



INDEPENDENT COUNTRY PROGRAMME EVALUATION

BOLIVIA

2008 - 2011



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ACRONYMS AND ABBREVIATIONS

ACOBOL	<i>Asociación de Alcaldesas y Concejales de Bolivia/ Association of Women Councillors of Bolivia</i>
ADECO	<i>Asociación Departamental de Concejales/Departmental Association of Mayoresses</i>
AECID	<i>Agencia Española de Cooperación Internacional para el Desarrollo/Spanish Agency for International Cooperation for Development</i>
ATLAS	Enterprise resource planning system, for the recording and consolidation of information at global corporate level for all country offices
AWP	Annual work plan (agreed between UNFPA and implementing partners)
AWPMT	Annual work plan monitoring tool
Canasta	<i>Fondo de Apoyo al Sector Educativo/Education Support Fund</i>
CCA	Common Country Assessment
CDC	<i>Centros de desarrollo de Competencias/Competence-development centres</i>
CEASS	<i>Central Nacional de Abastecimientos/National Medical Supplies Distribution Centre</i>
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CIAG	<i>Comité Interagencial de Género/Inter-Agency Gender Committee</i>
CIMDM	<i>Comité Interinstitucional de las Metas de Desarrollo del Milenio/Inter-Agency Committee for the Millennium Development Goals (Bolivia)</i>
CISE	<i>Consejo Interinstitucional de Seguimiento y Evaluación de la EBRP/Inter-institutional Council for Monitoring and Evaluation of the Bolivian Strategy for Poverty Reduction</i>
CNAMIB	<i>Confederación de Mujeres Indígenas de Bolivia/Confederation of Indigenous Women of Bolivia</i>
CNMCIQB “BS”	<i>Confederación Nacional de Mujeres Campesinas Indígenas Originarias de Bolivia “Bartolina Sisa”/ Bartolina Sisa National Confederation of Rural Indigenous Originary Women of Bolivia</i>
CO	Country office
COAR	Country office annual report
COINCABOL	<i>Coordinadora de Organizaciones Indígenas Campesinas y Comunidades Interculturales de Bolivia/Coordinator of Indigenous Rural Organisations and Intercultural Communities of Bolivia</i>
CONAMAQ	<i>Consejo Nacional de Ayllus y Markas del Quallasuyu/National Council of Quallasuyu Ayllus and Markos</i>
CONBOJUV	<i>Consorcio Boliviano de Juventudes/Bolivian Youth Consortium</i>
CPAP	Country programme action plan
CPD	Country programme document
CSCIB	<i>Confederación Sindical de Comunidades Interculturales de Bolivia/Workers' Confederation of Intercultural Communities of Bolivia</i>
CSUTCB	<i>Confederación Sindical Única de Trabajadores Campesinos de Bolivia/Single Union Confederation of Rural Labourers of Bolivia</i>
DAC	Development Assistance Committee
DEX	Direct Execution (by UNFPA)
DOS	Division for Oversight Services
EBRP	<i>Estrategia Boliviana de Reducción de la Pobreza/Bolivian Poverty Reduction Strategy</i>
ENAJ	<i>Encuesta Nacional de Juventudes/National Youth Survey</i>
DHS /ENDSA	National Demographic and Health Survey/ <i>Encuesta Nacional de Demografía y Salud</i>
EVALUN-LAC	United Nations Regional Evaluation Network for Latin America and the Caribbean
FAM	<i>Federación de Asociaciones Municipales de Bolivia/Federation of Municipal Associations of Bolivia</i>
GBT	Gay, bisexual, transgender
GDI	Gender-related Development Index
GEM	Gender Empowerment Measure
GLBT	Gay, lesbian, bisexual, transgender
GruS	<i>Grupo de Socios para el Desarrollo de Bolivia/Partner Group for the Development of Bolivia</i>
GTG	<i>Grupo Técnico de Género/Technical Group on Gender</i>
GTI	<i>Grupo Técnico de Interculturalidad/Technical Group on Interculturality</i>
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
INE	<i>Instituto Nacional de Estadística/National Institute for Statistics</i>
INEGI	<i>Instituto Nacional de Estadística de México/National Institute for Statistics of Mexico</i>
INEI	<i>Instituto Nacional de Estadística del Perú/National Institute for Statistics of Peru</i>

IOM	International Organization for Migration
LACRO	Latin America and Caribbean Regional Office (Panama)
MAS	<i>Movimiento al Socialismo</i> /Movement Towards Socialism
MDG	Millennium Development Goals
MSM	Men who have sex with men
MTR	Mid-term review
MYFF	Multi-year funding framework
M&E	Monitoring and evaluation
M&EF	Monitoring and evaluation framework
NDP	National Development Plan
NEX	National Execution
OECD	Organization for Economic Co-operation and Development
PAHO/WHO	Pan American Health Organisation/World Health Organisation
PNIO	<i>Plan Nacional de Igualdad de Oportunidades</i> /National Equal Opportunities Plan
PREVETS	<i>Grupo de trabajo Estudio de prevalencia de ITS y VIH y comportamientos en trabajadoras sexuales</i> /Working group studying the prevalence of STIs and HIV and the behaviour of workers in the sex industry
PRSP	Poverty Reduction Strategy Papers
RHR	Reproductive health & rights
RUVI	<i>Registro Único de Violencia Intrafamiliar</i> /National Domestic Violence Register
SAFCI	<i>Salud Familiar Comunitaria e Intercultural</i> /Family, Community and Intercultural Health
SEDES	<i>Servicio Departamental de Salud</i> /Departmental Health Service
SLIMs	<i>Servicios Legales Integrales Municipales</i> /Integrated Municipal Legal Services
SNIS	<i>Sistema Nacional de Información de Salud</i> /National Health Information System
SPR	Standard progress report
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSC	South-South cooperation
STI	Sexually transmitted infections
SUMI	<i>Seguro Universal Materno-Infantil</i> /universal mother-child insurance
SUSALUD	Seguro universal de salud/ universal health insurance
UDAPE	<i>Unidad de Análisis de Políticas Sociales y Económicas</i> /Social and Economic Policy Analysis Unit
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
UNS	United Nations system
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VIO	<i>Viceministerio de Igualdad de Oportunidades</i> / Department for Equal Opportunities
VIPFE	<i>Viceministerio de Inversión Pública y Financiamiento Externo</i> / Department for Public Investment and External Financing

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STRUCTURE OF THE EVALUATION REPORT

This evaluation report begins with an **executive summary** briefly outlining the evaluation objectives and methodology, and the main conclusions and recommendations.

Chapter 1 is an introductory chapter that outlines the specific objectives and scope of the evaluation, identifies the main audience, and how the evaluation results will be used. This section also describes the methodology used and refers to the criteria and main evaluation questions set out in Annex 5.

Chapter 2 describes the country context in terms of socio-territorial and democratic conditions and the political situation. It broaches the development challenges and the national strategies and plans in place to tackle those challenges. This chapter also examines the progress made towards achieving the Millennium Development Goals in Bolivia, with a particular emphasis on MDG 5 (improving maternal health), providing an analysis at the national and departmental levels. Finally, it examines the role of development cooperation in Bolivia.

Chapter 3 examines the unified response of the United Nations system, and particularly UNFPA in Bolivia, and reviews financial data related to budget and expenditure. The section on human resources describes the staff changes during the period evaluated and the current distribution of human resources.

Chapter 4 contains the assessment of programme results by focus area utilizing the criteria of relevance, effectiveness, efficiency and sustainability.

Chapter 5 analyses the strategic positioning of the country office and has two components: an internal or corporate component assessing the country office position within UNFPA corporate system, and as part of the United Nations system in general; and an external component assessing the positioning of the country office within the wider system of development partners within the country.

Chapter 6 analyses the country programme monitoring and evaluation system in terms of the monitoring of inputs and activities, outputs and outcomes, risks and assumptions, and evaluation. This section also includes an assessment of the country office contribution to national capacity development in monitoring and evaluation.

Chapter 7 contains conclusions related to the strategic positioning, to the programme and those related to the monitoring and evaluation system of the country programme. It then outlines the recommendations in order of priority and according to whom they are addressed: headquarters, Latin America and Caribbean Regional Office, and the country office. The recommendations are divided into three categories: strategic recommendations, recommendations related to the programme, and recommendations related to cross-cutting issues.

The annexes include the terms of reference for the evaluation, a list of documents consulted, a list of people interviewed, the portfolio of UNFPA interventions, the evaluation matrix, the stakeholder map, and the interview guide.

Volume 2 includes the following parts: the tool used in the assessment of the monitoring and evaluation system, a tool for assessing the quality of indicators in the country programme action plan, a practical guide for formulating indicators within the monitoring and evaluation framework and the action plan for improving the monitoring and evaluation system.

FOREWORD

This report is the result of an independent programme-level evaluation of the support provided by UNFPA to Bolivia conducted by the Evaluation Branch at the Division for Oversight Services. This evaluation examines the strategic positioning of UNFPA support, as well as its contribution to the results set out in the areas of sexual and reproductive health, population and development, and gender equality for the fourth country programme for Bolivia (2008-2012).

The report represents both the first corporate country evaluation completed by the Evaluation Branch within the framework of the current UNFPA Strategic Plan (2008-2013), as well as a pilot exercise in the development of a custom-made methodology for conducting country programme evaluations. The objective of the evaluation has been to provide forward-looking recommendations to assist the country office of UNFPA and its partners in the formulation of the next programming cycle.

In accordance with the newly developed country programme evaluation methodology by the Evaluation Branch, the evaluation was based on a comprehensive review of strategic and implementation documents followed by an intensive period of field work for further data collection and validation of preliminary findings. The evaluation field work was carried out between June 13th and July 1st 2011 and included individual and group interviews as well as site visits in La Paz, Potosi, Santa Cruz and Chuquisaca. The evaluators worked at obtaining the perspectives of all key stakeholders and systematically ensured the validity of collected data by means of triangulation techniques. Specific evaluation questions were formulated during the preparation phase which referred to: (i) the OECD/DAC evaluation criteria of relevance, efficiency, effectiveness and (potential) sustainability in the three focus areas of the country programme; (ii) cross-cutting aspects of strategic alignment, responsiveness and added value. As a complement, an assessment of the monitoring and evaluation system of the country office was conducted.

The evaluation finds that the leadership of the country office in UNFPA mandate areas was strong and that it has been highly responsive to partner demands while remaining aligned with UNFPA Strategic Plan. This has led to tangible achievements notably in the areas of policy dialogue, capacity development and institutional strengthening. Although the overall programme efficiency is considered as good, sustainability of results varies significantly depending on the strategies implemented and on the role of partners. The challenges identified by the evaluation point to issues that are relevant at both country office and corporate level, notably the absence of a results-oriented monitoring system which prevents the country office from measuring the degree of achievement of the different programme components and to be held accountable.

The evaluation makes a number of recommendations to inform the reflection of the country office on the up-coming programming cycle. In particular the report invites the country and regional offices to develop a more systematic and integrated programme which takes into account the need for more clarity in the definition of topics, criteria and mechanisms at both strategic and operational levels and also considers the financial and human resources available to the country office. The evaluation also highlights the need for the country office to provide more explicit guidance to ensure better sustainability (e.g.; exit and replication strategies, knowledge management, and innovative capacity development strategies). In addition to the necessary development of mechanisms and tools for quality control and results-oriented monitoring, the evaluation also invites headquarters and the regional office to develop mechanisms to ensure the institutionalization of gender and youth mainstreaming.

It is our hope that the forward-looking lessons and recommendations presented in this comprehensive evaluation will positively contribute to the strengthening of the on-going efforts of the country office. We also hope that the evaluation findings will be used particularly at the regional level in view of the shared learning and improvement of UNFPA programming in Latin America where other country offices may be facing similar challenges.

This evaluation would not have been possible without the commitment and leadership demonstrated by Jaime Nadal, the country office representative, and Celia Taborga, the deputy representative, who both recognized the need for, and welcomed, the Evaluation Branch independent evaluation. Throughout the preparation and implementation of this evaluation they have provided unyielding support, key insights into the national context and facilitated cooperation with the Bolivian government. We naturally extend our appreciation to all our colleagues in the country office for their support, effort and professionalism at every stage of the evaluation process. In particular the evaluators wish to thank: Rolando Pardo for his continuous assistance during the design and field phases of the evaluation; Rolando Encinas, Lilian Calderón, William Michel and Miriam López for facilitating field visits; Alberto Castro, Antonio Gómez and Mónica Yaksic – responsible for programme components - and their teams for guiding the evaluators through the activities implemented under each mandate area; and Rosario Aguilar for her effectiveness in arranging meetings for the evaluators and organizing their travels.

This evaluation also benefitted greatly from the continuous and valuable inputs provided by the reference group which was composed of: Beatriz Castellanos, Regional Monitoring and Evaluation Advisor LACRO, Sonia Martinelli-Heckadon, Regional Desk Adviser for LAC at the Programme Division, and key national stakeholders, namely the Ministry of Planning for Development, Ministry of Health, and Marie Stopes. In particular, comments from the reference group members and the country office, helped to considerably improve the quality of the final report.

Special thanks go to Oscar Garcia, Senior Evaluation Advisor at the UNDP Evaluation Office who, as an external reviewer, assessed the quality of the evaluation and completed the Evaluation Quality Assessment (EQA) grid which is available on the Evaluation Branch web page.

From the Evaluation Branch, I would like to thank Alexandra Chambel, who acted as a team leader, and who guided the evaluation team through the design, data collection, data analysis and reporting phases. The evaluation team was composed of Valeria Carou-Jones, evaluation specialist in the Evaluation Branch, Jordi del Bas, senior international expert on monitoring and evaluation systems and methodologies, as well as the independent national sectoral experts - Silvia Salinas, Guido Pinto. While national experts shared with us both their expertise in the focus areas under evaluation and their deep knowledge of the Bolivian context, their inclusion in the team supported the efforts of the Evaluation Branch to strengthen national capacities in evaluation. We have shared with them a number of evaluation methodologies, techniques and tools which we are confident they will replicate and share in future assignments. I thank them all for their invaluable contribution and dedication to this pilot exercise.

Sincere thanks also go, to Magalye Mars-Mompont (evaluation assistant, Evaluation Branch) and to Oscar Luque (intern, Evaluation Branch) for their research and initial data collection.

Finally, our sincere gratitude goes to all the people who have taken the time to respond to requests from the evaluation team: government officials, administrative officials, nongovernmental organizations, development partners and donors, as well as the UN family in Bolivia and last but not least a wide number of UNFPA country programme beneficiaries and members of the

communities that the team visited during the course of the evaluation. A list of those interviewed is available in Annex 3 of the report.

Louis Charpentier
Chief, Evaluation Branch

Bolivia – Basic Data and Social Indicators		
Territory		
Geographical location		West-central South America
Area		1,098,581 km ²
Population		
Total population		10,426 million (INE estimate 2010)
Population growth rate		2.74% annually between 1992 and 2001
Government		
System of government		Participatory, representative, community-based democracy
Recent political milestones		New Political Constitution of the State (2009)
Proportion of seats held by women in national parliament		23.0% (2009)
Economy		
GDP per capita (US\$)		1,683 (2009-preliminary data)
Growth rate of GDP per person employed		0.8 (2009-preliminary data)
Social indicators		
	Human development	Medium, 95 th of 169 countries according to HDI ranking 2010
	Life expectancy at birth (both sexes)	66 years (INE 2005-2010)
MDG 1	Percentage of population in extreme poverty	26.1% (2009-preliminary data)
	Percentage of population in moderate poverty	50.6% (2009-preliminary data)
	Employment rate	63.0% (2009-preliminary data)
MDG 2	Literacy rate amongst 15-24 year-olds	99.4% (2009)
MDG 2	Primary education enrolment rate	90.0% (2008)
MDG 3	Gender gap in completion rate of primary studies	-1.8 (2008-preliminary data)
MDG 4	Under-five mortality rate (for every thousand live births)	63.0 (2008)
MDG 5	Maternal mortality ratio (for every one hundred thousand live births)	229 (2003)
	Proportion of births attended by skilled health personnel	67% (2009)
	Adolescent birth rate (for every thousand inhabitants aged 15-19)	88.8 (2008)
	Contraceptive prevalence rate (modern methods)	34.6% (2008)
	Unmet need for family planning	20.2% (2008)
MDG 6	HIV prevalence among population aged 15–24 years (for every 1 million inhabitants)	599.0 (2009)
	Percentage of municipalities with a Chagas disease infection rate of more than 3%	19.6% (2009)
Millennium Development Goals (MDGs): Progress towards goals		
1 Eradicate extreme poverty and hunger		Difficult to achieve – off track
2 Achieve universal primary education		Possible to achieve if changes are made

3 Promote gender equality and empower women	Possible to achieve if changes are made
4 Reduce child mortality rates	Possible to achieve if changes are made
5 Improve maternal health	Difficult to achieve – off track
6 Combat HIV/AIDS, malaria, and other diseases	Possible to achieve if changes are made
7 Ensure environmental sustainability	Difficult to achieve – off track
8 Develop a global partnership for development	Insufficient information available

Sources: (1) Objetivos de Desarrollo del Milenio en Bolivia. Sexto Informe de Progreso 2010. UDAPE; (2) MDGMONITOR. Bolivia: Estado de ODM -2011.

EXECUTIVE SUMMARY

Introduction

This report presents the results of the first country programme evaluation (CPE) in Bolivia. The programme evaluated is the fourth UNFPA country programme in Bolivia with a budget of fifteen million dollars and three areas of intervention: population and development, sexual and reproductive health and rights, and gender equality.

Bolivia is currently undergoing an important process of social, political and economic change. The country has the highest maternal mortality rate in South America, and is one of the poorest and most unequal countries in the region, presenting major disparities between rural and urban areas and between the different departments.

Objectives and scope

The objectives of the evaluation are to provide a useful, independent assessment of the country programme for 2008-2011, to contribute to the accountability process and to corporate learning, and to provide practical recommendations that can be used in the formulation of the next programme document for Bolivia. The evaluation terms of reference requested the analysis of the country programme monitoring and evaluation system.

Methodology

The evaluation process had two main components: an assessment of achievements in relation to expected outcomes and outputs in UNFPA programming documents and the analysis of UNFPA strategic positioning in relation to its response to national needs and changes in the country development context. The evaluation criteria used to assess achievements by focus area were: relevance, effectiveness, efficiency and sustainability. In addition to these two levels of analysis, a further analysis of the country programme monitoring and evaluation system was carried out focusing on five different areas: monitoring of inputs and activities, monitoring of outcomes and outputs, monitoring of risks and assumptions, the integration of the evaluation function in the monitoring and evaluation system, and the support to national capacity development in monitoring and evaluation. The evaluation followed a multiple methodological approach, both for data gathering and for data analysis. The data gathering methods used included a documental review, field visits, and individual and group interviews by focus area. The analysis methods included triangulation techniques based on diverse sources, and verification and validation methods, such as internal team meetings, a reference group meeting, and a workshop to discuss preliminary findings with UNFPA office in Bolivia.

The evaluation was constrained by problems with the quality and weakness of the results framework and the monitoring and evaluation framework. To overcome this deficiency, the evaluation team assessed the effectiveness of the country programme based on the revised monitoring and evaluation framework, which allowed for a more realistic and updated assessment of progress towards results. Another limitation was the weakness of the outcome and output monitoring system, which was remediated by means of triangulating evidence gathered in the field (through individual and group interviews) with information included in the country office annual reports (COARs), in standard progress reports, and in other thematic studies and reports.

Main evaluation conclusions

Conclusions related to strategic positioning

The country office is aligned with the principles of UNFPA Strategic Plan in terms of national capacity development and in its focus on supporting vulnerable groups, but it has not managed to integrate south-south cooperation as a cooperation modality in the country programme. Although south-south cooperation has been integrated into some interventions, the country office has not formalised the strategy nor adequately managed knowledge generated through this cooperation. There have been some achievements in national capacity development, but there is no clear, formalised, continuous strategy or a programme plan for this core area, and this affects the effectiveness and potential sustainability of this area.

The country office has revitalised, strengthened and promoted mechanisms for inter-agency coordination and dialogue. There have been good experiences with joint interventions by United Nations organizations, and UNFPA has demonstrated great commitment, ability to convene different parties, a good knowledge of contexts and themes, dynamism and effectiveness in its interventions. However, some weaknesses in inter-agency collaboration are the absence of a strategic vision of the role of the different agencies and a clear plan of action. Furthermore, diverse working styles, administrative systems, approaches and conceptual frameworks on critical issues amongst UN organizations does not facilitate a fluid coordination.

The country office was highly responsive to both urgent demands from partners as well as to medium and long-term requirements, and demonstrated a high degree of adaptability to a changing political context and the emergence of new actors. The response provided by UNFPA was of good quality, timely, flexible, respectful of national leadership and sovereignty, and without imposing an institutional agenda. The lack of clear selection criteria when prioritising which demands to respond to and the absence of sustainable exit strategies compromise the ability of UNFPA to respond to demands.

The added value of UNFPA as a development partner is high, demonstrating several comparative advantages, including: its experience in the field, its closeness to community bases and social movements, and a good ability to convene key stakeholders. UNFPA has facilitated and contributed to fundamental development processes and public policies, has acted as a leader and addressed highly sensitive issues of crucial importance for the International Conference on Population and Development (ICPD) agenda. It has also mobilised and strengthened networks and brought together donors, the Government, civil society and social movements.

Conclusions related to the programme

The programme is very relevant vis a vis the national context and priority issues (adolescent pregnancy, maternal mortality, violence against women), international commitments and is coherent with national policies and strategies. The main challenge for UNFPA is providing technical support across different departments with a limited budget.

