urban Sanitation by Poverty Quintiles (Source: JMP, 2016)**



**Illustration 3: Sanitation Coverage, by Group, 2000-2013 (Source: SITAN, 2016)**



**Illustration 4: Progress on Coverage of Improved Sanitation Facilities, 2000-2014 (Source: UDAPE, 2016)**



According to an analysis of progress made on access to improved sources of water and to improved sanitation facilities, published by UDAPE, some departments have higher urban-rural gaps than the national average. For example, in 2014, access to improved sanitation services in the urban areas of the departments of Potosi and Oruro was five times higher than access in rural areas. On the other hand, in the Department of Beni, one of the three departments with the lowest level of access, the urban-rural gap in access to improved sanitation services is the lowest in the country – at just 5%. The document also indicates that the urban-rural gaps in Potosi and Oruro is one of the highest in the country. Furthermore, in terms of open defecation, the rate in the rural areas is 70% higher than in the urban areas. In Oruro, the rate is 64% higher in urban areas than in rural areas.

## Country Program Objectives

UNICEF's Country Program is aligned with the sector priorities, with the 2025 Bicentennial Patriotic Agenda, with the Water and Sanitation Sector Plan for 2016-2020 and with the SDG. Within this framework, UNICEF supports and promotes equitable access to appropriate and dignified water, sanitation and hygiene services on the part of girls, boys, adolescents and women and works to reduce the gap in access to such services. For the most vulnerable sectors of the population, UNICEF has

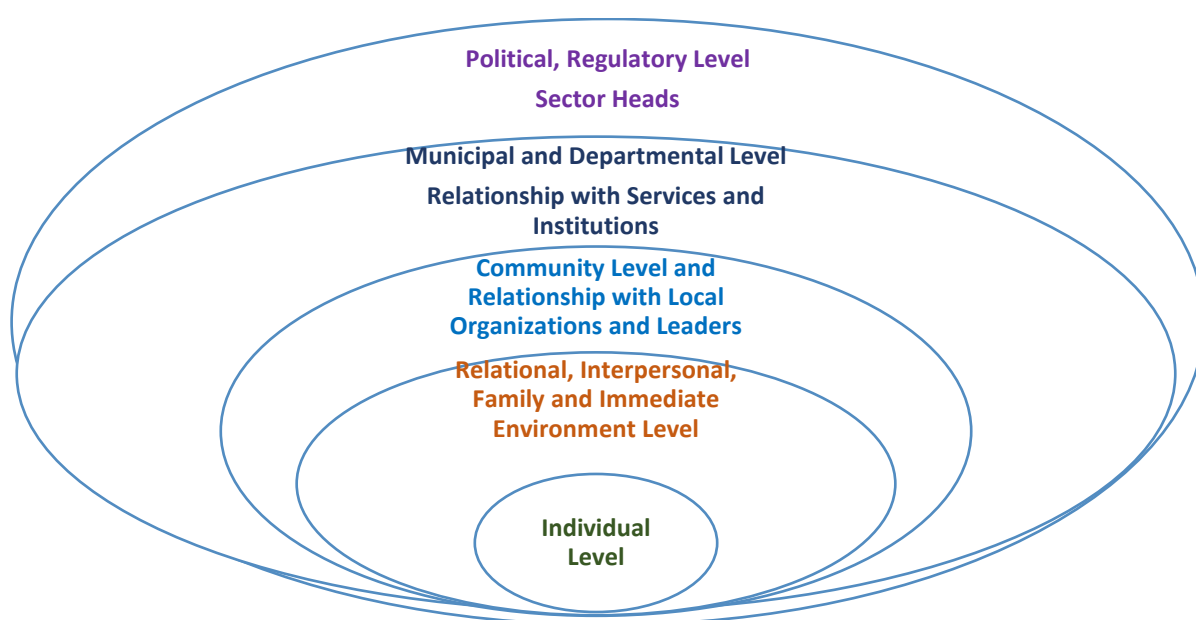
developed expertise in dispersed, rural contexts with populations under 2,000, which are the most marginalized and face the greatest geographic, economic and access barriers.

UNICEF continues to apply innovations, evidence-based interventions and strategies aimed primarily at the issue of sanitation.

## Scale and Scope

UNICEF can head up different focused efforts simultaneously: At the national level, UNICEF supports the development of policies, standards and bottleneck analyses while, at the same, implementing community level demonstration interventions. Thus, the Organization contributes to filling gaps in regulations, generating evidence, validating models that can later be scaled up and reaching communities with strategies for social and behavioral change.

*Illustration 5: Environmental and Social Framework*



## Partnerships

UNICEF continues to build networks and alliances around the rights of boys and girls. In WASH, the main ally is the Ministry of Environment and Water and the Ministry's national and subnational decentralized entities.

Other allies are Núr University, Save the Children and Sumaj Huasi. UNICEF has worked with its allies to generate evidence, provide support at the subnational level, conduct training and develop demonstration experiences.

As to risk management, the strategic partners are Plan International, Acción Contra el Hambre, Soluciones Prácticas, Cooperazione Internazionale (COOPI), Catholic Relief Services (CRS), Spanish and Bolivian Red Cross, Fundación SODIS, Sumaj Huasi, Bomberos Unidos sin Fronteras Bolivia and ADRA Bolivia. This list of UNICEF Bolivia's allies within the WASH component, confirms the efforts that are regularly made to build support networks to achieve the fulfillment of children's rights. This network of organizations also provides an opportunity for a rich exchange of experiences and knowledge.

### 3. Results in the Outcome Area

#### **Outcome 1.3: By 2017 improved and equitable use of safe drinking water, and hygiene practices by populations from the intervention area.**

In 2016, UNICEF Bolivia's country office (BCO), through the Water, Sanitation and Hygiene Program, continued to implement the theory of change, with its focus on equity, in its programs and to support national and subnational authorities in the efforts to ensure equitable access to water and sanitation and the use of healthy hygiene practices.

The WASH interventions implemented by BCO are contributing to reducing neonatal, child and maternal mortality and to preventing malnutrition. In particular, women and girls benefit from the actions that contribute to the exercise of their WASH-related rights.

BCO is supporting the implementation of the 2016-2020 Basic Sanitation Sector Development Plan to reduce the gaps in service coverage. UNICEF provides technical assistance and strengthens national and subnational capacities for various national programs, in order to improve the intervention modalities, strengthen the capacities of the municipal autonomous governments to provide WASH services and increase the population covered by such services.

Efforts to encourage demonstration experiences and generate evidence in sanitation and the promotion of hygiene continue as well. For example, UNICEF implementing demonstration experiences in sustainable sanitation in Potosí and similar experiences in Beni.

BCO is also contributing to increasing the number of open defecation free families and communities through alliances with local non-governmental organizations (NGOs) and by implementing the SANTOLIC method.

UNICEF heads up the WASH Humanitarian Thematic Group and co-leads the Technical Roundtable for WASH in National Emergencies through which response was provided to drought situations and to the outbreak of Zika. UNICEF helped to strengthen coordination and leadership within the roundtable.

In collaboration with the MMAyA, UNICEF is supporting the implementation of the sector-wide approach (SWA) for rural zones with populations under 2,000 in the departments of Beni, Chuquisaca, Potosí, Cochabamba and Pando.

On another front, in order to integrate MHM into the promotion of the three key hygiene practices in schools, UNICEF has continued to successfully implement the packet of interventions, which includes: a) a qualitative study on the challenges faced by girls and adolescents who have reached menarche, published in 2016; b) the demonstration intervention in schools in Beni.

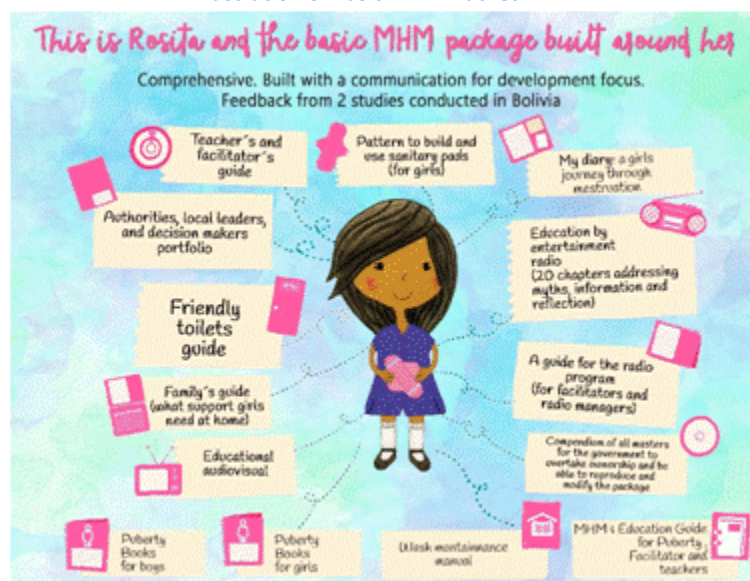
BCO continued to strengthen its alliances with the EU, the members of the International Water and Sanitation Cooperation Group (GRAS), agencies of the United Nations and international and local NGOs such as Sumaj Huasi and Save the Children as well as partners from the academic sphere such as Núr University. BCO also participates in relevant forums at the national and global level such as WHO/UNICEF's Joint Monitoring Program for the Provision of Water and Sanitation.