As a facilitator, UNFPA has been successful in driving forward the ICPD agenda and the MDGs, and in participating in the constitutional process and the subsequent formulation and implementation of new national and sector laws and norms. UNFPA has made a significant contribution to the development and strengthening of government capacities in the production and use of information, and has driven forward public policy evaluation processes. Furthermore, UNFPA has also contributed to empowering social movements, with a particular focus on indigenous women, strengthening their ability to make demands and formulate proposals. UNFPA also supported vulnerable groups, such as the Guarani communities in Alto Parapetí, groups in

emergency situations, pregnant adolescents, people living with HIV and transsexuals working in the sex industry.

The country office has developed and supported data generation, studies and systematisation processes, **but does not have a knowledge management strategy** (generating evidence, good practices and lessons learned) that could potentiate its systematic use for decision-making both at the internal and public policy levels.

Programme efficiency overall and by component is good, with a high level of execution and important achievements in terms of quality, quantity and strategic potential for all three components. However, a low capacity to absorb funds and delays by national partners is limiting national execution, leading to difficulties when it comes to completing activities and adhering to budgets. This situation causes an increase in direct execution by the country office, which goes against UNFPA principles of capacity development and national implementation. Furthermore, cross-component integration and coordination is a structural issue and still needs to be achieved.

The sustainability of benefits is the greatest challenge faced by UNFPA, and it varies according to the strategies implemented, the areas, and the levels and stakeholders involved. Sustainability of benefits is high in the case of UNFPA introducing and tackling sensitive issues which have been appropriated and incorporated into the national and social agenda. However, sustainability is variable in the case of the strengthening of government organisations and civil society. Key threats to potential sustainability result from the institutional weaknesses of national partners - reflected in the high rate of civil servant turnover, absence of technical teams, high dependence on international cooperation, and inadequate national budgets for the scale of the problems at hand.

Conclusions related to the monitoring and evaluation system

The monitoring of inputs and activities is functional and highly effective, the monitoring of risks and assumptions is regular and effective but not systematised nor formalised; the monitoring of outputs and outcomes is practically non-existent at the aggregate level and is not operational; and the evaluation function is under-utilized. Results-oriented monitoring is the weakest area, mainly because there is no functional monitoring and evaluation framework and an information system linked to that framework. This, along with problems with the quality of output and outcome indicators, means that the country office cannot objectively measure country programme achievements and be accountable based on evidence and comparisons between targets and achievements. Progress towards developing results-oriented monitoring systems is limited by the absence of a specific budget and staff to achieve this goal and because the area of monitoring and evaluation has not been integrated into the country office organisational structure nor in the functions or responsibilities of technical staff.

Main evaluation recommendations

Strategic recommendations

Promote and develop conditions to allow for a systematic and integral country programme, defining the issues, criteria and strategic and operational mechanisms. To maximize the outcomes of UNFPA support, the evaluation recommends more rational and strategic decision-making in relation to the assignment of human and financial resources for specific focus areas and for cross-cutting issues. To achieve this, corporate support from headquarters is essential, but so are the

institutional tools and mechanisms required for the formalization, analysis, monitoring and evaluation of these initiatives.

Prioritise the allocation of resources in order to adhere to the corporate policy on results-oriented monitoring.

Headquarters and the regional office should ensure that enough funds are allocated so that results-oriented monitoring systems can be set up in a practical and effective manner. Secondly, priority should be given to requests for the recruitment of monitoring and evaluation officers working exclusively on results-oriented monitoring, since they are fundamental pillars for the creation of such systems.

Recommendations related to the programme

Develop strategies, tools and mechanisms to increase the sustainability of benefits, by strengthening institutional capacities and by creating favourable environments to sustain achievements. Sustainability must become a structural element of the planning process and an inherent part of the implementation of interventions. As such, exit and replication strategies should be included at the planning stage with partners, knowledge management processes and mechanisms should be integrated in the interventions at the planning and budgeting stage, innovative capacity-development strategies should be systematised in order to validate their effectiveness and sustainability, and finally, there should be greater articulation of actors, networks should be strengthened, and institutional partnerships developed in order to ensure the continuity of achievements and benefits.

Develop and institutionalize an integral capacity-development strategy, which includes the identification and use of indicators to measure its effects, in the new country programme. Strategic partnerships with partners should be strengthened and utilized to guarantee knowledge retention and ensure a more continuous and sustainable capacity development.

Recommendations related to the monitoring and evaluation system of the country programme

Prioritise the development of quality control mechanisms and tools associated with the results-oriented monitoring frameworks. Headquarters should prioritise the development of guides and tools for developing capacity in results-oriented monitoring, emphasizing the development of a guide for the formulation and approval of results and monitoring frameworks of country programmes and the procedures for updating and adjusting both frameworks during the programme cycle. Furthermore, the regional office should systematically assess country programme results frameworks for quality at the time they are formulated, ensure that the country programme action plans (CPAPs) are realistic and of acceptable quality, and guarantee that the results framework and the monitoring and evaluation plan are functional. With regard to the development of a results-oriented monitoring system, the country office should start designing and budgeting for results-oriented monitoring utilizing a budget directly linked to the country office management budget, and formalise the mandate and responsibilities in results-oriented monitoring.

CHAPTER 1: INTRODUCTION

1.1 Objectives of the country programme evaluation

The aim of this exercise is to provide a useful, independent evaluation of the country programme for 2008-2011, to contribute to the accountability process and to corporate learning, to guarantee the quality of programme interventions and, finally, to inform the new country programme that UNFPA country office (CO) in Bolivia will prepare in collaboration with its national partners. This pilot evaluation has also been used to test the methodology for conducting country programme evaluations.

The specific objectives of the country programme evaluation for Bolivia are:

- 1) To provide an independent assessment of progress – or lack thereof – towards expected results set out in UNFPA programme documents. Where appropriate, the evaluation examines any unexpected results (both positive and negative) and missed opportunities.
- 2) To provide an analysis of the strategic positioning of UNFPA in its response to national needs and to changes in the national development context and its added value; and
- 3) To present key findings, extract lessons and provide practical, useful recommendations that can inform managers for the next programme cycle.

1.2. Scope of the evaluation

The evaluation covers the period between 2008 and 2011, corresponding to the fourth programme cycle of UNFPA in Bolivia (2008-2012), covered by a country programme document and its corresponding action plan. The evaluation examines the assistance provided by UNFPA, financed by core and other resources. In geographical terms, the evaluation scope includes interventions at the national, departmental and municipal levels, including regional programme activities carried out by the country office under the annual work plans. The evaluation has also taken into account the Strategic Plan of UNFPA, the United Nations Development Assistance Framework (UNDAF) for Bolivia (2007-2011), human development reports for Bolivia and key government planning documents.

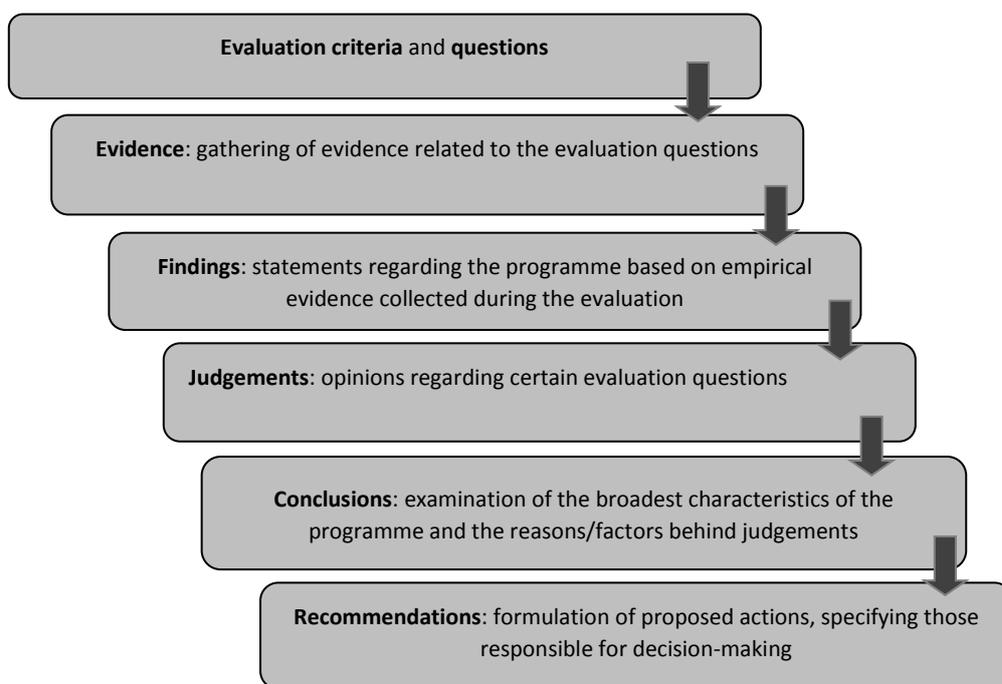
The evaluation also required the review and analysis of the programme portfolio of UNFPA in Bolivia for 2008-2011, specifically:

- results achieved or progress towards expected results
- factors which influence results (UNFPA positioning, capacities and partnerships)

1.3 Evaluation methodology

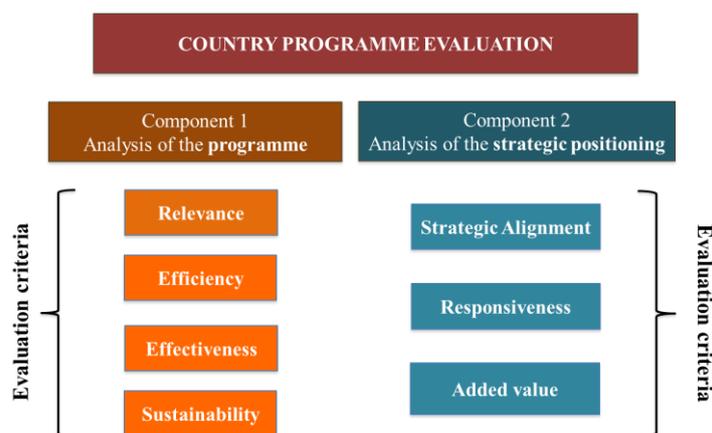
The evaluation included two levels of analysis: assessment of the contribution of UNFPA to results; and analysis of the strategic positioning of UNFPA in Bolivia. In both cases, the analysis followed a logical chain of reasoning, starting with the application of a series of evaluation criteria and questions, and finishing with recommendations for action. The diagram below shows the sequence of logical steps in the evaluation process:

Diagram 1: Steps in the evaluation process



As stated in the previous paragraph, the evaluation had two primary components, in other words two levels of analysis used to assess the contribution of UNFPA in Bolivia:

Diagram 2: Key evaluation components



Analysis of the programme

This component of the evaluation examines the areas of action included in the programme documents, specifically sexual and reproductive health and rights, gender equality, and population and development. The analysis process consisted of a comprehensive analysis of the portfolio of interventions¹ of UNFPA between 2008 and 2011.

Analysis of the strategic positioning of UNFPA

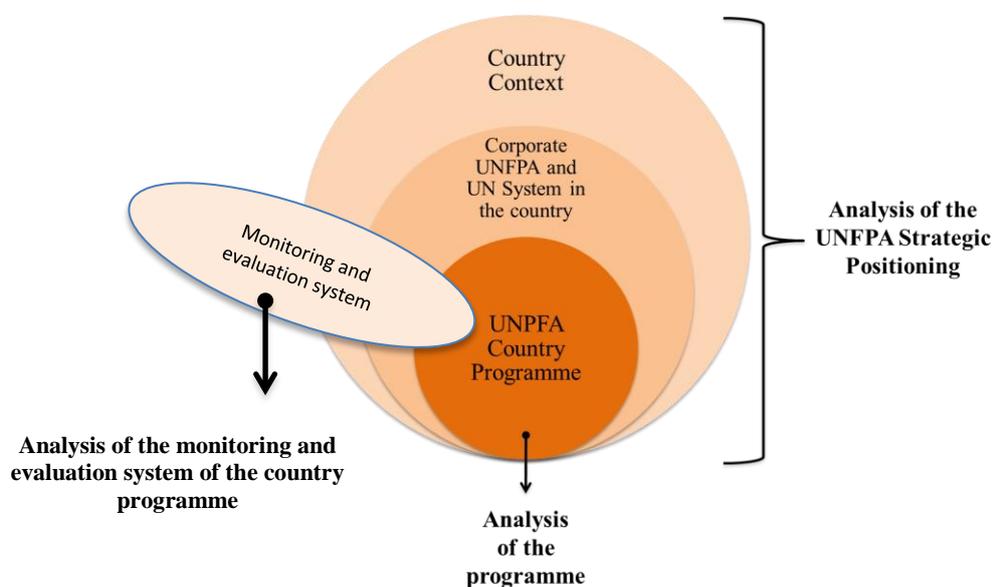
¹ The analysis of the portfolio of interventions supported by UNFPA covered interventions funded by UNFPA core resources as well as those funded by complementary resources (see Annex 4).

This component examines aspects such as strategic alignment (both corporate and systemic), the added value of UNFPA as a development partner, and level of responsiveness to changes in the country context.

Assessment of the monitoring and evaluation system

At a corporate level, UNFPA has increased the importance of monitoring and evaluation systems within the framework of results-based management as a key element to ensure that the effects of country programmes implemented by country offices are properly managed and monitored. UNFPA also recognises the important role that monitoring and evaluation systems play when it comes to facilitating and optimising the results of country programme evaluations.

Within this framework, the assessment of the monitoring and evaluation systems of the country programmes is one of the aspects addressed in the new country programme evaluation methodology.² This report therefore includes a specific section on the assessment of these systems (Chapter 6 and Volume 2). The assessment of the monitoring and evaluation systems does not form part of any of the evaluation criteria and is therefore not included in the evaluation matrix, which focuses on aspects related to the content of the country programme.



Parts 1 and 2 of Volume 2 of this report contain the methodological tools that have been utilised to analyse the monitoring and evaluation system of the country programme.³ Part 4 of the same Volume outlines the action plan for improving the system, a document detailing the recommendations and suggestions made by the evaluation team so that the best, most complete system can be developed.

Objective of the evaluation

² The Bolivia country programme evaluation is part of the pilot test of the first draft of the methodology.

³ Volume 2 Part 3, “Brief practical guide to formulating indicators in the monitoring and evaluation framework” complements Part 2 “Tool for assessing the quality of country programme action plan indicators”.

The main focus of this evaluation is the results achieved in the three focus areas and the strategic positioning of UNFPA. However, the evaluation does not only analyse the expected effects, but also identifies and examines all sorts of different effects: expected and unexpected, positive and negative, direct and indirect, intentional or unintentional.

The primary focus of the evaluation was to identify and assess the contribution of UNFPA to MDG 5, “improve maternal health”, mainstreaming of the Cairo agenda (ICPD), and to gender equality and the empowerment of women. The evaluation focused on an analysis of contribution and not on attribution. However, it is important to note that not focusing on attribution does not mean that the analysis of causal relationships (cause-effect) has been avoided. In fact, special emphasis was placed on the identification and analysis of the chain of effects underlying the sequence of UNFPA contribution, in order to examine the factors explaining why that contribution (if made) is more or less effective or of higher or lower quality and of greater or lesser scope (the *how* and the *why* of the contribution).

Evaluation criteria and questions

The evaluation criteria and questions are provided in Annex 5, "Evaluation Matrix". This annex also details the focus area each question was designed to examine, the sources of information consulted, and the associated data gathering methods.

Note: the evaluation matrix was adjusted during the data gathering phase in order to respond more effectively to the context and programme being implemented.

Indicators, sources and data collection methods

Indicators

The evaluation took into account the "output indicators" included in the revised monitoring and evaluation matrix following the mid-term review (see Chapter 6 for further details).

Sources of information

The evaluation matrix provides details of the main sources of information broken down by evaluation question. These sources can be grouped into the following categories: documents (see Bibliography - Annex 2); implementing partners and counterparts of UNFPA interventions; strategic and operational partners (partnerships); groups that benefit from UNFPA interventions, both directly and indirectly; non-beneficiary groups, including groups other than the target beneficiaries that are directly or indirectly affected by the interventions, these can include civil society organisations, communities, opinion groups, donors (cooperation agencies), private sector organisations, etc. and they are a key source of information for the analysis of unexpected/unplanned results and to study perceptions of the positioning and role of UNFPA in the country; UN staff (Bolivia UNFPA country office, regional office, and other UN organisations in Bolivia).

Data gathering methods

The main methods used to gather data and information for analysis were: documentation review and analysis; semi-structured individual and group interviews; observation and field visits.

Identification and selection of key stakeholders

A stakeholder mapping of actors and key stakeholders to be interviewed was carried out, by focus area, taking into account UNFPA interventions for each of those areas. Both national and departmental/municipal interventions were taken into account. A **methodological tool** to structure

the data gathering and processing process was designed: the interview guide (Annex 7). A total of 210 people were interviewed or consulted (see Annex 3), covering a wide range of actors.

Table 1: Number of people interviewed/consulted

INSTITUTIONS	NUMBER	PERCENTAGE
UNFPA	16	8
Central government	26	12
Departmental governments	46	22
International bodies	16	8
Civil society	70	33
Beneficiaries	52	17
Total	210	100

In addition to a number of meetings in La Paz (where the central government is based), members of the evaluation team also carried out field visits in the departments of Chuquisaca, Potosí and Santa Cruz, areas where UNFPA is implementing activities as part of the current programme cycle

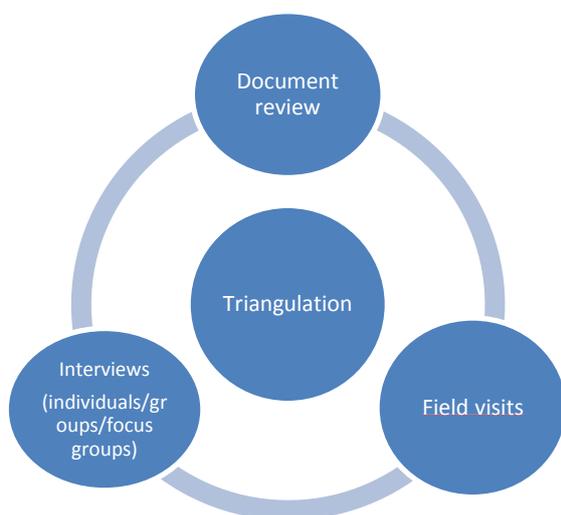
The evaluation process

The evaluation process was carried out independently, involving the CO and national partners in the process. The country programme evaluation was carried out by an independent evaluation team made up of three external experts and two evaluators from the Evaluation Branch. The evaluation process consisted of the following phases:

Table 2: Phases in the evaluation process

Phases	Tasks
Phase 1: Preparation and design	Identifying, gathering and mapping of documents and other relevant data. Analysis of general documentation on the human development situation, national planning documents, and studies, as well as a general overview of UNFPA programme between 2008 and 2011. Mapping of relevant stakeholders for the evaluation in the country in collaboration with the country office.
	Output: Desk report: included a reconstruction of the intervention logic, background to the evaluation, evaluation questions, a detailed methodology, information sources, instruments, and a data gathering and analysis plan.
Phase 2: Data gathering and initial analysis	Interviews and data gathering in Bolivia over a period of three weeks in June 2011. At the end of this phase of the process, the members of the evaluation team agreed upon and validated the preliminary findings.
	Output: The main preliminary findings and recommendations were presented and discussed with staff at the CO, who provided their own input.
Phase 3: Analysis and synthesis	Drafting the evaluation report, quality control and review. External review of the quality of the evaluation report.
	Output: Evaluation report
Phase 4: Management response and dissemination	The CO will prepare a response to the evaluation recommendations. The report will be disseminated amongst country partners and in UNFPA headquarters. The report will be made available to the Executive Board when the time comes to approve a new country programme for Bolivia. The report and the management response will be published on UNFPA web page.

Data analysis



Triangulation techniques were used in order to reinforce the validity of the findings. The results obtained using each of the data gathering methods (documentation review, interviews and observation) were systematically cross-examined to ensure that the findings were reliable and sufficiently broad. If significant discrepancies were found, efforts were made, insofar as possible, to understand their causes. If this was not possible or would have involved excessive use of resources, the findings were disregarded.

1.3.1 Limitations and information gaps

The evaluability of the programme⁴ was limited by a number of factors. The five most significant factors are outlined below.

Firstly, the evaluability of the programme was affected by weaknesses in the quality and (lack of) application of the tools associated with the country programme results framework: the results framework and the monitoring and evaluation framework.⁵

The main quality issues with the monitoring and evaluation framework that have had an effect on the evaluability of the programme are (i) the extremely ambitious nature of the monitoring and evaluation framework; (ii) weaknesses in the formulation of outcomes and outputs; (iii) insufficient or inconsistent outputs as a means to achieve outcomes; (iv) unavailability of targets and end lines; and above all (v) problems with the quality of indicators, which explains the lack of information which made it impossible to carry out the evaluation based on reliable evidence that is comparable over time. This last problem exists despite the fact that paragraph 106 of the country programme action plan expressly states that *“based on previous experience, a baseline study will be carried out to measure any advances made and a subsequent end line study will provide the statistical input required for the final CP/CPAP evaluation”*.

These deficiencies meant that it was impossible to carry out an objective analysis of the degree of effectiveness of the programme based on the initial CPAP results framework and monitoring and evaluation framework. The evaluation team therefore agreed to assess the effectiveness based on the revised monitoring and evaluation framework. This revised framework was formulated as part of an exercise resulting from the mid-term review. It includes updated outputs and some improvements to the quality of the original monitoring and evaluation framework. This allowed the evaluation team to assess progress made towards achieving outputs using a more realistic framework, and also with a wider strategic overview of the work of UNFPA and its relative effectiveness with regard to the characteristics, conditions, opportunities and challenges of the pre-

⁴ Evaluability refers to considerations about *what* to evaluate and *how* to evaluate it.

⁵ The monitoring and evaluation framework is based on the results framework and as a result the quality issues in the former are, at least in part, a reflection of shortcomings in the latter.

and post-constitutional context (as the revised monitoring and evaluation framework includes an update of the current context in which the country programme is being implemented).

It is worth noting that if the assessment of effectiveness had been carried out based on the CPAP results framework, the analysis would not have reflected the actual programme as the original results framework was not up-to-date.

As a result, working with the revised monitoring and evaluation framework brought with it a number of technical difficulties as well as problems with clarity because the tool was not used consistently and rigorously for all of the different programme components.

The evaluability of the programme was also affected by difficulties involved with measuring the effects of the country programme three and a half years after it started. This was due to two factors: The first factor - which is out of the control of the CO - is the fact that the country programme evaluations are carried out one and a half years before the programmes end so that they can be used as inputs for the design of new country programme. This often means having to assess effects before they have even been generated at the time of the evaluation. The second reason is that many of the outputs and outcomes proposed in the country programme results framework are too ambitious considering that the programme cycle only lasts five years: many of the expected effects can only be observed in the medium and long term⁶ and, in any case, they require more than five years in order to come to light. To overcome this limitation, the evaluation team focused the analysis on the assessment of *progress* towards the expected effects rather than on the assessment of the *achievement*, or lack thereof, of the effects.

The third aspect that affected the evaluability of the programme was that it was difficult for the evaluation team to get a realistic understanding of the programme as a whole and its context before they arrived in the country (specifically activities not reflected in the annual work plans. Note: these plans are not projects but sets of activities budgeted annually which contribute to achieve CPAP outputs). This is because the programme interventions are only set out in the annual work plans (AWP), and these do not include sufficient information (description of activities, objectives, identification of final beneficiaries, non-existent or unclear indicators) to allow for a thorough understanding of the programme without a prior field visit. In addition, AWP do not always provide an accurate reflection of the nature of the interventions that are actually carried out on the ground. This is due to two factors:

- 1) In some cases, the activities planned are not actually carried out or they are modified - often due to factors outside of UNFPA control - but those changes are not reflected in the AWP.
- 2) As the team was able to verify once in Bolivia, the CO carries out lots of activities that are not detailed in the AWP because they do not involve the assignment of specific funds. These activities are generally related to soft aid: political dialogue, inter-institutional mediation and coordination, and facilitation of spaces for dialogue which complement the AWP.

The fourth limitation is linked to certain restrictions in terms of the availability of evaluation reports during the period under evaluation: during the period evaluated, the number of evaluations was very limited (see Chapter 6). To overcome this limitation, even if only partially, the evaluation team triangulated the evidence found in the field through interviews with information from the country office annual reports (COAR) and the standard progress reports.

⁶ As they involve changes in behaviours, in ways of thinking, or changes to norms, for example in areas relating to gender, sexual and reproductive health and rights.

The fifth limitation is that due to problems of accessibility it was impossible for the evaluation team to visit all of the departments and municipalities where UNFPA carries out activities. In particular, they were unable to visit the department of Beni. To make up for this, at least in part, the team carried out in-depth interviews with partners from other departments and municipalities where similar activities are carried out and which therefore reflect challenges similar to the ones faced in the departments they could not visit.

CHAPTER 2: COUNTRY SITUATION ANALYSIS

2.1 Socio-spatial conditions in the country and demographic situation

Bolivia is a country with a surface area of 1,098,591 square kilometres which is divided into three large ecological zones: Altiplano, on the western side of the country, covering 16 per cent of its territory; Valles ("valleys") in the centre, covering 19 per cent; and Llanos, the largest region, covering 65 per cent of the country in the north-east. Politically and administratively, Bolivia is divided into nine departments: La Paz, Oruro and Potosí (Altiplano); Chuquisaca, Cochabamba and Tarija (Valles); and Santa Cruz, Beni and Pando (Llanos).⁷

According to the latest Population and Housing Census (2001), Bolivia had 8.3 million inhabitants in 2001. However, in 2010, the National Statistics Institute (INE) estimated that the Bolivian population was in fact 10,426,000, with a population density of approximately 9.5 inhabitants per square kilometre, which is relatively low compared to average population densities around the world. The population is not evenly distributed: in 2010, INE estimated that 39 per cent of inhabitants were living in the Altiplano region, 29 per cent in Valles, and 32 per cent in Llanos (INE, 2011). The data also revealed that 66 per cent of the population were living in urban areas in 2010. The annual growth rate between 1990 and 1995 was 2.4 per cent, while between 2005 and 2010 the average annual growth rate is estimated at 2.0 per cent.⁸

Bolivia's population growth rates are the result of decreased fertility and mortality rates. In the middle of the last century, Bolivian women had an average of seven children before they came to the end of their reproductive life (total fertility rate). From the mid-1970s onwards, fertility rates began to decrease systematically. In 1998, the fertility rate was 4.2 children per woman, but in 2003 it had decreased to 3.8 children, and by 2008 it was 3.5 children per woman. Data from the 2008 National Demographic and Health Survey (DHS) shows that amongst women with higher education the fertility rate was 1.9 children per woman, while the fertility rate amongst uneducated women was 6.1 children per woman. Similarly, the total fertility rate in urban areas is 2.8 children per woman while the rate in rural areas is 4.9 children per woman.⁹

Bolivia's mortality rates have also decreased over the last 50 years. Life expectancy at birth increased from 40 years in 1950 to 64 years in 2005. This increase is linked to the reduced infant mortality rate as well as improvements in quality of life and the sanitary and healthcare system. In 2005, female life expectancy was 66 years and male life expectancy was 62. Between 1970 and 2008, the infant mortality rate decreased from 151 deaths per thousand live births to 65 per thousand, a reduction of 57 per cent.¹⁰

As birth and mortality rates in Bolivia are still high, the country is in the early stages of its demographic transition; although the demographic change moderately accelerated. The population pyramid in the diagram below is based on data from the 1950 census, and shows that younger

⁷UNFPA. 'Bolivia: Población, territorio y medio ambiente. Análisis de situación de la población'. La Paz, 2007.

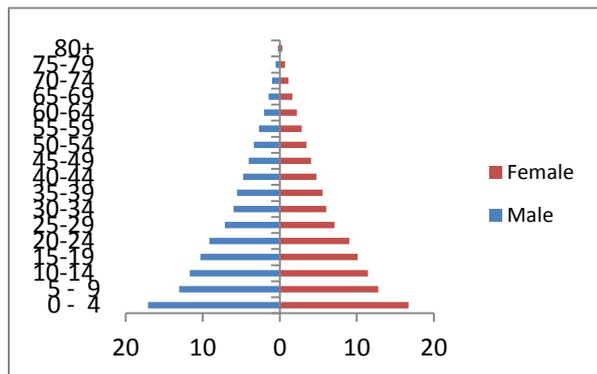
⁸UNFPA. 'Bolivia: Población, territorio y medio ambiente. Análisis de situación de la población'. La Paz, 2007.

⁹National Institute of Statistics (INE). 'Encuesta Nacional de Demografía y Salud 2008', La Paz, August 2008.

¹⁰National Institute of Statistics (INE). 'Bolivia: Niveles, Tendencias y Diferenciales de la Mortalidad Infantil', La Paz, October 2003. National Institute of Statistics (INE). 'Encuesta Nacional de Demografía y Salud 2008', La Paz, August 2008.

segments of the population were quite large at that time. In 1950, 41.4 per cent of the population were under 15.

Figure 1: Population pyramid



Demographic transition has also led to population ageing. In 1970, the average age of the Bolivian population was 18, but by 2000 it was 20. It is expected to reach to 25 by 2020 and 35 by 2050. In 1950, the elderly represented 3.5 per cent of the population, but by 2020 that age group is expected to represent 8.1 per cent and by 2050, 16.7 per cent.¹¹

2.2 Political situation in Bolivia¹²

Bolivia is currently transitioning towards a new model of relations between the government and society, marked by a number of changes pushed forward by the Constituent Assembly. The changes over the recent years are related to: 1) the new model for economic and social development, 2) the formation of the plurinational state, 3) the reorganisation of executive, legislative and judiciary bodies, 4) autonomy for departments, municipalities and new indigenous territories, and 5) property regime.

New pacts and actors have transformed the national social and political structure, historically marked by the presence of indigenous and indigenous rural social movements in the political arena, allowing for the development of a new Political Constitution of the State. The greatest political achievement has been the growing participation of social movements in the public arena. The Unity Pact has laid the foundations for the establishment of the Coordinator of Indigenous Rural Organisations and Intercultural Communities of Bolivia (COINCABOL), which is made up of the Single Union Confederation of Rural Labourers of Bolivia (CSUTCB), the Workers' Confederation of Intercultural Communities of Bolivia (CSCIB), the National Confederation of Rural Indigenous Originary Women of Bolivia (CNMCIQB 'Bartolina Sisa'), the Confederation of Indigenous Peoples of Bolivia (CIDOB) and the National Council of Qullasuyu Ayllus and Marko (CONAMAQ). COINCABOL acts as a management and advocacy building body for political, social, economic and cultural actions, centred around a joint agenda to aid the development of Bolivia's indigenous, originary, rural peoples and intercultural communities in order to achieve its goal of "Vivir Bien", roughly translated as "Better Lives for All". As a result, a new framework has been created for relations between Bolivia's indigenous, originary, rural peoples and intercultural communities and the government, the rest of civil society and international cooperation organisations.

This process of political and social reconfiguration is based on a political agenda that restores the identity and recognises the demands of indigenous, originary and rural peoples, as well as of

¹¹CELADE. 'America Latina y Caribe: Estimaciones y proyecciones de poblacion, 1950-2050'. Boletin Demografico No. 73. Santiago de Chile. January 2004.

¹² UNFPA, Revisión de medio término del Programa de Cooperación de UNFPA en Bolivia 2008-2011. Informe final (Draft). La Paz, 2010.

popular movements, as an alternative for change and transformation of the State. The Movimiento al Socialismo (MAS) political party won the 2006 national elections with a huge majority, winning 54 per cent of the votes. As a result, Evo Morales became president of Bolivia, giving him the power to push forward the proposal to transform the country through a "democratic and cultural revolution". This translates in efforts to establish a new order that recognises the needs and demands of a large segment of the population which has, historically, been excluded from public policies, and that has been unable to exercise its rights or benefit from development.

The new Political Constitution of the State was approved in January 2009, and outlines the establishment of a "Unitary Social Plurinational Community-Based Law State", and sets out the constitutional foundations of "Better Lives for All" as the ultimate goal of development. The government assumes "as a strength the existence of indigenous originary rural cultures, depositaries of wisdom, knowledge, values, spirituality and cosmovisions" (Art 98), and defines "Better Lives for All" as a decolonisation project defined as "the new paradigm of transformation and a step towards the construction of a new post-neoliberal development paradigm".¹³ Interculturality is proposed as "an instrument for harmonious, balanced cohesion and coexistence between peoples and nations", with respect for differences and in equal conditions.

From this new paradigm, the Political Constitution of the State contains principles and norms to advance in the recognition and full exercise of human rights, specifically sexual and human rights for all citizens, both male and female. It also contains articles which represent a major development in terms of women's rights and the possibility of building an equal society, free from violence and with equal opportunities for both sexes.

The Political Constitution of the State is also a historic milestone in terms of how the country is organised socio-politically and territorially, as it defines a new regime of territorial autonomies - at regional, departmental, municipal and indigenous levels - as a model for political decentralisation, whilst still maintaining the unitary nature of the state. The autonomies present a new challenge and a new opportunity for democratisation and direct participation of social movements, grassroots organisations and the population in general in the decisions that affect their quality of life, the exercise of their rights and well-being.

In terms of the legal system, the State has also undergone a major transformation, as Ordinary and Indigenous Originary and Rural Jurisdiction now share an equal rank in the legal hierarchy as part of the new plurinational, autonomous context. Within this new framework, indigenous, originary and rural peoples and nations can apply their cultural values through their own norms and procedures, respecting the right to life, and other rights and guarantees set out in the constitutional legislation. This opens the door to intercultural dialogue, and to the gathering and sharing of information and lessons learned through the work of UNFPA, so that men, women, the elderly, young people, boys and girls and other disadvantaged populations can exercise their rights fully and enjoy the same access to justice under equal conditions.

The new Plurinational State also recognises different types of economic organisation: community, state, private and social cooperative, emphasizing the principles of complementarity, reciprocity, solidarity, redistribution, equality, legal security, sustainability, balance, justice and transparency, which form part of the development concepts of indigenous and rural organisations and the essence of the "better lives for all" paradigm. In this framework, the current state policy is characterised by,

¹³Ministerio de Planificación del Desarrollo (Ministry of Development Planning). 'La construcción del vivir bien. El contexto, enfoque y proceso de construcción'.

amongst other aspects, the application of mechanisms of redistribution, through conditional transfers (bonds), such as the *Renta Dignidad*, *Bono Juancito Pinto* and *Bono Juana Azurduy* schemes. Several studies have shown that these schemes have helped Bolivia keep the absolute poverty indicators in check, improved living conditions and allowed for better access to essential goods and services amongst the poorest groups.

The new context presents a challenge for all actors, including international cooperation organisations, because of new mandates that underpin the generation of public policies to put the Political Constitution of the State into practice. They also require the joint construction of new paradigms for relations, political conduct and social coexistence, as well as investment in equal opportunity programmes to promote changes in the power relations between groups, men and women, regions and cultures. The new mandates therefore allude to the need for new political and social pacts between different actors, to implement a magna carta that assigns more rights and guarantees to all citizens, working towards building a more inclusive, more equal society with a more developed participative democracy. As such, and starting with constitutional advances, concrete responses need to be given to a wide range of historic demands relating to diversity, such as equal opportunities for men and women, the right to a life free from violence, the right to and universal access to healthcare and education, decent work opportunities for young people and adolescents, amongst others. It is also absolutely essential to pay attention to new themes and emerging actors who emerge with their own expectations, demands and proposals. Furthermore, it is also necessary to find common ground through intercultural dialogue, for consensus-building and to come up with shared proposals based on different identities and realities.

Also, with the approval of the five "structural laws" - Plurinational Constitutional Court, Electoral Body, Electoral System, Judicial Body and the Framework Law on Autonomies and Decentralisation - comes the need for a new way of managing the state, distributing power and coordinating the different autonomy projects at departmental, regional, municipal and indigenous level. The reorganization of the state is a lengthy process that requires institutional strengthening and the design and implementation of new mechanisms and forms of participation and social control.

2.3 Development challenges and national strategies

2.3.1 General analysis. Human development, gender and poverty indexes

Over the last few years, Bolivia has undergone a major process of social, political and economic change. Between 1975 and 2007, Bolivia moved from position 57th out of 82 countries, to 113th out of 177 countries in the Human Development Index ranking (HDI)¹⁴. During this period, the HDI of Bolivia increased from a medium-low level of human development (0.512) to a medium-high level (0.729). Despite this improvement to the HDI, the country is still quite far behind other countries in the region.¹⁵ According to the Human Development Report (2010), Bolivia's HDI is only higher than Guatemala's (0.704), Nicaragua's (0.699) and Haiti's (0.532), and in South American it is still set apart from the predominant economic and social trends, and is in last place.¹⁶

¹⁴ The Human Development Index (HDI) measures a country or region's average achievement of three basic dimensions of human development: a long, healthy life, knowledge, and a decent quality of life. The HDI takes three variables into account: life expectancy at birth, education, and the adjusted gross domestic product per capita in dollars.

¹⁵ UNDP Human Development Report, Bolivia. 'Los cambios detrás del cambio'. November 2010.

¹⁶ UNDP Human Development Report, Bolivia. 'Treinta años de cambio social'. November 2010.

Bolivia is still one of the poorest countries in South America. In 2007,¹⁷ 60 per cent of the population were living in poverty, and 38 per cent were living in extreme poverty. Extreme poverty was particularly high amongst the indigenous population (61 per cent) compared to the rest of the population (25 per cent). This is extremely relevant because it is estimated¹⁸ that between 50 to 66 per cent of the population is indigenous, and there are 36 indigenous originary rural peoples and nations throughout the country. Bolivia has one of the most unequal income distributions in the region, with a Gini coefficient¹⁹ of 0.6. This means that, in 2009, Bolivia was still one of the countries with the greatest inequality in income in Latin America, along with Brazil, Guatemala, Colombia and Honduras.²⁰

According to the 2003 Gender Human Development Report, published by UNDP in Bolivia, "the Gender Empowerment Index (GEI) measures whether or not men and women are in a position to participate actively in economic and political life and in decision-making. While the Gender-related Development Index (GDI) focuses on capacity building, the GEI refers to the use of that capacity to take advantage of opportunities in life" (UNDP 2002).²¹ The table below shows the gradual increases in both the HDI and GDI between 2002 and 2007. The HDI increased by 0.037 between 2004 and 2007. The GDI increased even more, by 0.043 between 2004 and 2007. This alludes to a smaller "penalisation", and therefore to smaller gender inequalities, although the GDI is lower than the HDI in all cases.

Table 3: Human development, gender-related development and gender empowerment indices 2004-2007

INDEX	2002	2003	2004	2005	2007 ²²
HDI	0.681	0.687	0.692	0.697	0.729
GDI	0.674	0.679	0.687	0.691	0.728
GEI	0.524	0.525	0.499	0.500	0.511

Source: Human Development Reports 2004-2009

2.3.2 Socio-political and socio-economic situation, poverty and education.

The 2008-2012 programme cycle is characterised, above all, by a political and social situation that is undergoing an extensive transformation, associated with changes and reforms related to the new country vision, following the introduction of the new Political Constitution of the State in February 2009. This new constitution, amongst other things, assigned more powers to the indigenous originary rural peoples, reinforced the role of the government in the economy and gave autonomy to departments, municipalities and indigenous peoples, in a continuous process of administrative

¹⁷ IMF Executive Board Concludes 2009 Article IV Consultation with Bolivia, 21 January 2010.

¹⁸ Plan de Acción del Programa del País entre el gobierno de Bolivia y el Fondo de Población de las Naciones Unidas 2008-2012 (CPAP). June 2008.

¹⁹ The Gini coefficient is a number between 0 and 1 that measures inequality in the distribution of income in a given country. The coefficient for a country where every inhabitant earns exactly the same amount is 0. If one inhabitant receives the entire income and everyone else receives nothing, the coefficient is 1.

²⁰ CEPAL, 2009. Panorama social de América Latina. Furthermore, in the NHDR ranking, Bolivia had the highest rate of inequality of all Latin American countries between 1995 and 2005. See UNDP, 2010. Actuar sobre el futuro: romper la transmisión intergeneracional de la desigualdad.

²¹ Salinas & Castro 2009. 'Análisis de Cambios en la Equidad de Género en el Período 2004-2008'. Consultancy report. Department for Equal Opportunities, Embassy of the Kingdom of the Netherlands

²² The 2009 Human Development Report gives the indices for the year 2007.

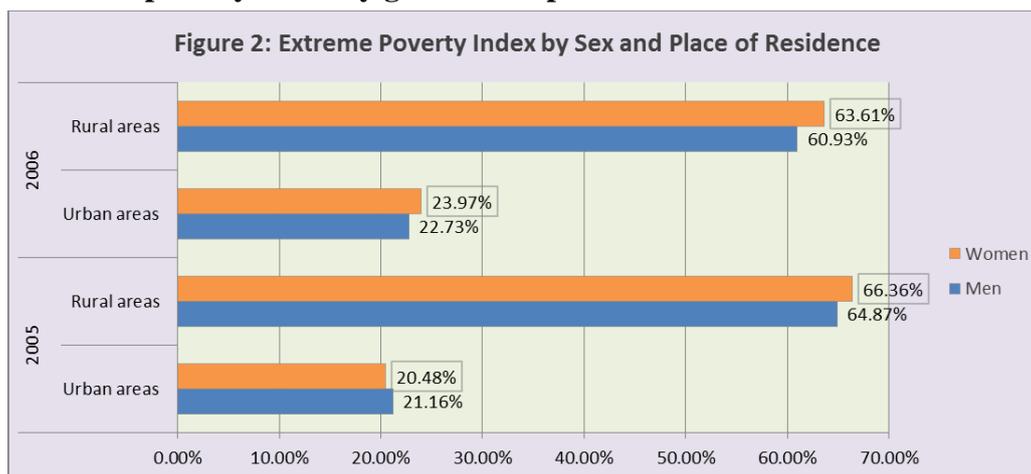
decentralisation. The national political and social map is being redrawn and reconfigured, leading to the historic emergence of rural indigenous social movements in the political arena and in public administration.²³

Economic activity underwent sustained growth between 2006 and 2009 and the unemployment rate remained stable during that period, decreasing slightly from 8.0 per cent in 2006 to 7.9 per cent in 2009.²⁴ With regard to the economic situation in social and poverty-related terms, the IMF report, after providing a positive assessment of the development of the national economy, goes on to highlight the social policies implemented based on the equal redistribution of the surpluses generated primarily through the exploitation of hydrocarbons.²⁵

Between 2000 and 2008, moderate poverty decreased by seven percentage points, and the strongest effects were felt in rural areas. Extreme poverty fell even further, from 45 per cent to 33 per cent in the same period. The reduction of extreme poverty is the result of, amongst other things, the impact of conditional and unconditional cash transfers to households via government subsidies such as: *Bono Juancito Pinto*, *Renta Dignidad* and *Bono Juana Azurduy*. The impact of these universal policies may be very gradual, as it is the poorest segments of the population that benefit from them.²⁶

There are noticeable differences between departments. At one end of the spectrum, Potosí and Chuquisaca have the highest levels of poverty and inequality with an extreme poverty incidence of more than 60 per cent and an inequality index of around 0.430. At the other end of the spectrum, Pando and Tarija have the lowest levels of poverty and inequality, with an average of 30 per cent living in extreme poverty.