### Output 1.3.1: Rural populations apply hygiene practices and are active in WASH community services management.

In 2016, BCO continued to implement its strategy to promote hygiene with equity and applying an intercultural approach. Great effort was made to increase the level of intersectoral action in a context in which linkage between sectors is minimal both at the national and subnational levels. UNICEF's theory of change encourages the generation of evidence through studies and demonstration experiences. Such evidence helps to improve advocacy and influence in order to position innovative themes.

During this year, efforts continued to incorporate MHM in the key hygiene practices that are promoted regularly. This sensitive topic is at the heart of the dignity and exercise of the rights of women, within WASH. In order to strengthen the promotion of hygiene by incorporation this line of action in existing policies, several efforts were made to bring together intersectoral allies, generate evidence and raise awareness among key actors. A new formative study<sup>2</sup> on the challenges faced by girls during menstruation was conducted, published, disseminated and used as feedback for the design of a packet of materials and an intervention scheme in school communities, with an approach that was based on children's right and the promotion of hygiene, including MHM.

Illustration 6: Basic MHM Packet



As a result of this study and a previous one, 100 school units (public schools in dispersed, rural zones) received the basic MHM packets and training for their principals and teachers. "Complete interventions"<sup>3</sup> were implemented at ten schools, using the method "life skills based education". Both actions, together with a number of efforts to raise awareness regarding the topic of MHM reached a total of 10,000 girls and their classroom peers, 10,000 families, 500 teachers and 200 school authorities.

BCO's basic MHM packet includes all the communication items shown in the

figure above<sup>4</sup> and the exploration of how to make and use reusable sanitary pads that are inexpensive, culturally appropriate and environmentally friendly.

UNICEF's WASH sector hygiene strategy has contributed to the following outcomes:

- At the national level, the MMAyA is about to begin updating the Manual for Community Development in Areas with Populations under 2,000, with technical support from UNICEF. The updating of this valuable official document, which should include guidelines to communicate and promote hygiene, will provide the opportunity to fine-tune the promotion of the three key hygiene practices and to include MHM. This will facilitate the implementation of strategic communication activities and improve the chances of achieving behavioral and social change with regard to hygiene.

<sup>2</sup> Manejo de la Higiene Menstrual impacta la Experiencia Escolar de Niñas Adolescentes en la Amazonía de Bolivia (Menstrual Hygiene Management impacts the School Experience of Adolescents in Bolivia's Amazon Region) [https://www.unicef.org/bolivia/resources\\_34515.html](https://www.unicef.org/bolivia/resources_34515.html)

<sup>3</sup> The implementation scheme is in the annex of the present document.

<sup>4</sup> A description of all the products in in the annex of the present document.

- Over 200,000 boys and girls received hygiene information, games and/or kits on Global Handwashing Day. Each year, UNICEF heads up the celebration of Global Handwashing Day, under the direction of the MMAyA, in order to draw public attention to the direct relationship between hygiene and health.

## Challenges

- *Adjust the time frames according to the national context.* The time frames and processes of the State differ from those that UNICEF generally deals with. Additionally, behavioral and social change are long-term processes that require constant presence of those implementing the efforts in the localities where they are implemented as well as continuous action and patient investments.
- *Position communication and promotion as priority tools.* The adoption of healthy hygiene habits requires a set of actions – some related to infrastructure, supplies and tangible inputs and others which require investment in intangible items. This makes it difficult to identify and prioritize the requirements, both in the communities and at the national and subnational levels.
- *Invest in monitoring and evaluation.* It is not common for communication and promotion interventions to have financing for subsequent evaluations that could demonstrate the effectiveness of investing in communication for social change. It is imperative that mechanisms be found to clearly set forth the benefits of investing in communication and promotion.
- *Contribute to increasing intersectoral action.* It is essential that intersectoral action be strengthened, primarily in health and education. This will contribute directly to the adoption of hygiene practices, including MHM, as these issues do not fall only within the sphere of WASH.



### Output 1.3.2: National and subnational capacities are strengthened to provide WASH services in communities and schools from rural areas.

UNICEF's country office (BCO) based the outcomes and objectives of the 2013-2017 Country Program on the indicators of the Performance Evaluation Framework (MED, in Spanish) proposed by the MMAyA. In 2016, *through the provision of technical assistance at the national and subnational level in various national water and sanitation programs*, UNICEF sought to reduce gaps in services and deal with the main bottlenecks in access to these services. UNICEF's activity in hygiene promotion contributed to the achievement of the following outcomes in improving access to water, sanitation and hygiene:

- 19,709 persons have water service through national programs and projects (approximately 9,874 women, 9,835 men and 2,898 children under five years of age). Since 2013, a total of 140,025 persons



have been provided with water services (around 70,153 women, 69,872 men and 17,167 children under five years of age).

- 23,637 persons have sanitation services through national programs and projects (around 11,842 women, 11,795 men and 2,898 children under the age of five years). In all, since 2013, 76,809 people have been provided with sanitation services (around 38,481 women; 38,328 men and 9,417 children under the age of five years).
- Over 10,000 girls and boys in 100 schools received timely and precise support and information regarding menstruation and menstrual hygiene management (MHM). At least 10,000 families and 500 teachers increased their knowledge and capacity to deal with topics related to puberty, menstruation and MHM, at home and at school. Over 200 authorities and decision-makers were sensitized and informed of facts related to the challenges that girls and adolescents face in MHM. The ten schools that participated in the “complete interventions” improved their WASH conditions.
- 100% of the regulations that were prioritized and approved for the rural area (in relation to the total number of regulations that were programmed) were disseminated and relevant training was provided for their implementation.
- Through the Interagency Resilience Project, 2,017 families (a total of 10,085 persons in two departments – La Paz and Beni) from 60 communities in 12 municipalities (San Buenaventura, Guanay, Palos Blancos, Ixiamas, Rurrenabaque, Reyes, San Borja, San Ignacio de Moxos, San Ramón, San Joaquín, Santa Ana del Yacuma and Riberalta) have reduced their level of vulnerability to emergencies. This is a result of improving their water and sanitation services and their hygiene and nutrition practices. Additionally, the emergency-response capacities of the municipalities and the departments were strengthened.
- The 350 national and subnational employees are performing their functions more efficiently in the area of water, sanitation and hygiene, as a result of having completed five training cycles in the program “Project Management and Community Development in Water, Sanitation and Hygiene”. This program includes 17 key subjects, including gender, interculturality, protection of rights, communication and promotion of hygiene, community organization and participation, risk management and climate change adaptation. UNICEF contributed to the development of the lesson plans and to the implementation of the five training cycles.
- 50 professionals are taking the Master’s Program in Water and Basic Sanitation Projects, the first of its kind in the country. The program will conclude in 2017. UNICEF contributed to the development of the courses and content.
- 100 families were provided with ecological toilet units (MOSAFA ECO), including a bathroom, a shower and a laundry area, the latter being useful also for washing hands. These facilities were built by the families themselves, in three communities (Sijllani - 30 families, Ckellu Ckocha - 46 families and San Isidro - 26 families) and in three school units in the Municipality of Betanzos, in Potosí. This intervention was carried out with support from Sumaj Huasi, the GAM and the Potosí GAD.
- 100 families (500 persons, including approximately 200 boys and girls) will benefit from the provision of sustainable sanitation units in rural communities in the municipalities of Trinidad, Rurrenabaque and Reyes, in the Department of Beni. This demonstration project will be completed in January, 2017.

Technical assistance provided by UNICEF at the subnational level, with support from the GADs and GAMs, led to increasing water and sanitation services. These were financed by various MMAYA programs.