Figure 2: Extreme poverty index by gender and place of residence



Source: Authors, based on INE data at the Ministry of Justice/Department for Gender and Generational Affairs (VGAG) 2008.

The figure above shows the extreme poverty incidence amongst men and women in rural and urban

²³ Revisión de Medio Término del Programa de Cooperación. 2010

²⁴ Source: CEPAL (2010). Estudio Económico de América Latina y el Caribe, 2009-2010. Santiago, Chile.

²⁵ “The administration that took office in early 2006 has focused on expanding the social safety net and improving infrastructure. The government strategy has been to distribute the rents of the natural resource sectors through transfer programs, which are benefiting the poorest segments of the population”. Extract from ‘IMF Executive Board Concludes 2009 Article IV Consultation with Bolivia’, 21 January 2010.

²⁶ In the case of the Bono Juancito Pinto fund, it is estimated that 70 per cent of the beneficiaries belong to the poorest 50 per cent of the population. See Del Granado et al, 2010. Generación, distribución y uso del excedente de hidrocarburos en Bolivia.

areas, and shows that the rate is very high amongst women and men in rural areas. Between 2005 and 2006, the incidence of extreme poverty amongst the indigenous population increased from 47.4 per cent to 48.8 per cent, but it decreased significantly amongst the non-indigenous population, from 24.2 per cent to 21.3 per cent (UDAPE/MIMDM 2008). These percentages also show that the extreme poverty rate amongst the indigenous population is almost double that of the non-indigenous population.²⁷

Progress in education over the last few decades has resulted in growing educational mobility, especially amongst the poorest households. Between 1976 and 2007, the average number of years of schooling increased from 4 to 9, although the intensity of the increase varied between different population groups (urban vs. rural population and between departments). It is worth noting that between 2003 and 2008 there was a slight decrease in the school dropout rate at primary level (from 4.8 per cent to 4.6 per cent) and secondary level (from 8.1 per cent to 7.2 per cent). The early education dropout rate increased from 5.6 per cent to 6.2 per cent. There was a higher dropout rate for boys than girls.²⁸

2.3.3 The health system and maternal and infant mortality

The report on which the Ministry of Health and Sport's Intercultural Community Family Health model national legislation is based provides the following indicators:

- A third of children aged 3 years and under in rural and indigenous areas are suffering from chronic malnutrition. This is the equivalent of twice the population of the same age group living in cities. 67 per cent of children aged 3 years and under are anaemic and 19 per cent have a vitamin A deficiency.
- Progress has been made in the reduction of infant, child and maternal mortality rates as a result of wider institutional coverage of the mother and child insurance scheme.²⁹ However, despite the efforts made, the infant mortality rates are still high.³⁰ The infant mortality rate was 54 for every thousand live births in 2003, and 27 of those die before the age of 28 days.
- 7.5 per cent of children die before they are five years old, mainly from infectious diseases that are preventable and/or curable.

The mortality rates vary across the country, and in 2008 the infant mortality rate in Potosí was 101 for every thousand live births, compared to 31 for the department of Santa Cruz. This department, along with Chuquisaca, Tarija, Beni and Pando (42, 37, 39 and 47 per thousand, respectively), have infant mortality rates lower than the national rate, which is currently 50 for every thousand live births.³¹

The maternal mortality rate, 229³² for every 100 thousand live births (DHS 2003), is the highest in Latin America, and there is a major under-reporting of data. The proportion of births attended by

²⁷ Salinas & Castro 2009. 'Análisis de cambios en la equidad de género en el período 2004-2008'. Consultancy report. Department for Equal Opportunities, Embassy of the Kingdom of the Netherlands.

²⁸ Salinas & Castro 2009. 'Análisis de cambios en la equidad de género en el período 2004-2008'. Consultancy report. Department for Equal Opportunities, Embassy of the Kingdom of the Netherlands (data provided by the Ministry of Education).

²⁹ Mario Galindo Soza, 2010. 'El progreso invisible. El Seguro Universal Materno Infantil'.

³⁰ DHS 2003

³¹ UDAPE – UNDP, 2010. 'Estado de Situación de los Derechos sociales de la Población Boliviana', Boletines de Desarrollo Humano en Bolivia 2010.

³² According to DHS data for 2008 that have not yet been officially confirmed, the maternal mortality rate is actually as high as 310.

skilled health personnel reaches 77.7 per cent in urban areas, but just 38.6 per cent in rural areas.³³ Those not attended by skilled health personnel live in rural areas and poor urban areas, and have no access to services either because there are no resources available or because they live far away from the health facilities.

National Maternal Health Plan 2009-2015, DHS 2003 and DHS 2008

In Bolivia, the risk of dying due to causes linked to pregnancy, labour, or post-partum complications is very high. 45 per cent of pregnant women experience complications, compared to the international average which is lower than 15 per cent. The main biological causes of maternal mortality are haemorrhages (33 per cent), infections (17 per cent) and abortion (9 per cent). Women living in rural areas are four times more likely to die as a result of pregnancy, labour and post-partum complications than those living in urban areas (64.3 per cent vs. 15.3 per cent). In 2000, 53 per cent of maternal deaths happened at home and 37 per cent occurred in health facilities. Over a period of five years, the percentage of births attended by skilled health personnel increased from 56 per cent to 66 per cent nationally, although there are major differences by area of residence (87 per cent in urban areas vs. 48 per cent in rural areas) and level of education (35 per cent for mothers with a low education level vs. 97 per cent for mothers with a higher education).

According to the 2008 Demographic and Health Survey, 60.4 per cent of women with partners currently use contraception: 34.6 per cent use a modern method and 26.1 per cent use a traditional method. Although the use of contraception has increased, the increase has been only in traditional methods. The use of modern methods decreased from 34.9 per cent in 2003 to 34.6 per cent in 2008. In addition, 20 per cent of women who are married or have a partner have an unmet need for family planning. This rate is lower than in previous surveys. However, the rate of unmet need is still higher amongst younger women: 38 per cent of adolescents (between 15 and 19 years old), compared to barely 9 per cent of women between 45 and 49. There are also major differences between the different departments: the unmet need for family planning is just 14 per cent in Tarija and Santa Cruz compared to 29 per cent in Potosí.

National Cervical Cancer Plan 2009-2015

In 2002, Bolivia had the second highest cervical cancer incidence rate (55 per 100,000 women) and mortality rate (30.4 per 100,000 women) in Latin America. Cervical cancer is one of the most frequent illnesses amongst women between 35 and 64 years of age. The incidence rate is higher amongst this age group, reaching 151.4 per 100,000.

UNGASS Report

With regard to HIV/AIDS, the UNGASS Report (2010)³⁴ found that infection rates in Bolivia are concentrated and mainly affect specific population groups, with a prevalence of 0.05 per cent amongst the general population and more than 5 per cent amongst vulnerable groups, mainly amongst the GBT population and men who have sex with men (MSM). This means that 5 in 10,000 people in Bolivia have HIV/AIDS. Between 1989 and 2009, the number of reported cases reached 4,889 and 89 per cent of cases are found in the central belt (La Paz, Cochabamba and Santa Cruz), with 54 per cent in Santa Cruz alone because of the high population density as well as the exposure to risk factors.

Adolescent pregnancy

³³ MSD Plan Nacional de Salud Integral para el niño niña de 5 años 2005 - 2008

³⁴ General Assembly Special Session on HIV/AIDS

Bolivia has the same growing trend of adolescent pregnancy as the rest of the region, the only region in the world to be experiencing such an increase. The number of adolescents who have been pregnant has increased over time, from 14 per cent in 1998 to 16 per cent in 2003 and to 18 per cent in 2008. In urban areas, 68 children are born for every 1,000 adolescent women, while in rural areas the rate is almost double, reaching 128. More than 31 per cent of adolescents in the poorest quintile are mothers or expectant mothers, compared to 8 per cent of adolescents in the quintile with the highest income.

There are eight times more pregnant adolescents who have completed only primary education (32 per cent) than those who have a higher education level (4 per cent), and they are less likely to be able to escape poverty, especially if they get pregnant again.³⁵

2.3.4 Progress made towards achieving the Millennium Development Goals

Over recent years, Bolivia has made a major effort to align its policies with the achievement of the MDGs, which are targets and objectives considered as a minimum starting point for any achievement in the social and productive domain. For this purpose, the government approved the Bolivian Poverty Reduction Strategy (EBRP), as well as the Inter-institutional Council for Monitoring and Evaluation of the EBRP (CISE), composed of the Social and Economic Policy Analysis Unit (UDAPE), the Institute of National Statistics (INE) and the Department for Public Participation (VPP). In 2004, the Inter-Agency Committee for the Millennium Development Goals (CIMDM) was set up, directed by UDAPE in collaboration with the INE, the Department for Public Investment and External Funding and the Department for Budgeting and Accounts.

MDG 1: Eradicate extreme poverty and hunger

The high levels of inequality as well as a lower than required reduction rate mean that reducing the 1990 levels by half is unlikely. However, according to predictions made by UDAPE in 2005, the values will be close to the objectives set: extreme poverty incidence indicators of 26.5 per cent by the year 2015 (the MDG target is 24.1 per cent).

MDG 2: Achieve universal primary education

Education is not currently one of the main national development issues. According to the latest data (2005), the primary education enrolment rate is 97.1 per cent and is predicted to reach 99.1 per cent by 2015, so it is highly likely that this MDG will be achieved.

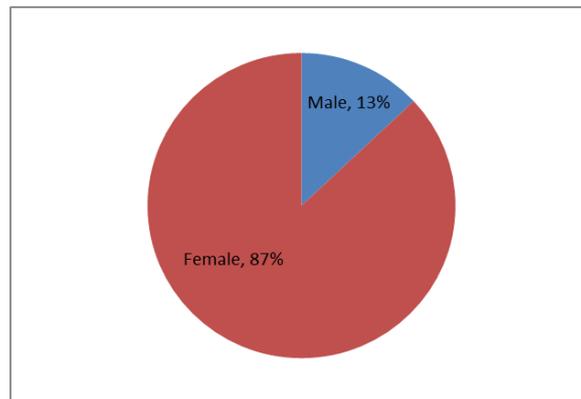
MDG 3: Promote gender equality and empower women

Bolivia's disparities lie primarily in capacities, access to opportunities and economic and political participation, rather than in education. Gender equality in economic, social and political matters is far from being achieved. In recent years, more women have become members of parliament thanks to gender awareness mechanisms, but women still faced with political harassment. Other government initiatives include the implementation of the National Gender Equality Plan in 2001, and the National Plan to Combat Violence Against Women (Figure 3 shows that women are the main victims of intra-family violence). The National Plan for Equal Opportunities: "Women Building the New Bolivia with Better Lives for All" (2008) has the following vision: "by 2020, Bolivia will recognise women's contribution to national development, creating the right conditions

³⁵ Salinas & Castro 2011. 'Diagnóstico del estado actual de la salud y los derechos sexuales y reproductivos en Bolivia'. Consultancy report for the Swedish Embassy. - Data source: Censo Nacional de Población y Vivienda INE 2001. Plan Estratégico Nacional de Salud Materna (2009-2015). Encuesta Nacional de Demografía y Salud 2003 & 2008. Encuesta Nacional de la Adolescencia y Juventud, UNFPA 2009.

to allow for a life free from gender-based violence".

Figure 3: Percentage of victims of intra-family violence



Source: INE – 2009

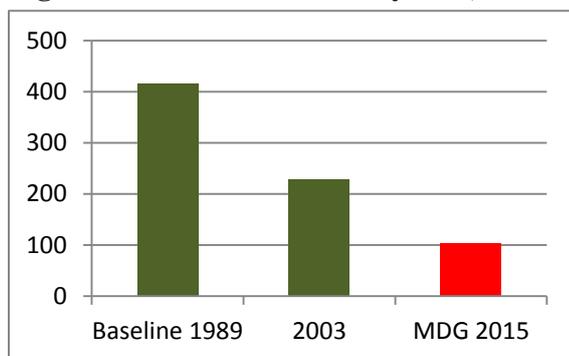
MDG 4: Reduce child mortality rates

Between 2000 and 2005, the indicators have improved at a faster rate as a result, above all, of the implementation of specific policies like the Strategic Health Plan, and the strengthening of the National Health Information System (SNIS), or the existing Basic Health Insurance as well as the extended coverage of the National Mother and Child Insurance Scheme. In 2003, the infant mortality rate (IMR) was 54/1000 live births (compared to 89/1000 in 1989). This reduction is due largely to initiatives like the Pentavalent vaccine for infants under 1 (80 per cent coverage in 2003). Despite this, it is unlikely that the target IMR of 30/1000 live births will be achieved by 2015.

MDG 5: Improve maternal health

Sexual and reproductive rights are included in Article 66 of the new Political Constitution of the State. Major efforts have been made in this area, with the implementation of the Universal Mother-Child Insurance Scheme (SUMI-2003, which concentrates and increases efforts in the treatment of diseases associated with women's health), the Extended Immunisation Programme, the Coverage Extension Programme (which focuses on rural areas, promoting health and preventing disease), the National Strategic Plan to Improve Perinatal and Neonatal Maternal Health 2009-2015 and the Sexual and Reproductive Health Programme 2009-2015.

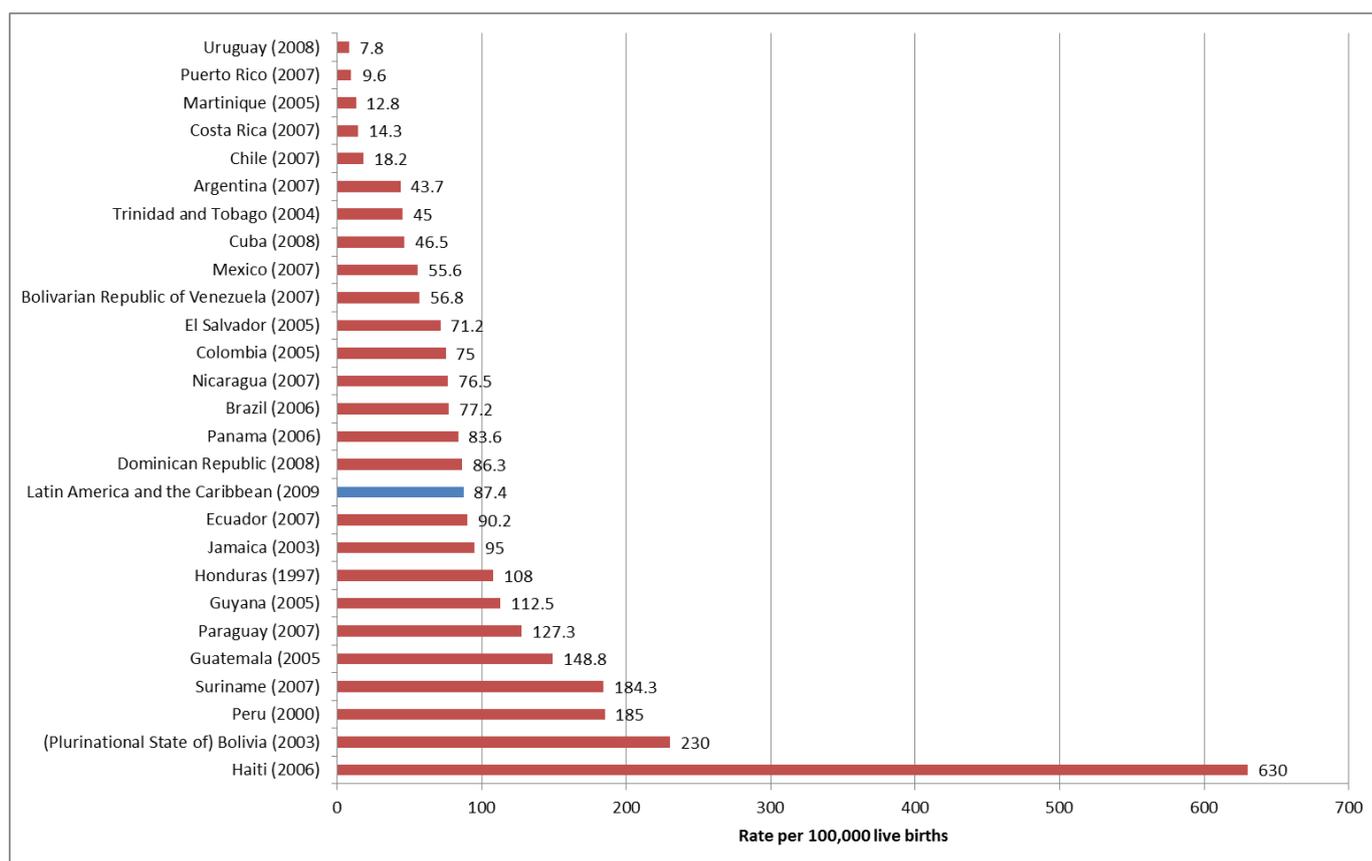
Figure 4: Maternal mortality rate, Bolivia (for every 100,000 births)



In 2003, the maternal mortality rate decreased to 229/100,000 live births (from 416 in 1989). The target rate for 2015 is 104 (see Figure 4). To achieve this target, the above mentioned programmes will have to be extended and enhanced with an intercultural approach and focused on primary healthcare, by increasing the percentage of births attended by skilled health personnel in health centres.

As Figure 5 shows, Bolivia has one of the highest maternal mortality rates in the region.

Figure 5: Maternal mortality rates in Latin America and the Caribbean



Source: Pan American Health Organization

This high maternal mortality rate persists even though the coverage of prenatal checks (at least four checks) has considerably increased from 31.9 per cent in 1989 to 72.3 per cent in 2008.

There are no official figures for the number of abortions that truly reflect the scale of this problem in the country. However, research suggests that some 100 illegal abortions are carried out every day, in conditions that put the health of mothers throughout the country at serious risk. The main reason for having an abortion is an unwanted pregnancy (National Strategic Plan to Improve Perinatal and Neonatal Maternal Health 2009-2015).

Cervical cancer is one of the most frequent illnesses amongst women between 35 and 64 years of age. The incidence rate is higher amongst this age group, reaching 151.4 per 100,000. Cervical cancer distribution varies throughout the country: the departments of Potosí and Oruro have the highest incidence rates (93.5 and 60.9 per 100,000 women, respectively in 2002).³⁶

With regard to the use of contraceptives, usage rates doubled between 1989 (30.3 per cent) and 2008 (60.6 per cent). Between 2003 and 2008, the use of traditional methods increased and the use of modern methods decreased (34.6 per cent use a modern method and 26.1 per cent use a traditional method). The unmet need for family planning has decreased to 20 per cent, although it is still 38 per cent amongst adolescents between 15 and 19 years of age.

³⁶ Data from the National Strategic Plan for SRH (2009-2015) and from the National Plan for the Prevention, Control and Monitoring of Cervical Cancer (2009-2015).

Although the birth rate amongst adolescents (aged 15-19) decreased from 94.3 to 88.8 per 1,000 between 1989 and 2008, adolescent pregnancy is a critical problem, linked to unsafe abortions and the resulting maternal mortality. Maternal health indicators improved between 1989 and 2009 (see the table below, which shows progress made towards achieving MDG 5a and MDG 5b at national level).

MDG 5: Improve maternal health			
Maternal mortality rate (for every 100,000 live births)	416 (1989)	229 (DHS 2003)	104 (MDG target 2015)
Proportion of births attended by skilled health personnel	33 (1996)	67 (2009)	70 (MDG target 2015)
Contraceptive prevalence rate (percentage)	30.3 (1989)	60.6 (2008)	-
Adolescent birth rate (for every 1,000 inhabitants aged 15-19)	94.3 (1989)	88.8 (2008)	-
Prenatal care coverage (at least 4 appointments, percentage)	31.9 (1989)	72.3 (2008)	-
Unmet need for family planning	23.2 (1989)	20.2 (2008)	-

Source: Objetivos de desarrollo del Milenio en Bolivia – Sexto Informe de Progreso 2010

MDG 6: Combat HIV/AIDS, malaria, and other diseases

In Bolivia, HIV/AIDS is incipient and concentrated amongst certain groups. However, over recent years the number of reported cases has increased at an alarming rate. In 2010, 1,287 cases were reported; representing 21 per cent of the total number of cases reported since the epidemic started in 1984 (the total number of cases is 6,176)³⁷. This not only reflects an increase in the number of people living with HIV, but also improvements in the detection and notification of new cases. The epidemic is concentrated in the GBT population, which has a prevalence rate of 12.7 per cent. 64 per cent of people diagnosed with HIV are between 15 and 34 years of age. The incidence rates of other sexually transmitted infections (STIs) such as syphilis, cancrroid, gonorrhoea and chlamydia, are higher. Other diseases with high incidence rates include Chagas disease, malaria and tuberculosis.

Main MDG monitoring indicators in Bolivia (national level)

Table 4 below shows the current situation with regard to the main MDG indicators. All MDG 5 indicators have improved but there is no 2015 target for MDG 5b indicators (see Annex 8 - demographic and health indicators).