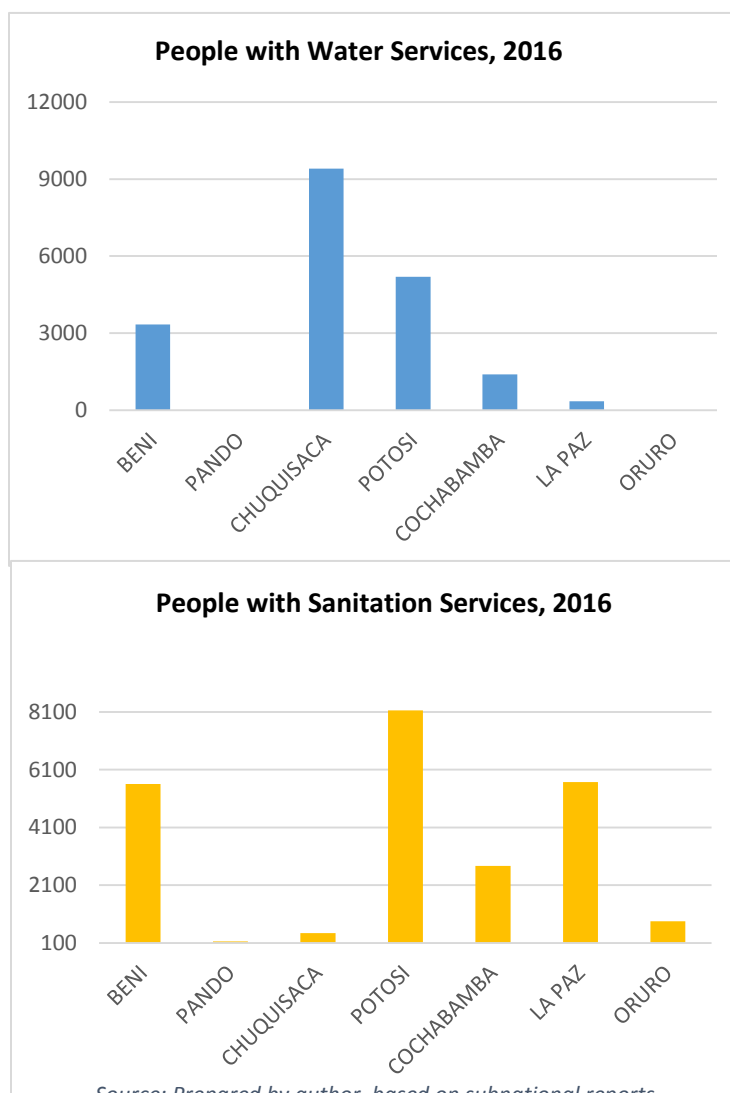
The technical assistance provided by the Organization focused on the following areas:

- Coordination with the GAD technicians to review the pre-investment studies, to ensure the quality of the social and infrastructure components. This also strengthened the capacities of the stakeholders in validating technical and social information in the pre-investment phase.
- Training and technical assistance provided to the GADs and GAMs in verifying water quality analyses. This process includes physical, chemical and bacteriological parameters.
- Training of national and subnational technicians in the following topics:

- Criteria for supervising water and sanitation projects, covering both infrastructure and social components..
- Preparation of cadastral plans according to MMAYa model.
- Preparation of integrated project files in order to present the provisional and final plans for the infrastructure and social components.
- Goods and Services Administration System (SABS), in order to facilitate the GAMs implementation of water and sanitation projects through outsourcing.

- Joint training conducted by UNICEF, MMAYa/VAPSB and the Authority for the Social Control and Supervision of Drinking Water and Sanitation (AAPS), for the subnational level (GADs and GAMs), to facilitate the implementation of sector policies and regulations. In the training, the following core policies and regulations were presented and analyzed: Bolivian Constitution (the overarching framework), Framework Law on Autonomy and Decentralization, 2025 Patriotic Agenda; Environment Law 1333, Framework Law on Mother Earth, Rural SWAp for populations under 2,000, National Policy on the Quality of Water for Human Consumption, Rural Community Development Guidelines, Social Community Development Regulation for Rural Water and Sanitation, Basic Pre-investment Regulation (VIPFE), 2015–2020 Basic Sanitation Sector Development Plan, and others.
- Strategic alliance with academic partner, Núr University, to support the provision of technical assistance at the national and subnational levels, with training, follow-up, monitoring and coordination to ensure the achievement of the expected outcomes.

*Illustration 7: Increase in coverage of water and sanitation services in 2016*



*Source: Prepared by author, based on subnational reports*

## Challenges

- *Support the preparation and implementation of the Water and Sanitation Strategy for the rural areas.* UNICEF supported the MMAyA in the preparation of the rural SWAp and the Rural Sanitation Strategy, which serve as inputs for the preparation of the Rural and Small Community Water and Sanitation Strategy, which should be implemented and shared with all the sector entities and cooperation agencies. The strategy should enable the scaling up of rural water and sanitation services and the reducing the existing gap between urban and rural services, as well as contributing to the achievement of the SDGs.
- *Support the updating of the Sector Performance Evaluation Framework (MED, in Spanish), headed up by the MMAyA and agreed upon by all the sector stakeholders.* UNICEF is providing support for the updating of the indicators of the Sector Performance Evaluation Framework (MED), which will be the primary guide for measuring progress in the sector and determining the aspects needed in terms of institutional strengthening at the national and subnational levels. Sharing the framework and reaching agreement on it with all the sector entities and cooperation agencies is an important challenge.
- *Support the completion and launch of the following studies, headed up by the MMAyA:* UNICEF is supporting the MMAyA with technical and financial assistance to carry out strategic studies that will contribute very significantly to the sector. The studies are expected to be conducted in 2017. They are the following:
  - Updating the Community Development Guide for Areas with Populations under 2,000
  - Guide: Technical Options for Water, Sanitation and Hygiene for Rural Schools in Bolivia
  - Preparation of a document on the analysis of unit prices for drinking water and basic sanitation projects (technical)
  - Preparation of a document of analysis of unit prices for drinking water and basic sanitation projects
  - Consultancy to implement the pilot of the Rural Water and Sanitation Information System (SIASAR, in Spanish)
- *Improve the integration of water, sanitation and hygiene actions.* There are still independent subsector interventions in communal land, methods that do not have an integrated vision, investments that do not have strategies to ensure their sustainability, sector efforts that are isolated from programs of the subnational governments and insufficient capacity development. It has also been determined that several subsector stakeholders carry out functions and duties that correspond to specialized units of the Ministry leading to the risk of overlap. As such, it is imperative that strategies be adopted that lead to a more integrated approach in the actions taken in the sector and intensify knowledge management.
- *Support the decentralization of water and sanitation services.* It is necessary to support the implementation of intervention models that support the process of decentralization, which is being implemented slowly. The existence of decentralized entries is a greater challenge in terms of coordination, which is made further complex with the executing entities that work by project or by source of funding. The subnational level must be strengthened and it is necessary to advocate before the national institutions in favor of functions being delegated according to the competencies established by law. It is also necessary to support the implementation of the most efficient integrated intervention modalities for WASH.
- *Support the progress of provision of sanitation services.* Although basic water and sanitation services are priorities for the State, the lack of a strategy for rural water and sanitation has prevented

planning, seeking financing and implementing sanitation projects at a larger scale. On the other hand, sanitation projects are not prioritized at the municipal level, as the demands of the communities are in other types of works. This is further exacerbated by the fact that there is no investment plan for basic sanitation and that coordination between national and subnational levels is weak, both of which limit the financing and implementation of sanitation projects. It is important to advocate before the MMAyA for the replicability of the demonstration models of sustainable rural sanitation executed by UNICEF in 2015 and 2016.

- *Contribute to the sustainability of the water and sanitation services.* The absence of an integrated approach and of the implementation of policies, the weakness of the social component in community development and the need to strengthen the CAPyS in order for them to fulfill their planning, operational and maintenance functions, are affecting the sustainability of the services. It is necessary to improve integrated action in WASH and strengthen the technical assistance provided in order to improve the sustainability of the projects that have been completed, those that are in process of implementation and new projects.
- *Implementation of sector policies, regulations, standards and guides.* The regulatory framework has been strengthened, particularly the priority assigned by the Government to investment in the sector, particularly for water and irrigation and to the right to water and sanitation. The policies and regulations are not being disseminated and training is not being conducted at the subnational level for the implementation of the policies and regulations.
- *Support intersectoral work.* This will contribute to improving results, adding value, the adoption of hygiene practices, combating climate change and the control/supervision of water quality.
- *Knowledge management and public policy advocacy.* The generation of evidence at the community level, documenting model experiences and, subsequently, advocating in favor of replicating the model experiences will help to influence policies and accelerate progress in the sector.
- *Establishing the foundations for contributing to the SDGs and reinforcing the sustainability and quality of the water, sanitation and hygiene services, in both normal and emergency conditions.* As a result of the progress made in the coverage of water and sanitation services, the water MDGs were achieved. However, in order to achieve the SDGs, more effort will be needed in terms of the sustainability and quality of water and sanitation services, which requires more technical assistance and strengthening of capacities.