Table 4: Main national MDG indicators in Bolivia

MDG	Indicators	MDG	BOLIVIA
1	Extreme poverty (2009p)	24.10%	26.1%*
	Chronic malnutrition (2008)	19%	20.3%
2	Net primary education enrolment (2008p)	100%	90.0%
	Completion of primary studies (2008p)	100%	77.3%
3	Gender gap completion primary studies (2008p)	0	-1.8%
	Gender gap completion secondary studies (2008p)	0	-1.4%

³⁷ National STI/HIV/AIDS Programme

4	Child mortality (2008)	43.1/thousand live births	63.0%
	Infant mortality (2008)	27.3/thousand live births	50.0%
	Percentage of infants under 1 administered 3rd Pentavalent vaccine (2009)	95.00%	84.5%
5	% births attended by skilled health personnel	70	67.0%
	Prevalence of contraceptive use (2008)	-	60.6%
	Adolescent fertility (women aged 15-19) (2008)	Births per thousand women	88.8%
	Prenatal care coverage (at least 4 appointments, %) (2008)	-	72.3%
6	AIDS prevalence (2009)	13.0 cases per million inhabitants	82.6%
	Reported cases of malaria (2009)	-	2.8%

-	Public spending on MDGs per capita (2007)		Average of 78 US\$
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*Latest available national data for departments

Source: Objetivos de desarrollo del Milenio en Bolivia – Sexto Informe de Progreso 2010

Geographical disparities in progress towards MDGs in Bolivia

There are still disparities between departments. Table 5 below is colour coded to show the main differences between departments in terms of the level of achievement of the MDGs:

Table 5: Main MDG monitoring indicators by department

MDG	Indicators	MDG Target for 2015	Chuquis.	La Paz	Cochab.	Oruro	Potosí	Tarija	Sta. Cruz	Beni	Pando
1	Extreme poverty (2001)	24.10%	61.50	42.40	39.00	46.30	66.70	32.80	25.10	41.10	34.70
	Chronic malnutrition	19%	26.30	20.60	24.00	28.50	38.50	11.00	7.10	12.10	10.30
2	Net enrolment ration in primary education (2008p)	100%	84.30	90.10	92.00	93.50	90.30	85.30	89.00	96.30	96.80
	Completion of primary studies (2008)	100%	57.50	87.80	73.60	88.90	66.10	74.80	77.80	74.40	63.10
3	Gender gap completion primary studies (2008p)	0	0.8	-1.6	-1.3	1.5	5.5	-7	-4.8	-3.8	-2.6
	Gender gap completion secondary studies (2008p)	0	-0.3	2.7	-2.1	-2.5	4.5	-9.1	-5.1	-2	-0.3
4	Under-5 mortality rate (2008)	43.1/thous and live births	56	81	85	69	126	48	46	56	62
	Infant mortality rate (2008)	27.3/thous and live births	42.00	63	63	56	101	37	31	39	47
	Percentage of infants under 1 administered 3rd Pentavalent	95.00%	77.20	84.6	85.2	101.4	93.9	77.9	80	93.2	94.6

	vaccine (2009) (78,309)										
5	Proportion of births attended by skilled health personnel	70	64.5	62.7	68.9	86.3	57.4	68.9	67.9	78.7	78.3
	Contraceptive prevalence rate (2008)	-	55.9	62.5	53.7	52.9	48.4	69.7	70.1	60.9	61.2
	Adolescent birth rate (women aged 15-19) (2008)	Births per thousand women	81.1	63.8	89.2	80.4	112.2	79.8	107.2	145.7	145.7
	Antenatal care coverage (at least 4 appointments, %) (2008)	-	82.7	63.9	69.2	68	65.1	82.9	84.3	77.8	85.1
6	AIDS prevalence (2009)	13.0 cases per million inhabitants	14.00	34.00	149.00	58.00	0.00	44.00	148.00	0.00	0.00
	Reported cases of malaria (2009)	-	88.00	547.00	72.00	0.00	114.00	1252.00	1187.00	5067.00	1416.00
-	Public spending on MDGs per capita (2007)	Average of 78 US\$	71.5	67.7	71.3	90.4	92.1	179.3	60.2	101.9	285

Source: Objetivos de Desarrollo del Milenio en Bolivia – Sexto Informe de Progreso 2010

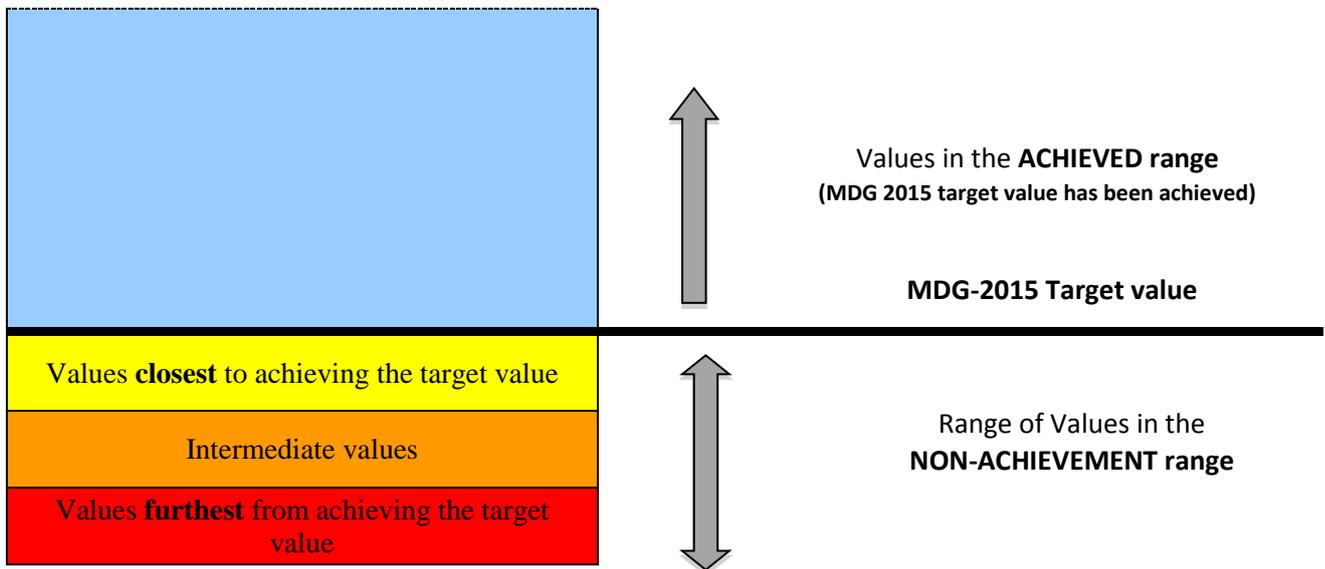
The colour code used in the table summarises the positioning of each department with regard to the progress towards achieving MDGs (2015). Some MDGs indicators have no set targets (MDG 3, MDG 5b, MDG 6b), so it is impossible to reflect the departmental value for that indicator. Where there is no target value, the cells of the table have not been colour coded.

The methodology used for each indicator with a target value for 2015 is as follows:

- 1) For each monitoring indicator with a target value, a non-achievement range has been set, defined as the difference between a) the departmental value furthest from the target value for 2015 and b) the MDG-2015 target value.
- 2) Using this range of non-achievement, the values for each department are classified in intervals (or colours), equivalent to the division in equal parts (in this case, three) of the range defined before.

In this way, it is easy to see:

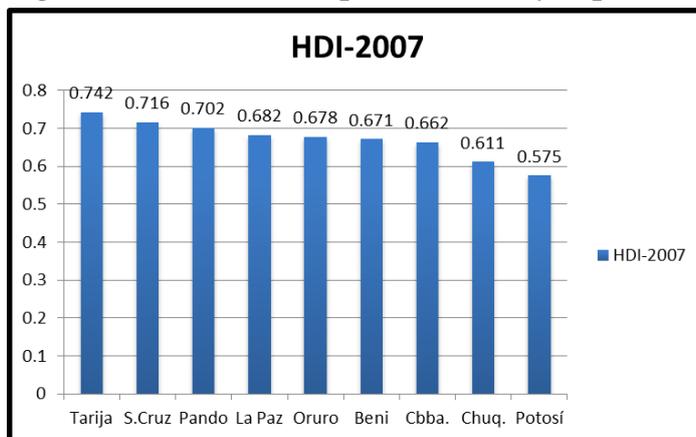
- a) The third closest to the target value (yellow) is closer to achieving the MDG target value for 2015.
- b) The third furthest from the target value (red), where more support and actions will be required in order to achieve the MDG-2015 target value.
- c) And the third between the other two (orange), representing an intermediary stage.



Analysis of the progress towards achieving MDGs by department

Of all departments, Potosí is the one with the highest number of unmet needs in terms of the achievement of the targets set for 2015. This is consistent with the most recent departmental human development index³⁸ data, which show that Potosí is the department with the lowest HDI. It is worth noting that the department with the highest HDI in 2007 (Tarija) had a HDI 1.3 times higher than the department with the lowest (Potosí).

Figure 6: Human development index by department 2007



With regard to the achievement of the 2015 targets for MDG 1, Potosí and Chuquisaca are lagging behind the other departments, while Tarija, Santa Cruz, Beni and Pando have already achieved the target for one of the MDG indicators. With regard to the achievement of universal access to primary education, the primary education enrolment rate is high, with no major gender differences in the national average.³⁹

Source: UNDP Human Development Report, Bolivia. "Los cambios detrás del cambio". November 2010.

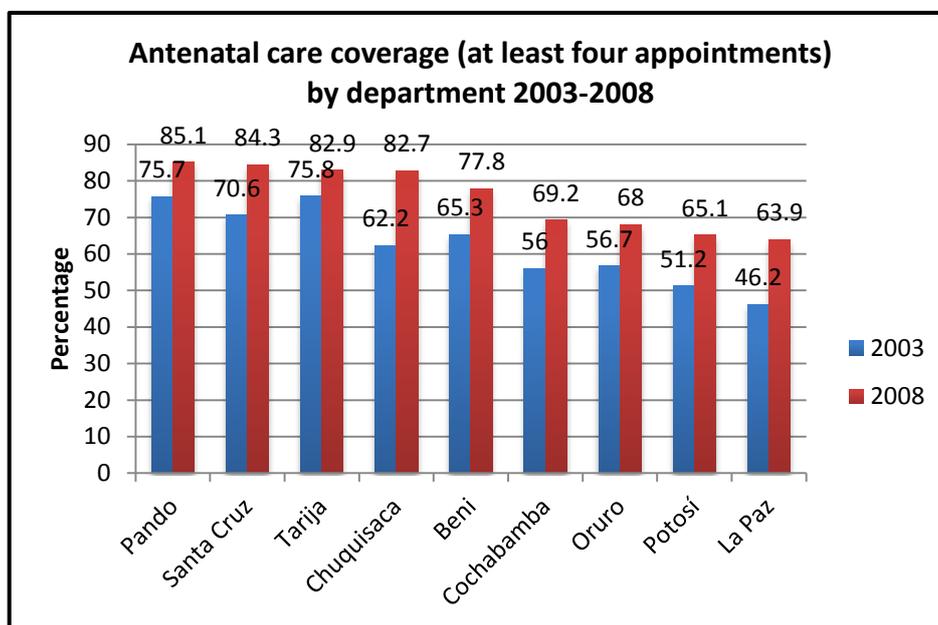
The under-5 mortality rate (MDG 4) is still high in comparison to the 2015 target value and to other countries in the region. Despite this, this rate has been decreasing steadily over recent years, which means that achieving the 2015 target is a real possibility. There are still major disparities between departments, so the efforts required are different for each one. Santa Cruz and Tarija have the lowest mortality rates, while Potosí has a high mortality rate associated with high levels of poverty. MDG 5, along with MDG 1, will be the most challenging to achieve by 2015. Oruro, Beni and Pando have already achieved the 70 per cent target for births attended by skilled health personnel for 2015, while all the other departments (especially Potosí) will need to close the gap over the next few years. La Paz, Potosí, Oruro and Cochabamba have antenatal care coverage rates lower than the national average of 72 per cent. All the other departments are above the national average.

³⁸ 'Los cambios detrás del cambio'. Informe Nacional sobre Desarrollo Humano de PNUD-Noviembre 2010.

³⁹ UDAPE, with data from the SIE-ME (Education Information System, Ministry of Education)

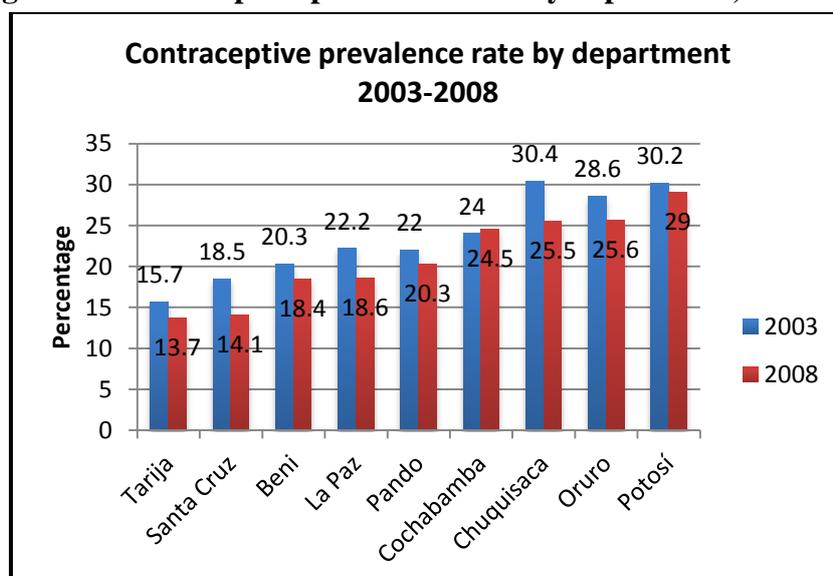
The use of contraceptives in Bolivia is less widespread than in the rest of the countries in the region. Tarija and Santa Cruz are the departments with the highest prevalence of contraceptive use, while Oruro and Potosí are the departments with the lowest prevalence. With regard to adolescent birth rate (women aged 15-19), Beni and Pando are the departments with the highest adolescent birth rate and La Paz is the department with the lowest.⁴⁰

Figure 7: Antenatal care coverage by department, 2003-2008



Source: UDAPE, 'Objetivos de Desarrollo del Milenio en Bolivia. Sexto Informe de Progreso 2010', UDAPE.

Figure 8: Contraceptive prevalence rate by department, 2003-2008



Source: UDAPE, 'Objetivos de Desarrollo del Milenio en Bolivia. Sexto Informe de Progreso 2010', UDAPE.

⁴⁰ Objetivos de Desarrollo del Milenio en Bolivia – Sexto Informe de Progreso 2010

With regard to the prevalence of HIV/AIDS, the disease is concentrated in cities in Cochabamba and Santa Cruz, which account for 89 per cent of reported cases. With regard to malaria, the department of Beni has by far this highest prevalence rate, representing 52 per cent of all reported cases nationwide. La Paz, Tarija, Pando and Santa Cruz also have high numbers of reported cases.

2.4 The role of international cooperation in the development of the country

International cooperation in Bolivia can be classified in four categories: 1) multilateral institutions (development banks and other institutions with an independent administrative body); 2) bilateral cooperation agencies of the countries present in Bolivia; 3) United Nations system organisations that work in Bolivia; and 4) the countries involved in technical cooperation among developing countries, also known as south-south cooperation.

Relations between international cooperation organisations and the Bolivian government are conducted within the framework of the Paris Declaration and the Accra Action Plan, and coordinated by GruS, the Group of Partners for the Development of Bolivia. The GruS aims to work with the government to jointly monitor and evaluate adherence to cooperation agreements in order to help achieve the aims set out in the National Development Plan and the MDGs.

According to the Organization for Economic Co-operation and Development (OECD) and the World Bank,⁴¹ Bolivia received a net total of \$1,831 million in official development aid between 2007 and 2009. The country received \$477 million in 2007, \$628 million in 2008 and \$726 million in 2009. Bilateral aid represented 27 per cent of total aid in 2007, 79 per cent in 2008, and 66 per cent in 2009. The United States contributed an average of \$113 million in 2008-2009,⁴² followed by Spain with \$98 million, the Inter-American Development Bank with \$75 million, the European Union with \$61 million, Germany with 50 million and, in tenth place, Sweden with \$29 million. Some donors such as Holland and Denmark) will stop providing aid over the next few years.

Almost 60 per cent of bilateral aid in 2008-2009 was spent on social sectors: 10 per cent on education, almost 8 per cent on healthcare and population, and 40 per cent on other social sectors. The remaining 14 per cent was distributed between economic infrastructure and services, production, humanitarian aid, debt, aid programmes, etc.

Table 6: Official development aid 2007-2009 (OECD/DAC)

Official development aid	2007	2008	2009	Average official development aid 2008-2009: Donors (\$m)	
Official aid: Net Aid (\$ million)	477	628	726	United States	113
Bilateral share (gross ODA)	27%	79%	66%	Spain	98
Net ODA/Gross national income	3.8%	3.9%	4.4%	IDB	75
http://www.oecd.org/dataoecd/56/6/1867487.gif				European Union Institutions	61
				Germany	50
				Netherlands	43
				Denmark	35
				Japan	35
				IDA	29
				Sweden	29
				UNICEF	15.7
				UNFPA	2.5
				UNDP	2.5

Sources:

<http://www.oecd.org/dataoecd/56/6/1867487.gif>

<http://www.pnud.bo/webportal/AcercadelPNUD/EIPNUDEnúmeros/Contribuciónpordonante.aspx>

px

Plan de Acción del Programa País para Bolivia 2008-2012. UNICEF

⁴¹ <http://www.oecd.org/dataoecd/56/6/1867487.gif>

⁴² The United States stopped providing aid to Bolivia in 2010.

CHAPTER 3: RESPONSE STRATEGIES AT THE PROGRAMME LEVEL

3.1 UNFPA strategy in Bolivia

The first country programme (1991-1997), with a budget of \$13.9 million, aimed at helping the government reduce infant and maternal mortality rates, decrease the adolescent pregnancy rate and strengthen national capacities for planning and implementation of population policies. At the beginning of the first cycle, the themes of sexual and reproductive health and family planning had very little visibility in Bolivia and were highly sensitive topics both socially and politically.

The second country programme (1998-2002), with a budget of \$12 million, aimed at increasing the exercise of sexual and reproductive rights, improving education in that field, improving access to high-quality sexual and reproductive health services and consolidating political and social commitment to rights and gender equality. The objectives of the programme in terms of population and development strategies were to build knowledge and capacities to integrate the population dimension into decision-making processes at both the national and decentralised level.⁴³

The third country programme (2003-2007) had a budget of \$12 million and fell within the multi-year funding framework (MYFF).⁴⁴ It had three components: population and development strategies, reproductive health and gender. This programme cycle was characterised by a difficult political and social situation, which saw four different presidents voted into power, culminating in the election of the current president, Evo Morales, in 2006. Given this process of continuous political change, including the process of constitutional change, the programme was brought in line with the new National Development Plan formulated in 2006 halfway through the cycle, so that new government priorities and needs could be taken into account. One of the priorities of the new plan was the promotion of human rights, including the rights of indigenous peoples.⁴⁵

3.2 Description of the country programme for Bolivia 2008-2012

The fourth country programme has been affected by a number of different factors, particularly the social instability within the country, the election of three different presidents at the end of the previous cycle, referendums on regional autonomy and ownership of natural resources, the 2006 presidential election and the constitutional reform process. As a result, and to bring the programme in line with the priorities set out by the National Development Plan and other sector-specific plans, and with United Nations joint programme processes (Common Country Assessment 2006 and UNDAF), a new country programme was formulated.

Diagram 3: Timeline of key strategic documents and the country programme evaluation

⁴³ UNFPA Proposed Projects and Programmes Bolivia DP/FPA/BOL/2 1998

⁴⁴ Multi-year funding framework

⁴⁵ UNFPA Country Programme Document for Bolivia DP/FPA/CPD/BOL/4, 2007

Strategic Documents	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
National Development Plan - PND (2006-present)	■	■	■	■	■	■	■	■	■	■	■	■
UNDAF (2008-2012)			■	■	■	■	■					
Country Programme Fourth Cycle (2008-2012)			■	■	■	■	■					
National Equal Opportunities Plan (2008)			■	■	■	■	■					
Political State Constitution (2009)			■	■	■	■	■	■	■	■	■	■
Five Structural Laws (2006-present)				■	■	■	■	■	■	■	■	■
National Strategic Plan on Sexual and Reproductive Health (2009-2015)				■	■	■	■	■	■	■	■	■
National Strategic Plan to Improve Perinatal, Neonatal and Maternal Health (2009-2015)				■	■	■	■	■	■	■	■	■
National Plan for the Prevention, Control and Monitoring of Breast Cancer (2009-2015)				■	■	■	■	■	■	■	■	■
National Plan for the Prevention, Control and Monitoring of Cervical Cancer (2009-2015)				■	■	■	■	■	■	■	■	■
National Comprehensive Adolescent and Youth Health Plan (2009-2013)				■	■	■	■	■	■			
Country Programme Evaluation			■	■	■	■	■					
UNDAF (2013-2017)								■	■	■	■	■
Country Programme Fifth Cycle (2013-2017)								■	■	■	■	■

The basic aim of the country programme was to achieve the objectives set at the International Conference on Population and Development and the Millennium Development Goals, as well as the international commitments and agreements signed by Bolivia. The programme emphasises the importance of national leadership and ownership, capacity development, promotion of multi-sectoral associations and the value of a unified response from the United Nations system.

Based on the priority areas for support in the strategic plan for UNFPA, the country programme action plan (CPAP) identified three areas for intervention:

- a) Population and development
- b) Sexual and reproductive health and rights
- c) Gender equality

The action plan also identified five strategies: 1) advocacy with decision-makers in different areas; 2) mobilisation and participation of adolescents, young people and women in matters relating to their rights; 3) academic research, post-census studies and post-DHS studies; 4) capacity development amongst target groups; strategic partnerships with United Nations system organisations, organised groups, NGOs; 5) monitoring and oversight of interventions.

The action plan also recognised the importance of validating new approaches through learning and innovation using experiences and lessons learned from other countries, as well as the promotion of South-South cooperation for local capacity development and sharing of best practices.