**Output 1.3.3: National and subnational capacity is strengthened to formulate and implement policies, norms and programs aimed at providing WASH services in rural areas, as well as identifying, monitoring, and analysing the fulfilment of human rights with respect to accessing water and sanitation services, with equity, gender and intercultural approach.**

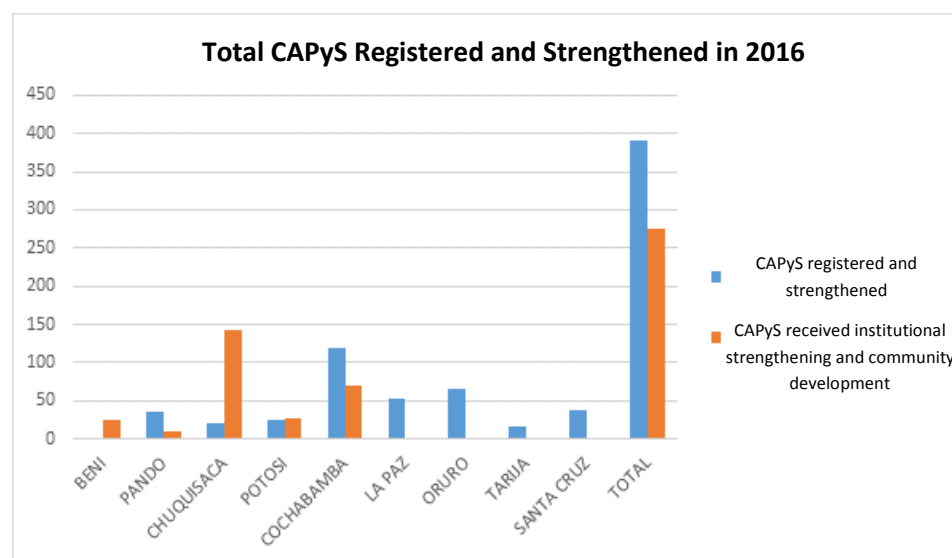
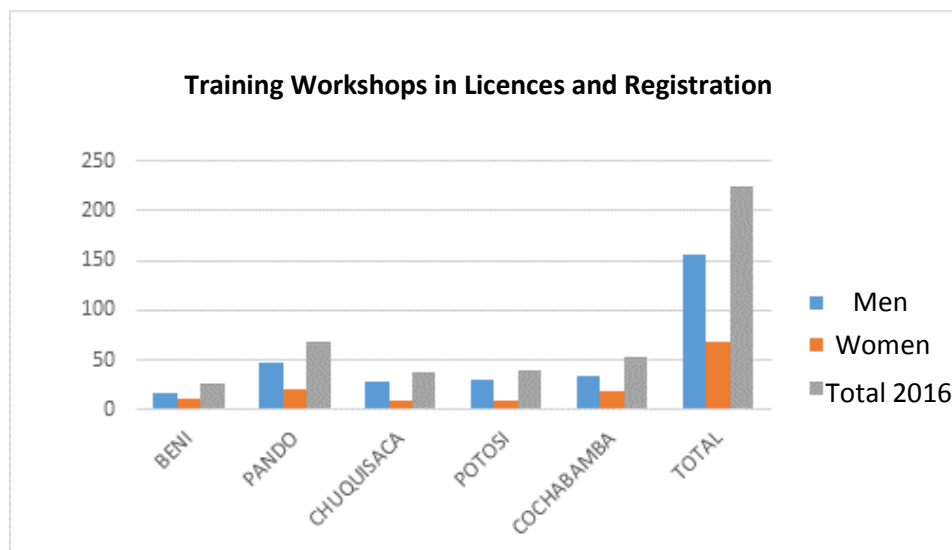
UNICEF is working in generating evidence, policy dialogue and advocacy, as key strategies to ensure the fulfillment of the provisions of the Bolivian Constitution and the right to access WASH services.

UNICEF has prioritized the provision of technical assistance at the national and subnational levels and has achieved the following results:

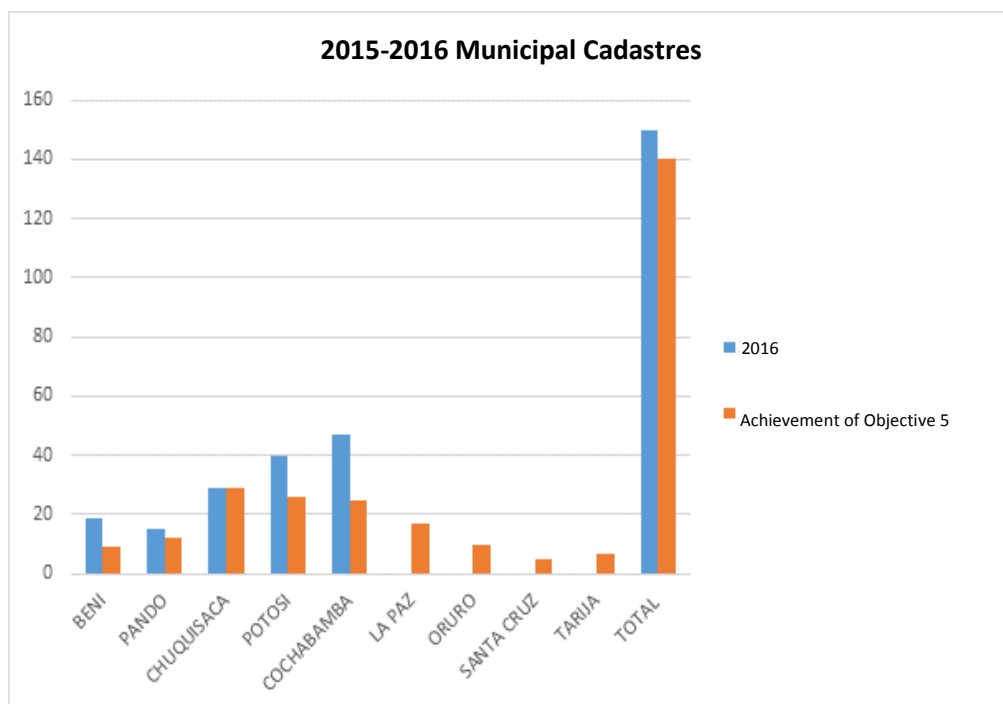
- 390 local water and sanitation committees (CAPyS) have been registered and are regulated by the Authority for the Supervision and Social Control of Drinking Water and Sanitation (AAPS). The total number of CAPyS registered since 2013 is 736.

- 275 CAPyS have been strengthened in community development, institutional strengthening and/or technical assistance. In order to achieve these results, a number of training workshops have been conducted using cascade training from the departmental to the municipal and community levels.
- 15 autonomous municipal governments have municipal water and sanitation cadasters. A total of 140 municipal cadasters have been registered with the MMAyA's information system since 2013.

*Illustration 8: Detail of activities, by department. Source: Prepared by authors, based on subnational reports.*







In February 2016, the State Integrated Planning System Law (SPIE, in Spanish) was passed. Subsequently, under the umbrella of the 2016-2020 Socio-economic Development Plan (PDES, in Spanish), Integrated Territorial Development Plans (PTDI, in Spanish) were to be developed. These are the plans of the departmental, regional and municipal autonomous governments for the integrated development of their territories in the medium term.

The UNASBVs of the departmental governments have provided information on the coverage of basic water and sanitation services as part of their situational assessment. This information was drawn from the documentation of the municipal cadastres prepared through the present year. The GADs, which are scheduled to develop their departmental water and sanitation plans, must prepare their PTDIs in 2016. These will serve as the strategic framework for their sector plans. As such, the departmental water and sanitation plans will be prepared in 2017.

In coordination with the AAPS, UNICEF provided technical assistance at the municipal and departmental levels, to ensure the registration of the community water and sanitation committees (CAPyS). The Administrative Resolution of the Registration (RAR) is the instrument that legally recognizes the CAPyS. The registration validates technical, social and financial aspects of the water and sanitation systems of the community.

In coordination with the AAPS, UNICEF carried out the following technical assistance activities to support the registration of 390 CAPyS and the issuing of their respective RARs:

- Training workshops for municipal technicians regarding the requirements for CAPyS registration.
- An agreement was signed with Núr University to add the goals of 200 CAPyS being registered. The registration of the CAPyS will conclude in December 2016.
- Dissemination of the benefits of the registration to the members of the CAPyS.
- On-site support provided to the CAPyS in the preparation and approval of their statutes and internal regulations, the preparation and approval of their rate structures, the implementation of their

community census, their sanitary inspection and the provision of recommendations to the CAPyS members regarding the operation and maintenance of the water systems. During these visits the information provided by the CAPyS was validated.