With regard to the levels and geographical areas of intervention, actions were planned at national, departmental and local levels, prioritizing the departments of La Paz, Beni, Cochabamba, Chuquisaca and Potosí. The selection criteria were linked to high maternal mortality rates, fertility rates, prevalence of use of contraceptives, illiteracy rates, prevalence of HIV/AIDS, and poverty levels amongst other issues. The action plan also planned specific actions at the departmental level, for example HIV prevention and health education in Santa Cruz, and training of obstetric staff in Tarija.

The target groups identified were: a) women, giving priority to indigenous women in rural and peri-urban areas and victims of violence; and b) adolescents and young people, with a particular focus on the prevention of HIV/AIDS, unplanned pregnancies and gender-based violence.

3.3 The United Nations system/UNFPA response

A Common Country Assessment (CCA) was carried out in November 2006 as a starting point for the planning process and a unified coordinated response from the different United Nations agencies in Bolivia, and in collaboration with the Government. A number of different actors participated in the assessment process, which identified the main development challenges, examined the progress

of the MDGs in Bolivia, and analysed the priority areas for support from the United Nations system. The assessment was carried out during a very specific period in Bolivia's democratic history, following the election of a new government, as a new development model emerged in the form of the 'National Development Plan: A dignified, sovereign, productive and democratic Bolivia for better lives for all'. At the same time, Bolivia was in the process of drawing up a new political constitution for the country.

Later, the United Nations Development Assistance Framework (UNDAF - 2008-2012), was prepared, based on the CCA, which took into account the comparative advantages of the UN system, the mandates of the different agencies, and the development priorities identified by the Bolivian government. The areas for cooperation in line with the National Development Plan priorities were: political/institutional, social, environmental and natural resources, and economic. According to the UNDAF, the implementation and coordination mechanisms for the UNDAF would be carried out through the country team. The country team is composed of representatives from agencies, funds and programmes, and is supported by the Inter-Agency Technical Committee, comprised of officials from resident agencies. The mechanism to execute the proposed interventions is the Resident Coordinator's annual work plan, which incorporates contributions from non-resident agencies. The UNDAF also provides for coordination of work processes through different thematic analysis groups working in areas related to gender, interculturality, emergencies, management, communication, malnutrition and HIV/AIDS.⁴⁶

Based on the UNDAF, UNFPA elaborated the programme document for Bolivia⁴⁷ which represents the contribution of the Fund to the aims and results expected by the United Nations system. UNFPA programmatic response is set out in the country programme action plan, signed by UNFPA and the Bolivian government in June 2008, in line with the priority areas set out in the National Development Plan and other, sector-specific plans. The action plan aligns the programme under the UNDAF and introduces a results framework as well as a series of guidelines for monitoring and evaluation of the plan. One of the weaknesses of the plan is that it does not identify baselines⁴⁸ which can be used to monitor and evaluate the expected outputs and outcomes. The action plan was not adjusted following the country programme mid-term review carried out at the end of 2010.

It is worth noting that after the programme document had been approved but before the approval of the action plan, a new corporate UNFPA strategic plan⁴⁹ for 2008-2011 was approved (in July 2007) setting out the strategic direction for the organisation as well as three main inter-related areas of action. The strategic plan highlights the principles of national ownership and leadership by the countries and communities where programmes are carried out, capacity development of at the national institutional level and systems level for government organisations and civil society, and the promotion of multi-sector development associations to position the ICPD programme.

The figure below illustrates the programme cycle flow of the planning process and UNFPA response as part of the coordinated response from the different United Nations agencies in Bolivia. UNFPA programme cycle for Bolivia has been harmonized with programming cycles of other United Nations agencies such as UNICEF and UNDP.

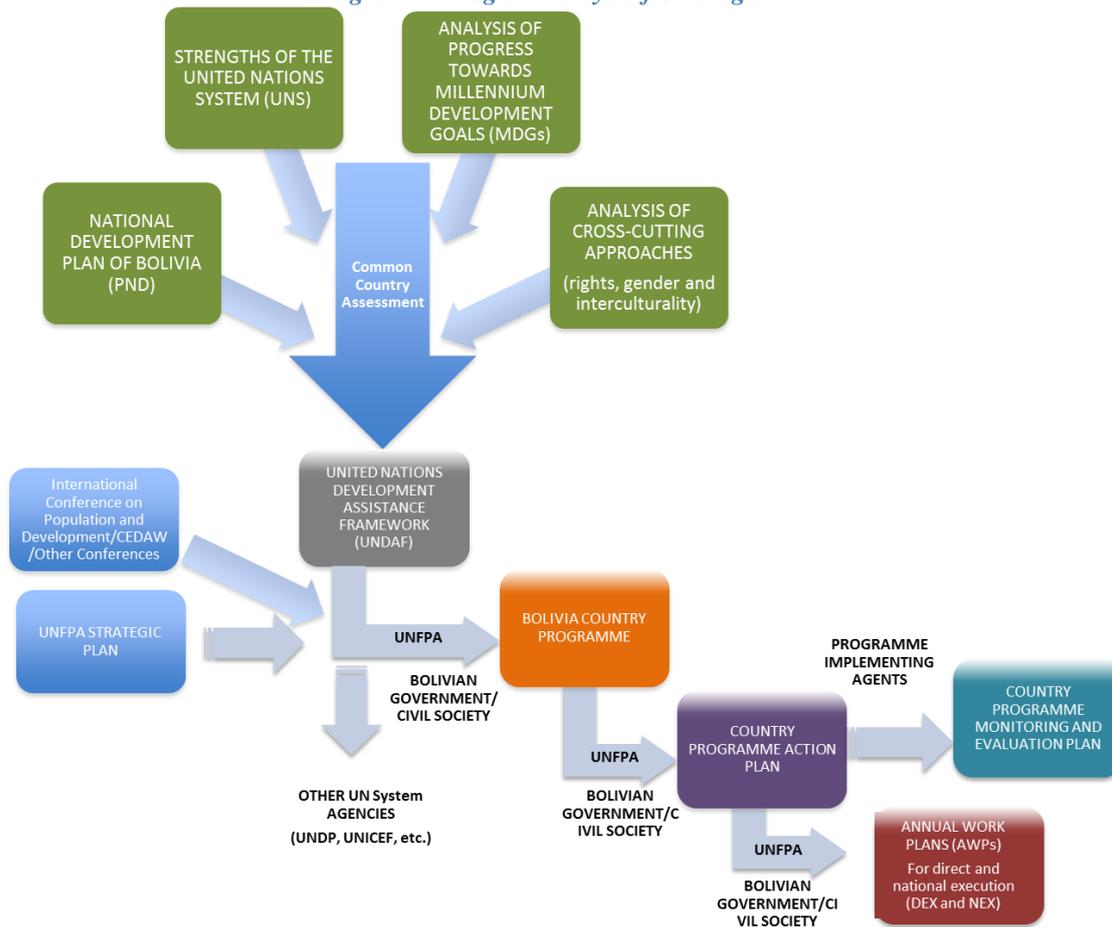
⁴⁶ Development Assistance Framework 2008-2012 La Paz, February 2007.

⁴⁷ Approved 23rd September 2007.

⁴⁸ This is the result of the lack of availability of data from the DHS 2008 survey, which were only recently released by the Ministry of Health in 2010, as these surveys are essential when it comes to drawing up baseline and end-line values in country programmes.

⁴⁹ DP/FPA/2007/17

Diagram 4: Programme cycle flow diagram

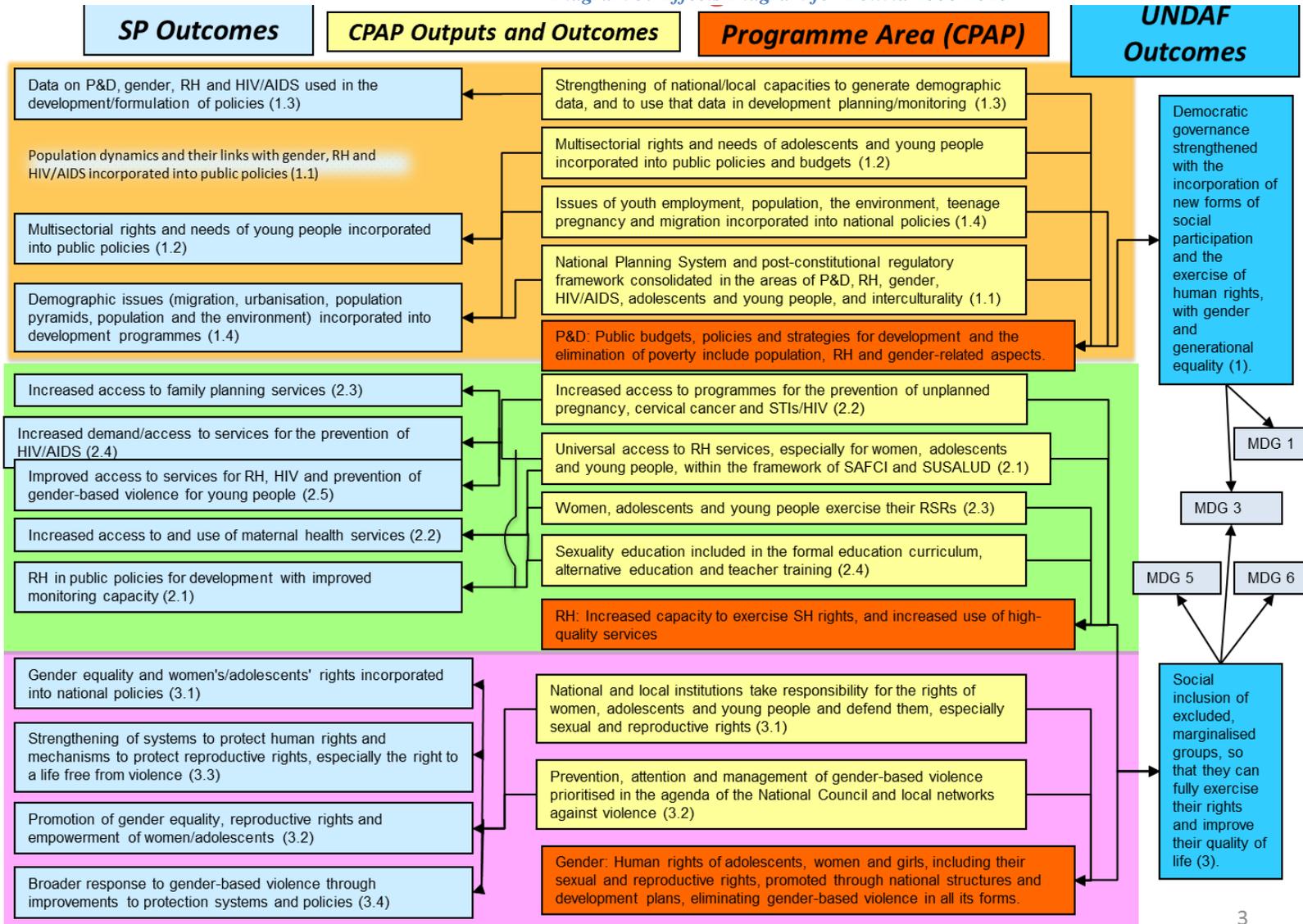


3.3.1 Intervention logic: Effects diagram

The effects diagram below shows the complete programme sequence used to launch the strategic and programmatic response of UNFPA. It presents the logic of the interventions in Bolivia and is based on the planning documents: Strategic Plan of UNFPA, UNDAF, country programme and country programme action plan.⁵⁰ The diagram does not reflect all of the intervention logic, only the highest level (at the level of the effects).

⁵⁰ The figure is based, primarily, on the coding criteria for projects carried out according to their reference number in the Atlas system. However, using Atlas is not without its problems - for example, multiple connections are not permitted in coding terms, and there are some inconsistencies (Atlas ID-SP Outcome/CPAP Output) - and as a result links based exclusively on coding terms have been modified in order to carry out an analysis based on the rough criterion of the description of each activity recorded.

Diagram 5: Effects Diagram for Bolivia 2008-2010



3.3.2 Programme organisation and financial information

During the period evaluated (2008-2010), the country office (CO) has undergone a number of changes to its organisational structure, the origin of resources, type of implementation of interventions (from national execution to direct execution in some instances) and an increase in the number of implementing partners.

The Ministry of Development Planning is the national coordinating body through the Department for Public Investment and External Financing, which coordinates UNFPA assistance in Bolivia. The Ministries of Development Planning, Health and Sports, and Justice lead the implementation of the population and development, sexual and reproductive health, and gender components, respectively.

Most of the country programme is executed through annual work plans agreed upon by the CO and government and civil society partners who carry out the planned activities. The table below shows the number of AWP during the 2008-2010 period by focus area. There was a slight increase in the number of AWP for gender equality and population and development between 2008 and 2010, and a 600 per cent increase in the number of AWP for sexual and reproductive health, from 5 in 2008 to 30 in 2010.

Table 7: Number of AWP

Focus Area	2008	2009	2010	Total 2008-2009
Gender equality	3	6	7	16
Population and development	2	5	6	13
Sexual and reproductive health	5	15	30	50
Total	10	26	43	79

In addition to the interventions set out in the AWP, the CO executes the programme through the modality of direct execution (DEX). The adoption of this execution modality is primarily due to the need to guarantee an adequate flow of resources to carry out activities achieve results, without being affected by institutional or bureaucratic constraints. In other cases, the DEX modality is used when implementing partners do not have legal status or if they do not have sufficient capacity to implement funds.

It is important to mention that the portfolio of interventions included in Atlas and reflected in the AWP does not include all of UNFPA interventions in Bolivia. This is because it does not include the set of actions related to advocacy, inter-institutional mediation, coordination, and facilitating forums for dialogue (known as soft aid, as they do not involve the assignment of specific funds). Even though these soft activities are not linked to the activities of any specific AWP (and are not included in the AWP), and they play an important role in terms of both achievements and UNFPA strategic positioning.

The total planned budget for the country programme (2008-2012) was \$15 million: \$6 million from regular resources and \$9 million from cost sharing/other resources. This was \$3 million more than the budgets assigned to previous cycles.

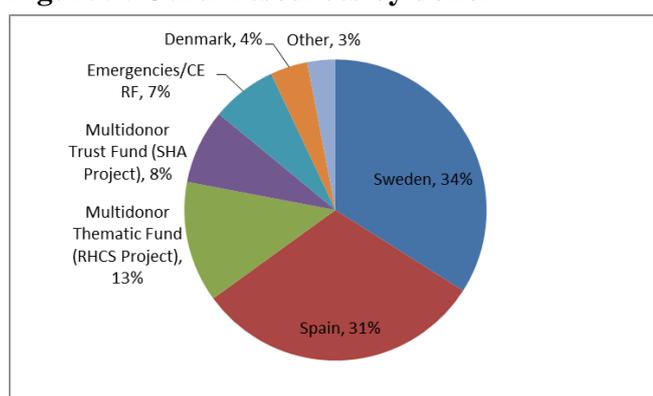
The table below shows the planned budget for the fourth cycle of the country programme for Bolivia according to the 2008-2012 country programme document.

Table 8: Planned budget for the 4th programme cycle

Focus area	Regular resources	Other resources	Total
Sexual and reproductive health	2,700,000	5,500,000	8,200,000
Population and development	1,450,000	2,000,000	3,450,000
Gender equality	1,100,000	1,500,000	2,600,000
Programme coordination and assistance	750,000	0	750,000
Total	6,000,000	9,000,000	15,000,000

Figure 9 below shows the main donors of non-regular resources. Spain and Sweden are the most important donors, providing a total of 65 per cent of this funding between them.

Figure 9: Other resources by donor



The financial data presented in this section are based on data taken from the Atlas system.⁵¹ The data have also been contrasted with information provided by UNFPA CO in Bolivia.

The annual programme budget increased continuously between 2008 and 2010, with an average annual increase in available resources of around 30 per cent. The rate of implementation also increased from 85 per cent in 2008 to 95 per cent in 2010. The implementation rate in the sexual and reproductive health focus area only dropped below 75 per cent in 2008. Implementation tends to take place mainly in the second half of the year. This is the result of institutional or bureaucratic constraints on the part of the government and because there are different windows for the disbursement of funds from UNFPA and the allocation of funds by the government to the units executing the activities.

Table 9: Annual budget, expenditure and implementation rates 2008-2010

	Budget	Expenditure	Implementation rate
2008	2,134,279	1,821,032	85.32%
2009	2,776,082	2,578,831	92.89%
2010	3,697,684	3,522,073	95.25%
TOTAL 2008-2010	8,608,045	7,921,936	

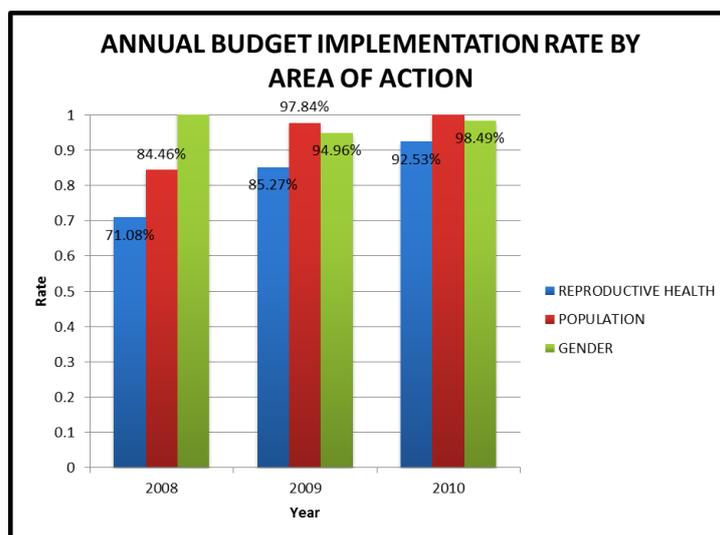
Source: Atlas data.

⁵¹ ATLAS is an enterprise resource planning system, for the recording and consolidation of information at a global corporate level for all country offices

Implementation of resources by focus area and year (2008-2010)

With regard to the distribution of funds by focus area, sexual and reproductive health is the area with the most resources (around 46 per cent) and highest growth - by around 200 per cent. The focus areas of population and development and gender were assigned 15 per cent and 16 per cent of the budget, respectively. According to Atlas records for 2008-2010, eight gender initiatives, seven population and development initiatives, and sixteen sexual and reproductive health initiatives were implemented during the period evaluated. Management and administrative costs remained relatively constant throughout the period (see Table 10).

Figure 10: Annual budget implementation rate by focus area



Source: Atlas data.

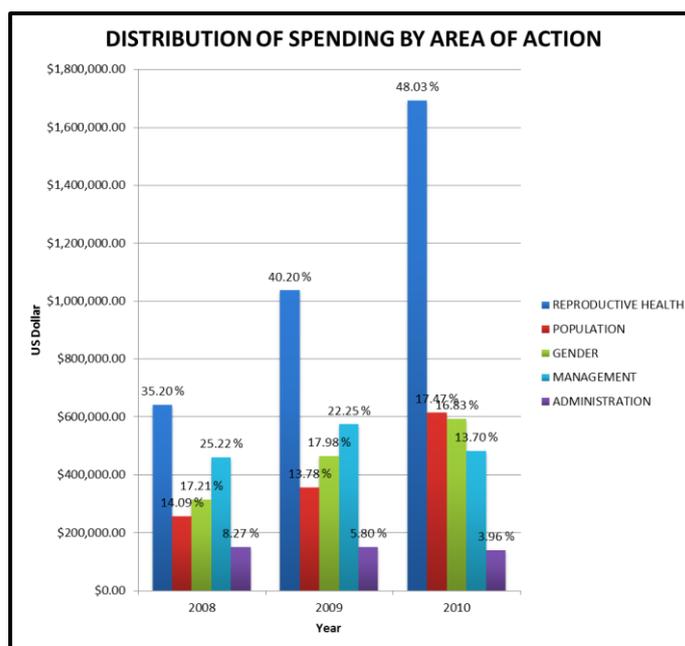
Table 10: Budget by focus area 2008-2010

	2008	2009	2010	TOTAL	%
Sexual and reproductive health	901,989	1,215,712	1,828,436	3,946,137	45.84%
Population and development	303,820	363,082	614,531	1,281,433	14.89%
Gender equality	307,794	488,211	602,025	1,398,031	16.24%
Other (admin. and management)	620,676	709,077	652,691	1,982,444	23.03%
TOTAL	2,134,279	2,776,082	3,697,684	8,608,045	100.00%

Source: data provided by the CO in Bolivia.

Because of the high implementation rate, the distribution of expenditure by focus area follows a similar pattern to the one described for the budget (see Figure 11).

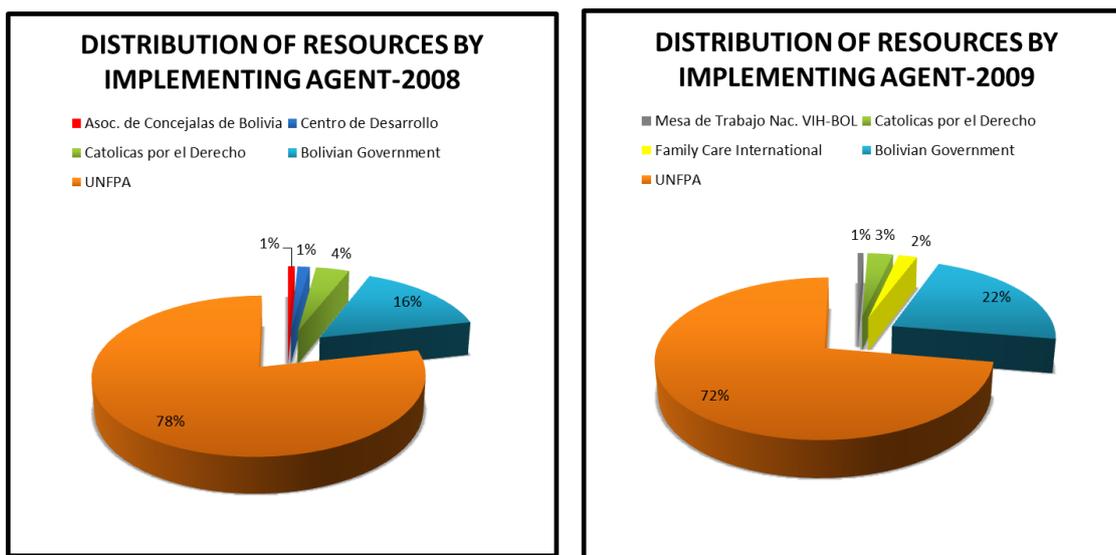
Figure 11: Distribution of expenditure by area and year: 2008-2010



Source: data provided by the CO in Bolivia.