- Formal documentation of the information in accordance with AAPS requirements, putting together folders and submitting the documentation.
- Validation of information presented by the rural EPSAS (water and sanitation service providers) requesting registration, in coordination with the AAPS Regulation Directorate.
- Review of registration application folders, compiled by the community development and institutional strengthening implementers hired by the Production and Social Fund (FPS), in coordination with the AAPS.

UNICEF is supporting the improvement of the national water and sanitation monitoring system created by the MMAyA. Since 2013, MMAyA has been learning about UNICEF's experiences in municipal water and sanitation cadasters. The cadasters facilitate the monitoring of service coverage and other factors regarding the sustainability of WASH services. Based on the progress shown in these cadasters, the MMAyA is developing an information system, called SIASAR. UNICEF is supporting the implementation of pilot activities for the SIASAR system in Chuquisaca.

## Challenges

- *Support the preparation of Departmental Water and Sanitation Plans.* UNICEF provides technical assistance to the GADs, with financial support from the MMAyA, for the preparation of the Departmental WS Plans.
- *Strengthen sector alliances.* Partners such as the World Bank, IDB, GIZ, and SENASBA are working to strengthen the departmental governments in managing water, sanitation and hygiene services. Assistance at the subnational level is required.
- *Strengthen the implementation of the SIASAR.* The implementation of the SIASAR warrants the joint efforts of different entities and the International Water and Sanitation Cooperation Group (GRAS) in order to implement the various pilot programs and scale them up to the national level.
- *Promote the formal registration and regulation of the rural EPSAs.* The efforts of the AAPS with regard to the registration of the CAPyS have been an important element in recent years. What is still lacking is the regulation of the CAPyS. The AAPS considers that monitoring the performance Indicators of the rural EPSAs should be regulated at the departmental level. This is an additional challenge in the gradual process of decentralizing this regulating entity.

### **Output 1.3.4: National capacity is strengthened to provide water, sanitation and hygiene services to girls, boys, women and families in humanitarian situations.**

In Bolivia, the vulnerability of each region means that the impact of disasters in the different municipalities is not the same. Each year, various climate events affect the country. However, each case and each year the effects are different due to the different situation of vulnerability in each region. Intense rainfall and drought are the conditions that affect a great portion of the municipalities in the country. Historically, between 2002 and 2016, 84% of the municipalities of Bolivia were affected by floods and 67% of the municipalities were affected by drought (VIDECI, 2016).

Frequently, disasters, conflicts and other crises reverse progress made with great effort over the year by communities, governments and development partners. Climate change and environmental degradation exacerbate the risks. Likewise, in an age of rapid urbanization, often not planned, more and more people and good are located in highly exposed areas.

In 2016, drought affected the departments of Beni, Chuquisaca, Cochabamba, La Paz, Oruro, Potosi, Santa Cruz and Tarija, affecting 172,180 families. BCO and the Child Development and Survival sector provided support in the emergency situations by implementing joint actions within their WASH and nutrition programs. The institutions provided technical assistance to the Technical Roundtable of the Water, Sanitation and Hygiene in Emergency Situations, under the National Coordination Platform. (UNICEF is co-leader of the Technical Roundtable.)

Additionally, as the active leader of the Humanitarian Thematic Group on Water, Sanitation and Hygiene in Emergencies, UNICEF coordinated work on national themes and headed up the preparation of the first draft of the Group's Terms of Reference.

UNICEF has prioritized the provision of technical assistance at the national and subnational levels, and has achieved the following outcomes:

- Activation of the Technical Roundtable for Water, Sanitation and Hygiene in Emergencies, with bi-monthly meetings being held and the updating of the following instruments of the Roundtable:
  - National Sector Emergency Plan, prepared with technical and financial assistance from UNICEF.
  - Catalogue of Alternative Technologies for use in Emergencies, prepared with technical and financial assistance from UNICEF.
  - Updating of the Damage and Needs Assessment (EDAN), Matrix of who does what and where (W3), list of contacts and work plan of the Technical Roundtable for the period 2016 – 2018.
  - Two special meetings were held and one is planned for the 7<sup>th</sup> and 8<sup>th</sup> of December. The meetings that were held were the following: i) Methods and Experiences in Risk Management, Climate Change Adaptation and Resilience in the Water, Sanitation and Hygiene Sector, ii) Special Meeting to Complete the WASH Sector Emergency Plan, Catalogue of Alternative Technologies for use in Emergencies and Work Plan for the period 2016-2018.
- Activation of the Humanitarian Thematic Group for Basic Water, Sanitation and Hygiene in Bolivia, headed up by UNICEF and co-lead with COOPI. Two meetings were held and consultation is in process to approve the Terms of Reference that were proposed.
- 2,017 families (a total of 10,085 people) from 60 communities in 12 municipalities in the departments of La Paz and Beni have been less vulnerable to emergencies as a result of improving their water and sanitation services and nutritional practices and hygiene. This, in turn, ensures the capacity of the municipalities and departments to respond to emergencies. These actions were carried out through the Inter-agency Resilience Project. The municipalities involved were: San Buenaventura, Guanay, Palos Blancos, Ixiamas, Rurrenabaque, Reyes, San Borja, San Ignacio de Moxos, San Ramón, San Joaquín, Santa Ana del Yacuma and Riberalta.
- 108 community promoters, 54 WASH promoters and 54 nutrition and health promoters selected and trained in 54 communities.
- 12 GAMs (from the municipalities of Palos Blancos, Guanay, Ixiamas, San Buenaventura, Rurrenabaque, Reyes, San Borja, San Ignacio de Moxos, San Ramón, San Joaquín, Santa Ana del Yacuma and Riberalta) have been trained in nutrition, water, sanitation and hygiene.

The interagency project “Increasing the preparation and resilience of prioritized, vulnerable, indigenous communities and organizations, using a multisector approach, at the local, national and subnational levels along the basins of the Beni and Mamore rivers”, is in its concluding phase. UNICEF is responsible for the achievement of Component 2 of the project.

The objective of the project is to reduce the vulnerability to emergencies by improving water and sanitation services and nutritional and hygiene practices, thus ensuring the strength of the municipal and departmental capacity in emergencies. The project was implemented by the implementing partner Sumaj Huasi Foundation.

The interagency project includes both WASH and nutrition components. The main actions of the project are focused on the following:

- Strengthening local and municipal capacities in prevention, preparation and action planning for risk management.
- Strengthening the resilience of the families in terms of coping, withstanding and recovery.
- Strengthening the capacities of communities to reduce their vulnerability in the areas of nutrition, health, water and sanitation, focusing particularly on improving nutrition using local foods and short-cycle food crop produced in production projects such as school vegetable gardens.
- Raise awareness regarding consuming good quality water and options for water treatment to ensure the bioavailability of essential nutrients for the growth and development of boys and girls.
- Strengthen knowledge management among teachers and students through theoretical-practical training workshops in the communities, covering the following topics: water quality, personal hygiene and handwashing, nutrition and food hygiene, hygiene of kitchen equipment and utensils, hygiene in homes/rooms, breastfeeding, complementary feeding for children from 6 to 59 months, promoting complementary food (*Nutribebe* product) and nutritional supplements (*Chispita nutricional* product), family nutrition and, finally work plans for risk management using a strategy of resilience, thus contributing to improving learning potential.

The project activities were carried out at the national, departmental, municipal and community levels. The main actions were the following:

- Updating the WASH Sector Emergency Plan, together with the MMAyA/VAPSB.
- Preparing the Nutrition Sector Emergency Plan, together with the Health Ministry and the National Nutrition Unit.
- Creating Departmental Committees for WASH and Health/Nutrition in Emergencies, working together with the GADs, in particular with the Departmental Emergency Operations Committees.
- Conduct diagnosis of nutritional conditions of boys and girls under five years of age, use of key nutritional and hygiene practices such as handwashing, breastfeeding and complementary nutrition.
- Strengthening capacities of community promoters and CAPyS.
- Creating a network of local community promoters to improve the potential for local development, including resilience as a tool for local development. The promoters also help their communities to take charge of the provision of water services and ensure that the water provided is safe for human consumption. This will contribute to improving nutrition and reducing water-related diseases through the promotion and adoption of locally-acceptable and simple methods.
- Developing communication materials that are culturally appropriate for the region at the municipal and community levels. The materials include: banners, posters and radio spots regarding water and nutrition.

- Strengthening the capacities of municipal and health personnel to gather information to evaluate WASH and nutrition issues and to promote hygiene and good nutrition before, during and after emergencies.
- Increasing capacity through training of municipal health, water and sanitation personnel in compiling information before, during and after emergencies. (This is part of the application of Law 602.)
- Train health personnel, prioritizing personnel of the Integrated Nutrition Units, in community action to promote nutrition and nutritional care in emergency situations. Strengthening community action in nutrition during emergencies, including training communities, nutritional evaluation of vulnerable populations, treatment of boys and girls with moderate to acute malnutrition without complications.
- Development of municipal health clinics and relevant support in implementing training in the communities covering key water, sanitation, hygiene and nutrition practices for children and in nutritional control to identify cases of malnutrition and illness. Also assist with the referral of sick persons to health services near the community.
- Strengthening local promoters with a view to integrate WASH and nutrition, working with groups of mothers with children under five years of age, breastfeeding mothers, pregnant women and women leaders.

## Challenges

- *Address climate change, risk management and resilience.* In Bolivia temperatures are expected to increase between 2.2° and 7° C by the end of the 21<sup>st</sup> century and diarrhea is expected to increase 5% for every 1° increase in temperature. Over 40% (40.4%) of boys and girls suffer from diarrhea each year. As such, more in-depth work should be done in risk management, with particular emphasis on preparation, but also, above all, in climate change adaptation and resilience. Such action should be implemented from the community level, as the families are the first to be impacted by natural disasters, and should then be implemented at the municipal and departmental levels. Finally, the results of these first actions should be presented as pilot activities to the national institutions.
- *Coordination for timely and appropriate response to emergencies.* Although there has been great progress with regard to improving coordination between the national and departmental levels, coordination between these two levels should be closer and more precise. Support should also be provided to complete the creation of the Departmental Committees for WASH and Health/Nutrition in Emergencies.
- *Improve sanitation solutions for emergency situations.* The greatest problem in emergency response is sanitation. Many improvised emergency shelters collapse and options and technologies should be identified to overcome this situation.
- *Support the provision of supplies.* In emergency situations, supplies should be provided in a timely manner. A stock of necessary supplies should be maintained in the regions where emergencies recur. At the same time, work should be done to sensitize the municipal mayors regarding including recourses in their AOPs for the purchase of emergency supplies in order to ensure their capacity to respond immediately to the needs which may arise.
- *Strengthen the work done to address climate change, risk management and resilience.* Resilience has come to be of great interest in recent years and is growing in relevance. However, the concept needs to be clarified further and its critical relationship to projects and activities must be more clearly understood. It is important to understand what resilience is, what it implies and how it is related to



risk management, vulnerability and climate change. Reducing vulnerability and increasing resilience are considered key elements in disaster risk management and climate change adaptation.

## Key lessons learned in WASH:

- 1. Intersectoral approach:** Effort on the part of the sector to implement actions that involve different programmatic areas within a needs-based framework. This has resulted in superior technical participation and contribution that was recognized in all the areas related to the health, WASH and nutrition sectors.
- 2. Decentralized WASH intervention model:** The intervention model, which was tested in 54 municipalities, influenced sector policy through the rural SWAP. The model was worked well because: i) it was demonstrated on-site to show its effectiveness; ii) it was accompanied with training programs; iii) the actions were followed-up on and monitored and iv) advocacy was carried out at the national level resulting in its being included as an intervention model, thus influencing public policy for the sector.
- 3. Linkage of technical, social and administrative components:** It is possible to link these components through certain procedures (for example, through turnkey contracting; by clearly identifying all the technical-administrative activities that should be carried out throughout the cycle; using clearly established contract designs; establishing appropriate supervision and follow-up mechanisms and implementing the new pre-investment regulation). This plays a fundamental role in successful project management.
- 4. Develop integrated capacities within the GAMs:** Training should include not only community development and project design and supervision, but also the administrative regulations, so that the stakeholders will know all the procedures that should be carried out. Multidisciplinary groups from within the GAMs, including personnel from the administrative, technical, legal, planning and other areas) should participate in the training. Furthermore, it is essential that executing authorities (high-level officials and municipal mayors) participate in the training as well as legislative personnel (Council members) as this will result in them being fully aware of the processes and procedures that they should follow under the current regulations, thus improving even more municipal planning and strategic management.
- 5. Sector institutions should participate from the start:** It is key that national sector institutions participate from the start for two reasons: (i) this empowers the initiatives and facilitates scaling it up and making into public policy; (ii) the presence of these institutions has a positive effect on the local institutions in that they have a higher level of confidence in the initiatives as well as increasing the potential for the success of the initiatives.
- 6. There is a great deal of technical weakness at the subnational level, in developing the final design of the projects and in supervising and controlling the projects:** This is a structural problem that exists throughout Bolivia. According to data provided by the VAPSB, 80% of the projects that are submitted have technical deficiencies. One of the **bottlenecks** that has delayed the execution of the projects is precisely their design. Likewise, serious deficiencies have been observed in the supervision and control of the works. It is necessary that instruments be designed that help to improve both aspects.

## 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 1.3:

*By 2017 improved and equitable use of safe drinking water, and hygiene practices by populations from the intervention area.*

No	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Population using improved sources of water in rural areas	2012	61%	2016	66%	22.11.2016	66%. In 2016, UNICEF provided technical assistance to increase the access to drinking water in the different national programs	Others (PSD SB 2016-2020)
2	Population using improved sanitation systems in rural areas	2012	32%	2016	34%	22.11.2016	34%. In 2016, UNICEF provided technical assistance to increase the access to improve sanitation facilities in the different national programs	Others (PSD SB 2016-2020)

### Indicators for Output 1.3.1:

*Rural populations apply hygiene practices and are active in WASH community services management.*

No	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Number of Departmental governments (GADs) implementing programs or strategies that include communication for behavior change and/or promotion for hand-washing	2014	0	2016	3	21.11.2016	3	Sector Review(s)

### Indicators for Output 1.3.2:

*National and subnational capacities are strengthened to provide WASH services in communities and schools from rural areas.*

No	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Number of inhabitants that have access to water services through national programs and projects.	2014	12,600	2016	8,400	2016	19,709 inhabitants with water services through national programs and projects (around 9,874 women, 9,835 men and 2,898 children under 5). The accumulated since 2013 amounts to 140,025 inhabitants with water services (about 70,153 women, 69,872 men, and 17,167 children under five).	Field Trip Reports
2	Number of inhabitants that have access to sanitation services through national programs and projects	2014	21,000	2016	14,700	2016	23,637 inhabitants with sanitation services through national programs and projects (about 11,842 women, 11,795 men and 2,898 children under five). The accumulated since 2013 amounts to 76,809 inhabitants with sanitation services (about 38,481 women, 38,328 men, and 9,417 children under five).	Field Trip Reports
3	Number of schools participating in the pilot intervention for menstrual hygiene management in schools	2014	0	2016	23	2016	100 schools reached by the basic MHM package. 10 schools received the full intervention in Beni department.	Field Trip Reports

### Indicators for Output 1.3.3:

*National and subnational capacity is strengthened to formulate and implement policies, norms and programs aimed at providing WASH services in rural areas, as well as identifying, monitoring, and analysing the fulfilment of human rights with respect to accessing water and sanitation services, with equity, gender and intercultural approach.*

No	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Number of Departmental governments that have a Departmental water and sanitation plan, including goals that are based on bottleneck analyses.	2013	0	2016	2	21.11.2016	None. Departmental water and sanitation plans will be developed in 2017, because the institutional priority for 2016 was the PTDI.	Field Trip Reports
2	Number of registered WASH committees (CAPyS).	2013	200	2016	800	21.11.2016	390 Local Water and Sanitation Committees (CAPyS) are registered by AAPS	Sector Review(s)

							in 2016. The cumulative CAPyS registration since 2013 amounts to 736 CAPyS.	
3	Number of municipal governments with WASH mapping	2013	56	2016	140	21.11.2016	15 Municipal Autonomous Governments have Municipal WASH mapping tool. The accumulated since 2013 amounts to 140 municipal WASH mapping tool were registered in the Information System of the Ministry of Environment and Water.	Sector Review(s)

#### Indicators for Output 1.3.4:

*National capacity is strengthened to provide water, sanitation and hygiene services to girls, boys, women and families in humanitarian situations.*

No	Context-Specific Indicators	Baseline		Target		As of Date	Status	Primary Source
		Year	Value	Year	Value			
1	Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	2015	N/A	2016	N/A	21.11.2016	None. No emergency response in 2016.	
2	Number of people in humanitarian situations accessing appropriate sanitation facilities	2015	N/A	2016	N/A	21.11.2016	None. No emergency response in 2016	
3	Number of people in humanitarian situations able to practice appropriate hygiene: hand-washing and menstrual hygiene management	2015	N/A	2016	N/A	21.11.2016	None. No emergency response in 2016	
4	Number of people in humanitarian situations accessing appropriate WASH facilities and hygiene education in schools, temporary learning spaces and other child-friendly spaces	2015	N/A	2016	N/A	21.11.2016	None. No emergency response in 2016	