Figure 12 below shows the distribution of resources by implementing partner for 2008 and 2009:

Figure 12: Distribution of resources by implementing agent 2008-2009



Source: data provided by the CO in Bolivia.

There are three different types of execution modalities depending on the type of partner involved:

- i) direct execution (DEX) activities, for which UNFPA is responsible.
- ii) national execution (NEX) activities, for which the government or a national body designated by the government is responsible;
- iii) activities executed by NGOs as NEX activities;

Throughout the evaluation period, the CO implemented most of the planned activities through DEX.⁵² Between 72 - 78 per cent of activities were implemented through DEX during this period. Other partners accounted for a low percentage in comparison with UNFPA CO: the government implemented 22 per cent of initiatives in 2009 but this fell to 18 per cent in 2010, and although the number of civil society partners increased, they were only responsible for implementing 10 per cent of activities in 2010.

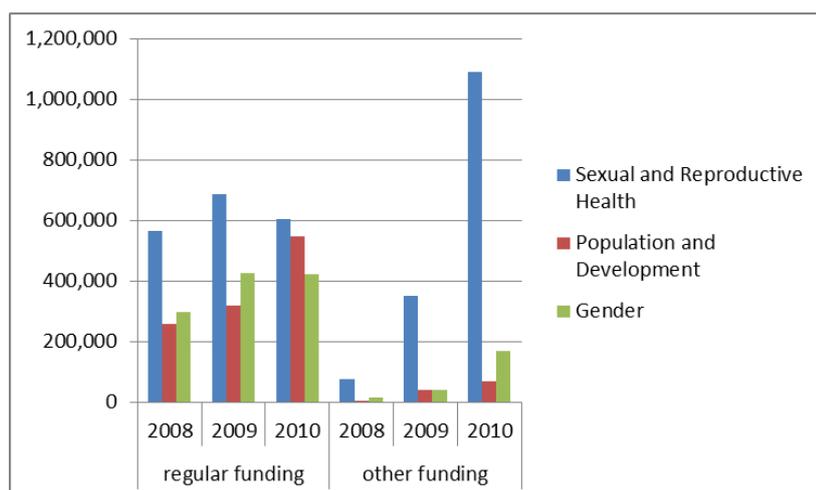
Table 11 and Figure 13 below show programme expenditure according to funding source (regular resources/other resources) by focus area between 2008 and 2010.

Table 11: Programme expenditure by funding source (regular resources/other resources) by focus area between 2008 and 2010

	REGULAR RESOURCES			OTHER RESOURCES		
	2008	2009	2010	2008	2009	2010
Sexual and reproductive health	564,310	684,845	602,725	76,782	351,775	1089079
Population and development	255,971	316,692	548,598	639	38,548	66,652
Gender equality	298,160	425,183	422,766	15,302	38,400	170,170

Source: based on Atlas data. Note: this table does not include spending in the "other" category (administration and management) in Atlas. It only includes spending in the 3 focus areas.

Figure 13: Programme expenditure by funding source (regular resources/other resources) by focus area between 2008 and 2010



There was an increase in regular resources for focus areas between 2008 and 2009, although this upward trend only continued to 2010 in the case of population and development. There was a slight decrease in regular resources assigned to SRH and gender equality between 2009 and 2010. With regard to non-regular resources, there was a significant increase for SRH between 2008 and 2010 and a slight increase in the case of population and

development and gender. Unlike the other focus areas, most SRH funding comes from non-regular resources. There is no cost recovery (to fund the structural costs of the CO) for UNFPA interventions in Bolivia.

Source: Authors, based on Atlas data.

⁵² In some cases, interventions originally planned to be implemented via NEX changed to DEX.

3.3.3 Human resources

There were some important personnel changes during the period evaluated. For example, a new representative was appointed in 2009 and a new deputy representative joined in 2010. The number of temporary staff has also increased significantly. According to Atlas, there are sixteen staff in total: two people at management level and four at the operations level who are funded through the administrative budget, and ten people with permanent contracts funded by the programme. During the field visit, the evaluators confirmed there were 37 people were working in the CO, most with temporary contracts. With regard to the geographical location of staff, all but five of them were based in La Paz: two in Chuquisaca (a project official and an assistant), two in Cochabamba (a project official and an assistant), and one in Potosí (technical assistant).

The tables below show staff data provided by the CO for 2011 by contract type and area of activity. (See organisation chart in Annex 9)

Table 12: Distribution of staff 2011

Area	2011	Contract Type
Manager/Director	2	Fixed-term contract
Programme official	11	Programme contract: 3 / Service contract: 8
Programme support	6	Programme contract: 1 / Service contract: 5
Operations Official/Administration	1	Fixed-term contract: 1
Operations support	5	Programme contract: 3 / Service contract: 2
General services	10	Fixed-term contract: 2 / Programme contract: 4 / Service contract: 4
UNV volunteer	1	
JPO	1	
TOTAL	37	

Source: Country office.

Focus Area	Number of People
Management	2
Sexual and reproductive health	7
Gender equality	3
Population and development	1
Humanitarian response	1
Departmental initiatives	5
Communication	3
UNS inter-agency collaboration	1
Administration and finance	5
Systems	1
Assistance and coordination	8
TOTAL	37

CHAPTER 4: ASSESSMENT OF THE PROGRAMME

This chapter contains the core of the evaluation: the assessment of programme results. The evaluation criteria used to evaluate results in the focus areas are: relevance, effectiveness, efficiency and sustainability.

4.1 Programme relevance

Evaluation question 1: How relevant are the programme objectives in relation to the current needs and priorities of the country, and the main needs in terms of meeting its international commitments?

The context and challenges in building a relevant programme

In this evaluation, relevance refers to the degree to which the programme is in line with the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDGs), with the needs and demands of the beneficiaries, with the national context, and with the regulatory framework and policies in force under the new Political Constitution of the State. Relevance means that the strategies and activities implemented are pertinent and represent the best possible response and the best way to achieve the country programme objectives, solve priority problems and take advantage of opportunities that the country offers in terms of population and development, sexual and reproductive health and rights, gender equality, education and interculturality.

A changing national context has presented a number of specific challenges to the CO when it comes to programmatic relevance. One of the initial problems when designing the programme was the different timelines for national processes and milestones, corporate milestones and the programme milestones of the CO. For example, the CPAP was formulated and signed before the Political Constitution of the State was enacted and therefore at a time of uncertainty.⁵³

The CO took part in the constitution-writing process, supporting proposals relating to sexual and reproductive rights, and the rights of women and adolescents of both sexes, and periodically attended the Assembly and liaised with its members, and with politicians and representatives of civil society organisations. This means that the CO was able to "monitor the context" *in situ*. This helped to minimise the potential weaknesses and risks of a programme that was formulated and signed while the country was undergoing important structural changes.

The relevance of the programme strategies and approaches is affected by a post-constitutional context in which the government is gaining strength, national sovereignty is being recovered, and new frameworks for relations with international cooperation organisations are being developed (upheld by the Paris Declaration).⁵⁴ The new context also provides new opportunities to make the decisions and actions by institutions and emerging actors, at state and civil society level, more relevant. The interventions carried out by the CO have been highly relevant to the new post-constitutional framework, to the needs and priorities of the country, and its laws, public policies and international commitments (mainly the ICPD and MDGs).

⁵³ See Diagram 3, Timeline of key strategic documents and the country programme evaluation

⁵⁴ On Aid Effectiveness (2005) and its principles of ownership, alignment, harmonisation, results and mutual accountability. Relevance is a basic assumption of this Declaration.

The programme objectives are consistent with the ICPD Programme of Action, its principles, focus and priorities, and they address the weaknesses and needs of the country in order to meet its goals.⁵⁵ The population and development component has contributed to generate the socio-demographic information and inputs required to design strategies, policies and programmes, and to monitor and evaluate their impact. The CO has worked on integrating population issues into different sector-specific plans and policies, and has also promoted the gathering and analysis of socio-demographic data (DHS 2008, ENAJ 2008, 2012 census). This information has informed the formulation of sector-specific plans (on health, gender, adolescents, etc.).

With regard to the MDGs, the programme objectives are closely linked to MDG 3 (gender equality), MDG 5 (improve maternal health, with an emphasis on reducing maternal mortality and adolescent pregnancy rates and ensuring universal access to reproductive health services), and MDG 6 (combat HIV/AIDS, with an emphasis on halting and reducing the spread of the disease). The programme objectives are relevant and are adequately linked with the MDGs and the needs to achieve them. In the area of population and development, effective government actions are required to measure progress towards achieving the MDGs. UNFPA has supported efforts to gather reliable data to measure progress towards achieving the MDGs (DHS 2008).

In terms of international commitments, programme objectives are also relevant to international commitments of relevance under the UNFPA mandate, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979), related to the issue of violence, and the Platform for Action of the Fourth World Conference on Women (1995), which is based on the ICPD and has helped to make further advances in terms of women's rights, including health and sexual and reproductive rights. In terms of international commitments like CEDAW and UNGASS (United Nations General Assembly Special Session on HIV and AIDS, 2001), the CO has supported the development of capacities to fulfil responsibilities related to the implementation and institutionalization of these agreements, including providing information, monitoring, and awareness-raising.

With regard to the needs of the country, and those of the beneficiaries in particular, and based on statistical resources like the DHS 2008 and ENAJ 2008 surveys and the information systems on violence (VIO and INE), the programme objectives respond to priority needs, such as the growing adolescent pregnancy rate, the high maternal mortality rate, and the persistence of violence against women. It is important to highlight not only that the programme objectives respond adequately to the needs and priorities of the country in areas that fall within the institutional mandate, but also that the CO has been able to respond to the different needs and priorities of sectors, groups and actors in a complex context, marked by the emergence of new social actors and new demands in national and sub-national agendas and in co-participation with civil society through social groups in the definition and monitoring of public policies. In that same context, the CO has also managed to influence the agendas and priorities of social actors who had previously been resistant, and in some

⁵⁵ The programme of action reaffirms that human beings are at the centre of concerns for sustainable development. According to its principles, advancing gender equality and equity and the empowerment of women, the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes. In addition, countries should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to healthcare services, including those related to reproductive health care, which includes family planning and sexual health. The principles reaffirm the basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. The programme of action also emphasises that the right to education, children, the rights of migrants and the population and development needs of indigenous populations are priority areas.

cases even opposed, to the themes and rights established in the international agreements signed by the Bolivian government.

The relevance of objectives also lies in their relationship with the need to strengthen the government institutional structure in its role as a provider of services and guarantor of rights. The aim of the sexual and reproductive health and rights component is relevant in relation to the need for developing capacities to enforce and exercise the rights of people and communities.

With regard to national regulations, the table below shows the main articles in the Constitution that are linked to the mandate of UNFPA, the components, strategies, and the issues tackled by the CO that sustain the relevance of the programme objectives:

SOCIAL EQUALITY, GENDER EQUALITY AND NON-DISCRIMINATION	INDIVIDUAL AND COLLECTIVE HUMAN RIGHTS	NON-VIOLENCE
<ul style="list-style-type: none"> • Social and gender equality is a cornerstone of the state (art. 8). By recognising the principle of equality, redistributive justice can be achieved. • All discrimination based on gender, colour, age, sexual orientation, gender identity, origin, culture, nationality, citizenship, language, religion, ideology, political or philosophical affiliation, marital status, economic or social status, occupation type, level of education, disability or pregnancy, amongst others, is prohibited and punishable (art. 14). • Discrimination is defined as any action that aims to or results in the infringement of a person's ability to enjoy or exercise their rights, or fails to recognise those rights (art. 14). • The state and society will guarantee to protect and promote young people and their active participation in productive, political, social, economic and cultural development, with no discrimination, in accordance with the law (art. 59). 	<ul style="list-style-type: none"> • The Constitution explicitly recognises men and women's rights to education, healthcare and work (art. 9). • It recognises that all people have a right to healthcare, without discrimination (art. 18) • Children and adolescents are recognised as people, with specific rights to guarantee their interests, aspirations and specific needs (art. 58). 	<ul style="list-style-type: none"> • The Constitution recognises the right to life, and to physical, psychological, moral and sexual wellbeing. It particularly recognises women's right to live a life free from violence in their families and in society, opening the door to the possibility of recognising other forms of violence against women (art. 15). • All forms of violence against children and adolescents, both within the family and in society, are prohibited and punishable (art. 61). • The state is responsible for preventing, eliminating and punishing any expressions of gender-based violence, in both the public and private spheres (art. 15).
	<p style="text-align: center;">SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS</p>	<p style="text-align: center;">EDUCATION</p> <ul style="list-style-type: none"> • Gender equality is a value that should be incorporated into the education system so that traditional roles are not reproduced, to combat violence to ensure full exercise of human rights (art. 79).
	<ul style="list-style-type: none"> • The state is responsible for protecting the health of men and women through public policies and free services (art. 35). • Women from all cultures have the right to safe pregnancy. The state is also responsible for protecting women during pregnancy, labour and in the postnatal stage (art. 45). • Sexual and reproductive rights are recognised (art. 66) 	

Source: Authors, based on the new Political Constitution of the State and the book '*La agenda de las mujeres en el proceso constituyente*'.

Just as one of the special characteristics of the new Political Constitution of the State stems from defining Bolivian society as "pluralistic", with the resulting promotion of and focus on diversity in all its forms (ethnic, cultural, gender, age, etc.), the objective of the population and development component allows for the translation of this constitutional framework into policies and other government management tools.

Activities under the population and development component supported the objectives of the National Development Plan⁵⁶ by generating the inputs required to monitor and evaluate progress towards the goals of reducing poverty and inequality and increasing employment rates. The most relevant results are: (1) the publication of the Demographic and Health Survey (DHS 2008), which provides up-to-date indicators on population and development, sexual and reproductive health, gender, which can be used to measure progress of the ICPD Programme of Action and the MDGs; (2) the publication of the National Youth Survey (ENAJ 2008), which provided useful data for carrying out analyses which informed the formulation of the National Youth Plan; (3) the start of preparatory activities for the 2012 census, especially activities to update maps. This will provide the information required for national development planning, monitoring of National Development Plan strategies, and its current reformulation. In this context, the communications strategy implemented through the population and development component is helping to disseminate information that can be used for decision-making processes.

Overall, the CO contributed to the development of plans and norms to ensure that vulnerable groups can exercise their rights (Equal Opportunities Plan, National Comprehensive Adolescent and Youth Health Plan, Youth Plan and Draft Youth Law, Plan for the Elderly Adult and the Draft Law on Elderly People, amongst others). Furthermore, through work with civil society and particularly with social movements and indigenous groups, the programme objectives and activities are also relevant to the cornerstone of 'Democratic Bolivia' defined as "the construction of a plurinational, community-social society and state, where the people exercise their own social and community power and share responsibility for making decisions about their own development and that of their country". The strengthening of leadership capacity, social control and the development of proposals for indigenous women's organisations are illustrative examples of this.

The programme is being implemented in a context where the main challenge is the implementation of the new Political Constitution of the State through new and/or adapted policies and regulatory frameworks. By taking part in various processes with that very aim (drawing up of an Equal Opportunities Plan, Maternal, Perinatal and Neonatal Health Improvement Plan, Strategic SRH Plan, Comprehensive Adolescent and Youth Health Plan, Jurisdictional Demarcation Plan, etc.) - through various mechanisms such as consultations, direct participation, committees involving multiple actors, implementing partners - the CO has helped validate the relevance of the programme objectives at this level. At the same time, through these collaborative forums, the CO has helped to strengthen the capacities of stakeholders to develop policies, plans, strategies and actions that are relevant to the needs and priorities of the country.

Interactions, synergies and intervention focus: progress and challenges

Although there have been some weak links in the interaction between components, some progress has been made in the planning of joint actions and mainstreaming of the gender, interculturality and rights focuses, although not in an entirely systematic, constant or institutionalised way. It is important to mention that the communications strategy developed by the population and

⁵⁶ The **Dignified Bolivia** section of the National Development Plan, "A Dignified, Sovereign, Productive and Democratic Bolivia for Better Lives for All", approved in September 2007, is defined as follows: "The eradication of poverty and inequality, so that a model for the equal distribution and/or redistribution of income, wealth and opportunities can be established. It is made up of asset-generating sectors and social conditions, and inter-sector programmes, strategies and policies on Social Protection and Comprehensive Community Development". The strategies put forward are: 1) promoting a model for the equal distribution of income, wealth and opportunities, 2) full exercise of dignity and rights of people and social groups 3) programmes to reduce risk situations. Equality is another cross-cutting theme of this part of the Plan.

development component provides some elements and resources that will help to improve internal communication, although this area could still be strengthened in terms of its strategic approach.

With regard to the relevance of national and sub-national interventions, the new Autonomy Law presents a challenge in terms of strengthening actions at the sub-national level, and the coordination of strategies and actions at different levels. In this regard, the CO has consolidated its long-term work in the departments of Chuquisaca and Potosí, achieving a high level of relevance in the departmental context.

It is important to mention that work at the sub-national level (i.e. at department and municipality level) has mainly been carried out by the gender equality, education and interculturality, and sexual and reproductive health and rights components. Only a few, sporadic interventions in the area of population and development have been carried out at this level, and in the context of autonomies this poses great challenges in terms of the relevance of the component. Attempts have been made in this regard by providing training on the use of demographic inputs for development planning to civil servants working for departmental governments in Beni, Chuquisaca, La Paz and Potosí and some municipal governments in La Paz.

Coordination between national and sub-national actions has been strengthened over time, but the level of institutionalisation is still not enough given the lack of established criteria, mechanisms and procedures, in other words, of a "model". The country programme mid-term review helped to define the specifics and functions of work at different levels and with different actors, as Table 13 below shows:

Table 13: Levels at which the country office works

National	Departmental	Municipal/Regional	Organisational*
Support for public policies through: <ul style="list-style-type: none"> - Knowledge management - Capacity development <ul style="list-style-type: none"> • Public policy • Management • Programming, monitoring and evaluation - Intercultural dialogue 	<ul style="list-style-type: none"> - Support for public policies: <ul style="list-style-type: none"> • Autonomy statutes • Norms - Capacity development in Chuquisaca, Potosí, Beni and Cochabamba, and on more specific themes in other departments - Lessons and pilots to tackle issues: <ul style="list-style-type: none"> • Capacity development and training • Management • Knowledge management • Programme monitoring and evaluation 	<ul style="list-style-type: none"> - Support for public policies: <ul style="list-style-type: none"> • Charters • Norms - Lessons and pilots to tackle problems: <ul style="list-style-type: none"> • Strengthening and training • Management • Knowledge management • Programme monitoring and evaluation - Local public policy (through strategic partnerships → FAM? ADECOs?) 	<ul style="list-style-type: none"> - Empowerment (integrated approach) - Capacity development: <ul style="list-style-type: none"> • Advocacy and monitoring public policies • Monitoring and evaluation services - Knowledge management - Intercultural dialogues

*Work with social organisations

This model not only seeks to put strategies and actions in order and coordinate them across different levels and with different actors, it also aims to improve relevance with respect to the context of autonomy. Strategies must be relevant but cannot require a high-intensity presence in the different departments because of the current strict budgetary constraints. Another area that requires improvement is linked to inter-sectorality. Sectoral isolation is a long-standing problem linked to the compartmentalised organisation, culture and structure of the state. The CO has helped to overcome this but it is beyond its capabilities. However, in health, education and justice-related areas the CO has built bridges between sectors within the framework of rights.

Success factors related to relevance

The CO has taken advantage of the opportunities presented by a new, changing context and has improved the relevance of its objectives and actions based on the needs and priorities of the country. It has developed formal and informal strategies at the national and sub-national level, and with diverse actors (government, civil society and international cooperation), that have allowed UNFPA to guarantee the relevance of its objectives and actions. This has included the work with new "non-traditional" key social actors, such as indigenous rural women, in participative processes, respecting their characteristics, logic and dynamic as a starting point to establishing dialogue, building trust and opportunities for exchange, analysis of issues and shared learning. As a result of these relationships and gradual processes of ownership of CO themes, there have been a number of changes in actors' discourses and agendas, incorporating the priorities set out in the programme objectives.

In relation to the government, the CO did not "arrive with a pre-defined agenda", but was open to collaborative joint planning, based on the partner's priorities, but also with the possibility of establishing constructive dialogue to improve the relevance of institutional objectives based on current demands and needs.

As pointed out earlier, another success factor has been the participation of the CO in dialogue and processes related to the formulation of legal frameworks, norms, public policies and sector-specific plans. By working in collaboration with different actors, providing knowledge and evidence, and helping to identify and analyse issues, the CO has improved the relevance of its interventions and that of other strategic partners.