## Case Study: Sustainable Sanitation in Rural Communities in Potosi

**630 men and women (and approximately 260 girls, boys and adolescents) from the dispersed rural communities Sijllani, Ckellu Ckocha and San Isidro, in the municipality of Betanzos in Potosí, have suitable sanitation services in their homes. Additionally, at least 30 students from the school in Ckellu Ckocha have sanitation services.**

### Background:

Sanitation in rural Bolivia is a great challenge within the objectives of the 2016-2020 Socio-economic Development Plan (PDES) of the 2025 Patriotic Agenda. According to the analysis of progress in access to improved water sources and improved sanitation facilities, conducted by UDAPE, 65% of the population has improved sanitation. In the rural areas, only three out of every ten persons have sanitation in their homes. UNICEF proposed that cost-effective interventions be implemented in this regard. The demonstration project, Sustainable Sanitation in the Community, has been implemented in three rural communities in the Betanzos Municipality, in Potosi.

### Rationale:

In recent years, the Bolivian Government has made great effort to increase access to sanitation services. However, conditions in the rural areas have not improved. The policies regarding the provision of sanitation services have contributed to increasing sanitation coverage, but have contributed to increasing the gap in sanitation coverage between urban and rural areas (from 11% in 2001 to 20% in 2014.)

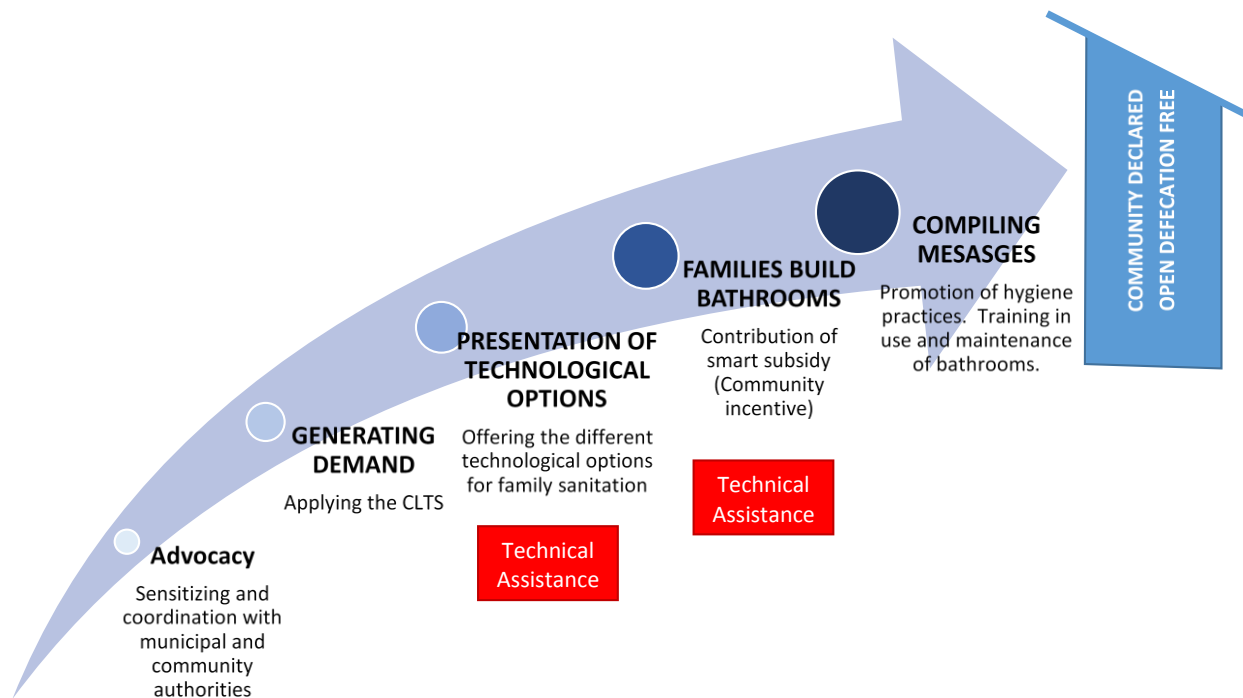
In view of this problem, effective intervention modalities with positive impact should be proposed, taking into account the considerable investment that such services require in this strata of the population. UNICEF proposes this model of intervention with the objective that it gradually be developed into an appropriate model for scaling up to the departmental and national levels. An intervention modality is needed that enables families to take ownership of the improved sanitation solution as the bases for the sustainability of the service.

### Strategy and Implementation:

The proposal for this demonstration experience is based on lessons learned and recommendations that arose from the implementation of the SANTOLIC method in the past. SANTOLIC is considered the best method to generate demand for sanitation. To the SANTOLIC method is added a subsidy that ensures that the families themselves build durable bathrooms. Additionally, the intervention includes technical assistance starting from the presentation of the technological options available and continuing on to assistance in the building of the facilities and the correct use and maintenance of the bathroom.

The implementation process of the demonstration projects in rural sanitation is shown in the graph below:





UNICEF partnered with the Sumaj Huasi Foundation and the local municipal authorities to implement this project.

The modality contributes strongly to the participation of the community in determining the sanitation solution, thus increasing the capacity of the community to take ownership of the service and the participation of women and the attention to their needs. Furthermore, the modality includes the coordinated participation of the municipal government in co-financing the family bathrooms.

#### Resources required/allocated:

The strategy was one of guided construction of the bathrooms by the families themselves. The technician, who lives permanently in the communities, assisted the families in the process of building the bathrooms.

To stock the local materials, the Betanzos GAM contributed the transport of the aggregates. Once the local materials were stocked, the non-local materials were distributed to the families. These materials are the “intelligent incentive”. This was done respecting the organization of family groups, and in fulfillment of agreements and commitments.



*Fathers building bathrooms at the school in Ckellu Ckocha  
©UNICEF Bolivia/2016/Lujan*

The Sumaj Huasi Foundation mobilized their personnel, comprised of civil construction technicians, social facilitators and an agronomy expert to provide advice regarding the management of organic fertilizers made from urine. In terms of the financing of the family bathrooms, the details are set forth below:

BENEFICIARY		GAM		UNICEF			TOTAL COST PER BATHROOM (Bs.)
(Bs)	%	(Bs)	%	Intelligent Incentive (Bs.)	Technical Assistance (Bs.)	%	
2,537.20	33%	100.00	1%	2,217.31	2,878.09	66%	7,732.60

### Progress and Results:

The results of the demonstration intervention is apparent in that the 97 families in the communities of Sijllani (30 families), Ckellu Ckocha (41 families) and San Isidro (26 families) have suitable sanitation services in their homes. Additionally, in the community of Ckellu Ckocha three environmentally sound bathrooms were built at the school, which proved to be a source of great motivation and participation in the community.

It had been planned that the bathroom walls would be built of adobe, but 91% of the families built them of brick. This is another point which demonstrates the motivation of the families to improve their living conditions. Three families in Sijllani partially covered the interior walls of their bathrooms with ceramic tiles, which added to the feeling of ownership of the project and to disseminating the correct use and care of the bathrooms.

In order to motivate the members of the community to participate, training was conducted in concrete building laundry sinks using a fiberglass mold. Some of the participants were particularly interested in this and very skilled in building the laundry sinks. They now intend to create a microbusiness building cement laundry sinks to increase their income.

In order for the families to take full advantage of the ecological sanitation technology, they have been trained in the use of treated feces as organic humus and in the use of urine as liquid fertilizer. The project also intends to share the lessons learned and, on that basis, implement the model at a greater scale.



*Girl showing her family's bathroom in the Municipality of Betanzos. ©UNICEF Bolivia/2016/Sumaj Huasi*

### Lessons Learned:

- The families have abandoned the practice of open air defecation (behavioral change).
- The family sanitation intervention should have a community participation approach.
- Technical assistance in construction aspects and in plumbing is vital in the intervention.
- The distribution of non-local material should be handled by assigning materials by family and should be provided as an incentive to the community.
- Internal monitoring should be promoted; this is fundamental to ensuring total coverage.
- The intervention should be coordinated with the local government to promote counterparts and link the counterpart's participation for the sustainability of the sanitation program.
- Consider bathrooms for schools and clinics in the intervention.

### Moving forward:

Based on the experience of the intervention, we are more ready to respond appropriately to the needs and rights of the people in the near future. It may also be possible to consider the rights of Mother Earth, and to develop a harmonious and balanced coexistence. This is one of the essential aspects of sustainable, ecological sanitation.

The climate crisis, the exhaustion of water resources, contamination, risk, poverty and the lack of sanitation services converge in the need to implement coherent integrated action.

This intervention modality, in addition to reducing traditional investment costs, builds a great capacity in the community to “own” the community sanitation, which favors the sustainability of the service.

The intervention will be tested in the context of the flood-prone zones in the Department of Beni. This will be documented and evaluated to study their suitability and replicability at the national level.

## 4. Financial Report

### 4.1. RESOURCES

**Table 1. Budget Planned per Outcome**

**Outcome Area 3: Wash and Sanitation  
Bolivia  
Planned and Funded for the Country Programme 2016 (In US  
Dollar)**

Outcome	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
Wash and Sanitation	RR	-
	ORR	1,820,000
<b>Total Budget</b>		<b>1,820,000</b>

<sup>1</sup> RR: Regular Resources, ORR: Other Resources-Regular

<sup>2</sup> Planned Budget for ORR does not include estimated recovery cost

<sup>3</sup> ORR funded amount exclude cost recovery (only programmable amounts)

**Table 2. Contribution of Thematic Resources Received in 2016 to Country Office Outcome**

**Outcome Area 3: Wash and Sanitation  
Thematic contributions received for Outcome 3 by UNICEF Bolivia in 2016  
(in US Dollars)**

Donors	Grant number	Contribution Amount	Programmable Amount
SIDA - Sweden	SC1499030011	354,431	283,204
<b>Total</b>		<b>354,431</b>	<b>283,204</b>

## 4.2. FINANCIAL IMPLEMENTATION

**Table 3. Execution by Outcome**





Outcome Area 3: Wash 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
03-05 WASH and emergencies	14,922	200,239	147,232	362,393
03-01 Water supply	0	20,176	0	20,176
03-03 Hygiene	0	440,294	0	440,294
03-06 WASH # General	0	691,329	1,372	692,701
<b>Total</b>	<b>14,922</b>	<b>1,352,038</b>	<b>148,604</b>	<b>1,515,563</b>
Percentage	0.98%	89.21%	9.81%	

**Table 4. Resource Execution by Programmatic Area**

Outcome Area 3: Wash and Sanitation Bolivia Thematic provisional expenses by programme area (In US Dollar)		
Organizational targets	Other Resources- Emergency	Other Resources- Regular
03-03 Hygiene	0	59,627
03-05 WASH and emergencies	13,188	13,186
03-06 WASH # General	0	197,203
<b>Subtotal</b>	<b>13,188</b>	<b>270,016</b>
<b>Grand Total</b>		<b>283,204</b>



**Table 5. Execution by Specific Intervention Codes**

Fund Category	All Programme Accounts	
Year	2016	
Business Area	Bolivia - 0510	
Prorated Outcome Area	03 WASH	

Row Labels	Expense
03-01-01 Rural water supply	20,132.08
03-03-02 Other hygiene promotion	439,335.09
03-05-01 WASH coordination # humanitarian	780.01
03-05-02 WASH emergency preparedness	(5,715.52)
03-05-05 WASH emergency response - Hygiene	341,113.11
03-06-03 WASH # General	481,245.98
03-06-08 WASH monitoring and bottleneck analysis	209,584.80
08-09-06 Other # non-classifiable cross-sectoral activities	26,217.23
08-09-07 Public Advocacy	(445.38)
10-07-11 Country office leadership and direction	(6.43)
7921 Operations # financial and administration	3,244.01
Unknown	78.45
<b>Grand Total</b>	<b>1,515,563.44</b>

## 5. Future Work Plan

The Future Work Plan agreed upon in 2017 with five GADs, by indicator, is detailed in the following table:

INDICATORS AND TARGETS FOR 2017							
No	Targets by national indication 2017	TARGETS BY DEPARTMENT					
		Targets by indicator - BENI	Targets by indicator - PANDO	Targets by indicator - CHUQUISACA	Targets by indicator - POTOSI	Targets by indicator - COCHA-BAMBA	Targets by Indicator – Total Committed
1	63,000 persons have water services	12,100	5,000	8,000	5,000	5,000	35,100
2	90,000 persons have sanitation	7,300	7,300	7,300	7,300	7,300	36,500
3	4 GADs have departmental WS plans, including targets based on bottlenecks	1	1	1		1	4
5	100% of the sector regulations are disseminated	80%	80%	80%	80%	80%	80%
6	100 technicians are accredited by Núr University						0
7	150 CAPyS have received support in community development, organizational strengthening and technical assistance.	20	80	150	100	80	430
8	800 CAPyS are registered with the AAPS	0	0	0	0	0	0
9	140 GAMs have municipal cadasters included in the Information System	0	0	0	0	0	0
10	5 GADs implement programs or strategies that include communication strategies for behavioral change and/or promotion of handwashing	1	1	1	1	1	5

These targets were designed through the strategies that UNICEF applied in the 2013-2017 Country Program, namely: i) multilevel technical assistance, ii) cascade capacity strengthening, iii) implementation of ongoing demonstration projects, iv) support in the development and dissemination of sector policies for rural areas, knowledge generation and global evaluation to strengthen lessons learned and their implementation in the new 2018-2022 Country Program.

**Table 1. Estimated 2017 Budget**

**Outcome Area 3: Wash and Sanitation**  
**Bolivia**  
**Planned Budget and Available Resources for 2017**

Outcome	Funding Type	Planned Budget Budget <sup>1</sup>	Funded Budget <sup>1</sup>	Shortfall
Wash and Sanitation	RR	0	0	0
	ORR	1,820,000	681,000	1,139,000
<b>Total for 2016</b>		<b>1,820,000</b>	<b>681,000</b>	<b>1,139,000</b>

<sup>1</sup> 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

<sup>2</sup> 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 wishes to express its profound appreciation to the Embassy of Sweden for their contribution and, more specifically, for their interest in continuing to contribute to the new country strategy in the coming years. 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.

## Annex 1: Human Interest Story

**Abel: ‘I want to be president!’**

**Building resilience for children affected by climate change**



*Abel ©UNICEF Bolivia/2016/Pérez*

Since the devastating effects of climate change began to be seen in the Bolivian Amazon in 2014, the beautiful Beni River has become a threat to the communities located near it, leaving children like Abel, who is eight years old, in a vulnerable situation. “The whole village was flooded. I was scared,” says Abel.

For Deyna, his mother, it was difficult to provide the necessary support for her three children during that time. Talking about the experience, she says, “It started to rain, rain. A week went by like that. Rain after rain. The rain didn’t stop. Afterwards, the water from the river started to come. That was serious for us.” Communities like Puerto Yumani, where Abel and his family live, had record floods. Twelve people died in the region. “They drown ... the people drown,” explains Abel.

The situation brought unprecedented challenges for the municipalities. According to the Rurrenabaque Risk Management Unit, ‘We, the people from here, expected just one flood, but then, in 2014, it totally surprised us. There were no means of information to alert the people that it was coming. Also, instead of one flooding, there were three consecutive floods that greatly affected the people, both urban and rural of the communities that are on the banks of the Beni River.’

In view of this situation and the constant threat, it is crucial that the resilience of the communities be strengthened in order to deal with the serious effects of climate change. With support from UNICEF and



its partners, Puerto Yumani is implementing key hygiene and sanitation practices as well as caring for and storing water. Deyna, for instance, has been trained in these topics. ‘We suffered for drinking water. We didn’t have water to drink and because of that we have a waterwheel and we drink that water and it makes us sick, because it’s not purified at all. It’s not potable water,’ explains Deyna’s friend, Luisa.

“They’ve taught us about hygiene, for water, and since I am in the health area I have to teach the others here,’ says Deyna. Thanks to this support, the community is now managing their water so that they don’t get sick. For example, they fill the water tank in the afternoon so that it filters all night and is ready to drink the next day.

So, when the rain comes again this year, the knowledge and practices acquired by the families will have an effect on the health of the boys and girls, like Abel, increasing their opportunities to prosper and achieve their full potential. “I want to be president,” says Abel. And now his mother is in a better position to support him, “I’m ready to deal with things!”

At present, UNICEF is working to support the Government of Bolivia in updating its national emergency plan, including risk management and resilience to climate change, so that more children like Abel have the opportunity to achieve their dreams. But in the Amazon region, with its cultural diversity and remote communities, many challenges still exist.

## 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](mailto:kjohansson@unicef.org)

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**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

5	4	3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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.

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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.

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

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

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**Thanks very much for your response!**