The support of UNFPA has been highly relevant to the new post-constitutional framework, the needs and priorities of the country, its laws, public policies and international commitments (mainly the ICPD and MDGs). UNFPA has been respectful of national sovereignty, of the new framework for relations between the state and international cooperation organisations, and the role of social movements. UNFPA has created opportunities to build trust and establish strategic partnerships. However, UNFPA still faces a major challenge in that it needs to ensure that the relevance achieved, especially in terms of national policies, plans and institutions, translates into a larger budgetary allocation from the National Treasury and a lesser dependence on international cooperation.

4.2 Programme efficiency

Evaluation question 2: Have the human and financial resources, rules, mechanisms and procedures available been sufficient for the implementation of activities and generation of results in the Bolivian context?

The assessment of efficiency covers three main aspects: the suitability of inputs (resources) and procedures for implementing activities; the conversion of inputs into activities and the quality of those activities; and the way in which the activities have led to outputs being generated, and the quality of those outputs.

The existence of a system for monitoring inputs and activities (compliance monitoring) in the CO allows the generation of evidences to carry out an objective analysis of the first two aspects. However, as discussed in Chapter 6, the CO does not have a results-oriented monitoring system that allows it to monitor the level of achievement of outputs. An objective assessment of efficiency in terms of inputs, execution of budgetary allocations and implementation of activities can be carried out, but it is impossible to perform an objective evidence-based assessment of the efficiency of the programme in terms of the achievement of expected outputs. In other words, it is not possible to objectively assess whether the expected outputs are being achieved and measure to what degree the correct implementation of activities has led to the generation of those outputs.

The budgets for the three components increased from \$2.1 million in 2008 to 3.7 million in 2010 (an increase of 76 per cent). The budget for all three components doubled between 2008 and 2010. However, the budget for sexual and reproductive health and rights is three times as much as the budget assigned to the other two components. This distribution of resources reflects the corporate priorities of UNFPA. Overall, reproductive health and gender account for around 60 per cent of UNFPA spending from regular funding. This also reflects the priority issues and needs in the countries that receive support from UNFPA: HIV/AIDS, unwanted pregnancy, family planning, maternal health and children's health, adolescent pregnancy, maternal mortality, violence against women, etc. The percentage of planned resources executed also increased during this period, from 85.3 per cent in 2008, to 92.9 per cent in 2009, and 95.2 per cent in 2010.

According to the evidence gathered during the evaluation process, an optimum balance was struck between available resources, high quality support and achievements, in the majority of cases. However, one of the threats identified was that funds have been spread thinly because the number of annual work plans (AWP) has grown almost exponentially. This means that the funds received by some partners to implement activities were more limited, and in some cases this had an adverse effect on the quality of the activity or the output. For example, CONBOJUV, the Elderly Adult section of VIO, and the Municipal Youth Councils had limited funds to develop and complete their activities. In other cases (SRHR Observatory, SRHR Law, Youth Plan), although resources were "invested", the expected results were not achieved. These cases should constitute lessons learned about the role of UNFPA and its relationship with partners, the relevance of monitoring and evaluation, and strategic investments to minimise risks.

Overall, resources were managed efficiently in the majority of cases. The CO was flexible and responded quickly in situations where partners fell behind in the implementation of activities, or when priorities changed and led to activities being changed as a result. This speed and flexibility also helped to improve the efficiency of the programme. In addition, good relations, joint planning and partnerships forged by the CO with civil society and the government (at both national and sub-national level) helped to ensure that resources were used efficiently and appropriately.

It is also worth considering the (potential) negative effects that the lack of a results-based management system could have on efficiency. In some cases, the level of support, even over the course of a number of years, is not consistent with the results achieved. For example, a comparison between achievements made in the work with adolescents in the Departmental Health Services (SEDES) in Chuquisaca and Potosí shows that the volume of resources available in each case is very similar, but more progress has been made in Potosí than in Chuquisaca.

It is important to point out that planning done on an annual basis does not favour a retrospective assessment of gradual progress made or having a medium-term strategic vision. The inclusion of outputs and sub-outputs in the AWP by the CO has been an improvement, but the link between effort, verifiable achievements and decision-making about future support needs to be clearer. There is no medium-term planning tool that could be used to improve the management of strategic and budgetary decisions.

In terms of disbursements, these have been appropriate. However, this does not mean that the funds are always available on time, especially because of national bureaucratic procedures. For example, in many cases UNFPA transfers funds to a partner's account but by the time these funds are registered and all the bureaucratic requirements are fulfilled, 5 or 6 months have passed and implementation of activities has not started. Since there is a high dependence on external funding, specifically from the international cooperation, public management processes are almost completely paralysed during most of the first half of the year. In the case of the country programme, this results in considerable delays in implementing the AWP, and as a result, UNFPA and other cooperation agencies almost always have the unrealistic expectation that activities and budgets will be executed on time and in order. This poses an important challenge for UNFPA as national partner institutions are undergoing a structural transition as a result of the new structure of the State. The AWP system, and in some cases (e.g. VIO) the separate negotiation of several AWPs with the same institution, is not an efficient response to this situation.

Despite all this, as mentioned above, the implementation rates have been very good, but it has not always been possible to implement all planned activities with partners due to a lack of time or because the planned activities have been changed. Despite the implementation of activities, by concentrating the execution of activities in the second half of the year, on several occasions quality has been compromised and progress towards results has not been made. This has frequently resulted in resource disbursement being the priority when decisions are made, and this often limits the strategic potential of activities carried out.

There are also a number of weaknesses in the AWP planning process. Although this process plays a key role as a means of promoting participation and consensus building, it is sometimes very time-consuming and often not very useful. This is particularly true when different activities are implemented than those planned. In some cases, the planning phase takes a long time and the activities implemented are all concentrated in the second half of the year. This means that funds need to be reassigned. In many cases, this also results in a change of execution modality from NEX to DEX in order to ensure the implementation of planned and to guarantee a higher rate of execution of resources. This is not in line with UNFPA strategy for capacity development and national implementation.

Another area that may pose challenges in terms of efficiency (and also of effectiveness and sustainability) is related to the partner selection criteria, and the assessment and level of efficiency that can be expected from activities with each partner. It is useful to apply the criterion of "gradual improvements" to partners' capacities and assessment of results. It is worth noting that this does not guarantee the same level of capacity development and efficiency in all partners, but it does guarantee a process of positive changes which are verifiable. Medium-term planning would make it possible to incorporate this dimension and assess changes (improvements) over time for of each partner institution that the CO is working with.

In relation to the efficiency of each component, the achievements in the gender equality component should be highlighted because of the fairly limited budget available and the wide range of different

issues that need to be addressed. The internal organisation and management tools used by the component - weekly planning, activity monitoring, monthly report, document review template - have generated good practice, organised internal human resources and time management, and helped to improve efficiency.

The efficiency of the population and development component has been generally satisfactory in terms of the relationship between resources and achievements, even when considering that the type of activities carried out require larger investments and long-term processes (e.g. support for the gathering of reliable information). Although this component is composed of one technical staff, the CO has made some major achievements, despite external factors beyond the control of the CO (e.g. the census being postponed to 2012). These achievements are reflected in the component's higher percentage of NEX, with good outputs and an efficient use of resources. One good example of an achievement in this area is the promotion of population census activities with a very limited budget for the number of activities required. However, the population and development component is the one which requires the highest level of coordination with the other components, and this could lead to a reduction in its efficiency and effectiveness in the long term.

With regard to coordination between components, there have been some major advances, thanks, in great measure, to the management mechanisms that have been institutionalised. These are gradually allowing an integrated and comprehensive programme overview. However, although coordination and management can help improve efficiency by promoting coordination and avoiding duplications, the current planning model based on the sum of components must be modified if efficiency is to be maximised.

With regard to cross-cutting themes, although South-South cooperation has not been a strong part of the programme to date, the strengthening of the role as a knowledge broker would increase efficiency, as the progress that can be made through access to and use of the various forms of knowledge will increase exponentially.

With regard to efficiency of coordination of efforts and initiatives outside UNFPA, it is important to highlight the role played by inter-agency organisations (GTG, interculturality group, HIV group, etc.), the coordination mechanisms with other agencies (CIAG) and the multi-actor spaces with a presence at the national level and within civil society. UNFPA has played a key role in the promotion of these initiatives and mechanisms, and thus to its commitment to improved efficiency both in its own actions and in the cooperation process in general. However, the existence of coordinated actions does not necessarily mean that a culture of coordination will be permeating all actions. It is also clear that growing competition for resources, the different agencies' rigid systems for planning, monitoring and evaluation, negatively affect progress in this regard. Through its own leadership and by promoting coordination UNFPA has helped to improve efficiency.

The assessment of the programme efficiency is overall positive. Resources have been used efficiently in terms of results achieved in most cases. However, funds have been spread too thinly because of the almost exponential growth of the number of partners and activities. Shortcomings in the planning of AWP and partners' low capacity to absorb funds affected programme efficiency.

4.3 Programme effectiveness of intermediate results

Evaluation question 3: To what extent have the expected outputs of the country programme been achieved? Are they expected to continue to be effective at the end of the country programme?

Level of effectiveness based on achievements

For this part of the evaluation, effectiveness refers to progress made, or expected to be made, towards achieving the development objectives of the interventions, based on their relative importance. In the case of the programme being evaluated here, it was impossible to carry out an objective assessment of the level of effectiveness based on the original results framework. The various problems relating to the technical quality of the original results framework mentioned in section 1.3.1 meant that the framework was deemed "unusable" for the evaluation.

The evaluation team therefore assessed the effectiveness of the programme based on the monitoring and evaluation framework revised in 2011 after the mid-term review. This revised framework is an internal document only. This decision meant that the team could identify achievements and assess progress towards achieving the programme outputs using a more realistic framework. It also meant that they had a wider, more strategic overview of how the CO implements actions and its relative effectiveness in terms of the characteristics, opportunities and challenges of the pre- and post-constitutional context. However, the team faced a number of difficulties when working with the revised framework, with technical challenges and problems with clarity resulting from the lack of harmonised, rigorous management of the tool by the different components. This point will be examined in more detail in the section on monitoring and evaluation (Chapter 6). This meant that the team had to make a greater effort to try to understand the information fully and interpret it correctly.

Table 14: Outputs and achievements: initial estimates

OUTPUTS BY COMPONENT		
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	GENDER EQUALITY, EDUCATION AND INTERCULTURALITY	POPULATION AND DEVELOPMENT
1. Increased access to and use of quality maternal health and sexual and reproductive health services, especially among adolescents, within the framework of the Family, Community and Intercultural Health model (SAFCI) and Universal Health Insurance (SUSALUD).	1. National and local institutions take responsibility for the rights of women and adolescents and defend them, including sexual and reproductive rights.	1. National Planning System and post-constitutional regulatory framework consolidated in the areas of population and development, SRHR, gender, HIV and AIDS, adolescents and young people, and interculturality
2. Individuals, particularly women, adolescents and young people, have increased their access to programmes to reduce unplanned pregnancies and to prevent sexually transmitted infections and HIV.	2. Prevention, attention and management of gender violence, including political violence against women, prioritised in the agenda of the National Council, departmental councils and local networks against violence.	2. Multisectoral rights and needs of adolescents and young people incorporated in public policies and budgets
3. People, especially women, adolescents and young people, have received support to exercise their sexual and reproductive rights.	3. Sex education included in the formal education curriculum, alternative education and teacher training.	3. Consolidation of national and local capacity for collecting demographic information and data, using it in planning development and in supervision and evaluation systems at a national, departmental, municipal and community level.
		4. Issues of youth employment, urban peripheries, elderly population – environment, population – territory, adolescent pregnancy and migration are incorporated in national, departmental and municipal plans.

Source: Adjusted planning matrices (unofficial), 2011

In practice, the situation is not as clear, nor as compartmentalised in terms of the relationships between components and outputs as it is in the table above. In some cases (e.g. output 1 in the population and development component), other components have made significant, sometimes predominant, progress related to an output planned for another component. This is interesting in that it shows that the programme is using an increasingly inter-component approach where all the contributions are coordinated and interlinked. However, because this is not clearly defined at institutional level, it leads to confusion and difficulties when it comes to attributing and evaluating contributions and achievements.

Progress in terms of outputs in the three components has been made in three main areas a) policy dialogue and advocacy; b) capacity building; and c) institutional strengthening.⁵⁷ The first part of the analysis looks at the progress made in each of these dimensions, for the different components and based on outputs. It is important to note that these three areas of action are part of the section on "national capacity building" of UNFPA strategic Plan, but in the CO these categories are inter-linked yet independent. After this initial analysis, a "summary mapping of main achievements by

⁵⁷ The results were also organised based on these categories in the presentations by each component.

output" is provided. This provides a short introductory assessment of the achievements for each component.

Dialogue and policy advocacy

Respectful of national sovereignty and in line with UNFPA strategic plan, which emphasises national ownership and leadership, UNFPA defines its role not as a direct national advocacy agent, "but a facilitator of methodological tools and contents, and a provider of support for advocacy activities, allowing national actors to deal with the process, ensuring that legal reforms progress within the framework of the ICPD mandate" (UNFPA communications strategy).

In this role, the CO has developed effective dialogue and advocacy processes, especially related to the formulation of new laws, policies and plans that aim to operationalise the principles and articles of the new Political Constitution of the State. By using interaction methods based on building trust, respect for sovereignty, the capacity to build bridges and partnerships through a broad framework of relations with the state and civil society, and taking part in various committees and multi-actor partnerships, UNFPA has been able to play a key role in promoting the inclusion of the ICPD and MDG agendas in the construction of a new national regulatory framework, making extensive progress in terms of the outputs set out for each component.

The first historically relevant achievement linked to all three components is to do with the new ***Political Constitution of the State*** and the new articles promoting women's rights, including sexual and reproductive rights, gender equality and non-discrimination, the rights of adolescents and young people (both male and female), the right to a life free from violence, and maternal and intercultural health. During the Constituent Assembly, the CO provided technical and financial support to the "Women in History" movement, promoted by the Coordinadora de la Mujer network, the AMUPEI network (Women for Gender Equality), the National Women's Political Forum and the Women's Platform made up of 25,000 women who drew up proposals and set out a list of priorities. The CO also provided technical and financial support to the Sexual and Reproductive Rights Vigilance Committee, and to other actors involved in the Constituent Assembly.

Although the articles included in the new Political Constitution of the State (see the section on relevance above for more detail) are more explicitly linked to some of the outputs of the components related to regulations and rights, they are still very relevant when it comes to achieving all the outputs, in that the constitution determines the characteristics of the Plurinational State in which the programme must operate, as well as the principles and rights with which the institutions, policies and actors must be aligned. It is important to highlight the articles prohibiting discrimination in its many forms, as discrimination is one of the critical factors that has prevented Bolivians from exercising their rights, and eliminating it is an implicit, yet determining, assumption if all of the outputs and outcomes for the different components are to be achieved. The progress made within the framework of the new Political Constitution of the State could therefore be considered to be of great relevance and impact both historically and strategically. The CO got involved in and made an effective contribution to the constitution-building process in a politically and socially complex multi-actor context, which has resulted in a constitution which is in line with the ICPD and MDG agendas directly involving the mandate of UNFPA.

Once the new constitution had been enacted, the next great challenge is the need for general and sector-specific laws, policies and plans capable of translating and implementing the new constitution into the day-to-day lives of the Bolivian people and ensuring that the state plays its role as a guarantor of rights. The CO also played a key role here, providing technical and financial support for processes that culminated in the current national framework of laws, policies and plans.

The **sexual and reproductive health and rights** component has provided primarily technical support to help draw up regulations relating to the healthcare sector, including the following plans and regulations:

Normative instrument
National Strategic Plan on Sexual and Reproductive Health 2009-2015
National Strategic Plan to Improve Perinatal, Neonatal and Maternal Health 2009-2015
National Plan for the Prevention, Control and Monitoring of Cervical Cancer 2009-2015
Family and Community Health (SAFCI) (2008)
National Comprehensive Adolescent and Youth Health Plan 2009-2013
National Standard on Contraception Rules, Protocols and Procedures (2010)
Strategic Multi-Sector Plan: National STI/HIV/AIDS Programme 2008-2012 (2008)

In addition, the CO has helped to design and implement the regulation on "Care Procedures for Family, Community and Intercultural Health: Sexually Transmitted Infections, Cervical Cancer and Family Planning" (2009).⁵⁸ This was an interesting experience that used community-level work as evidence and a methodological basis for the design of national laws.

The CO has effectively influenced the formulation of sector-specific plans in the healthcare sector. As a result, these plans reflect the advances and rights established in the Constitution and respond to the priorities set out both in the ICPD Programme of Action and the MDGs.

Another important area of advocacy by the SRHR component is related to innovative proposals to solve the structural problems of the country, such as maternal mortality. Encouraged by the results achieved in other countries such as Chile, and having introduced the degree of obstetric nurse at three universities in Potosí, Tarija and Chuquisaca, the CO managed to make the Ministry of Health and Sport consider the possibility of implementing this human resources strategy to try to reduce maternal mortality rates, especially in rural areas. The CO also gained support for this initiative from the Bolivian Society of Gynaecology and Obstetrics. Initially the Ministry and the Society did not feel that support for this line of work was a priority. Key actors also had their reservations, and there was a lack of general consensus about the initiative. These problems were overcome thanks to the decisive intervention of UNFPA and work coordinated by PAHO/WHO.

Also in the area maternal mortality, the CO worked with the Ministry to implement the national Maternal and Neonatal Epidemiology Vigilance System. Its work with the Committee for Safe Maternity and Birth was a decisive factor here.

In the aftermath of an acute crisis caused by a shortage of contraceptive supplies throughout the country, the CO helped to set up a revolving fund by monetising a donation and setting up a single account to ensure that contraception would always be available.

In the area of gender equality, the CO helped to formulate the National Equal Opportunities Plan (PNIO), "Women Building the New Bolivia with Better Lives for All", by developing a methodology for consulting women at the grass roots on public policy and by being part of the technical team in charge of designing the Plan. Another of the specific achievements of the CO, in addition to the inclusion of "traditional" topics of sexual and reproductive rights and maternity in healthcare, has been the focus on cervical and breast cancer, two diseases which, although they have a major impact on morbidity and mortality rates amongst women, had not yet been given the

⁵⁸ Salud Familiar Comunitaria e Intercultural (Intercultural Family Health Programme)

attention they deserved. Furthermore, although violence has always been a priority issue in policies, the CO has made particular progress in terms of the inclusion of sexual violence as a problem requiring priority attention. Finally, with regard to education, the contribution of the CO has helped to highlight the importance of education without sexist stereotypes, of responding to needs according to life-cycle stage and of incorporating sexual and reproductive rights in education (plan for 2008-2020).

The influence of the CO has also led to the inclusion of the principle of concurrence in the PNIO, which sets out the general measures that must be taken on by all public management bodies at national, departmental and municipal level, which are linked to output 1 of the population and development component: production and dissemination of information broken down by sex, creation of sector- and territory-specific plans to close equality gaps, creation of mechanisms for the assignment, distribution and redistribution of resources, and analysis of gender gaps for the application of policies and interventions.

In the period following the enactment of the new constitution, the advocacy activities of the CO played a key role in ensuring the inclusion of gender in the five "structural laws": laws on the Plurinational Constitutional Court, Electoral Body, Electoral System, Judicial Body and the Framework Law on Autonomies and Decentralisation.

LAW	MAIN ASPECTS OF RELEVANCE TO GENDER EQUALITY AND WOMEN'S RIGHTS
Plurinational Constitutional Court	* Includes equality criteria for the pre-selection of the 28 candidates to become judges: half of these candidates must be women.
Electoral Body	*The principles governing the nature, organisation and function of the electoral body include equivalence , and amongst the electoral candidates, equality and alternation . These principles are to be applied at all times in the state, political organisations and indigenous rural nations and peoples.
Electoral System	* Equality and equivalence are two of the principles governing intercultural democracy, and gender equality and alternation should apply for all candidates. * Political harassment is an electoral crime .
Judicial Body	* Equality and alternation are principles governing the election of representatives (judges, members and alternate members).
Framework Law on Autonomies and Decentralisation	* Includes gender equality as one of the principles underpinning territorial bodies and organisation. * Includes gender equality as one of the minimum contents of the autonomous statutes and charters. * Institutional budgets will include mechanisms for social control and participation, within the framework of fiscal transparency and gender equality.

Source: Observatorio de Género de la Coordinadora de la Mujer.

The CO also played a key role in ensuring the inclusion of the gender focus in the Jurisdictional Demarcation Law. By supporting a consultation process with this aim in mind, the CO generated the inputs and the legitimacy conditions required to drive forward a law that guarantees the rights of women, children and adolescents in the context of a Plurinational State which allows for the recognition and equal valuation of community justice, legal pluralism, and the exercise of the rights of indigenous jurisdictions, including collective rights.

The influence of the CO also helped to construct a legislative agenda for women, including the draft Law against Gender-Based Political Violence and Harassment.

Advocacy by the gender component also helped to ensure that the state fulfilled its monitoring responsibilities in relation to international commitments, particularly CEDAW. Since 2008, the CO has influenced and supported the presentation of progress reports, the correction of raised objections and the dissemination of recommendations.

In the field of sex education, the CO has become one of the donors to the basket fund and has taken part in political and technical dialogue by coordinating the Education Committee for the implementation of the Strategic Institutional Plan.

Within the new context of the country, social movements have taken on an important role in public policy-related decision making, so political dialogue and advocacy relating to the agendas of these movements is of great political importance. The CO has assessed the situation and created an opportunity to approach social movements, especially women's organisations such as the Bartolina Sisa National Confederation of Indigenous Rural Women of Bolivia and the Confederation of Indigenous Women of Bolivia (CNAMIB), helping with consensus building and contributing to progress in the sexual and reproductive health agenda. Strictly speaking, this advocacy takes place at the level of the leaders and directors who are in charge of this area and are now championing it in other key forums such as the Plurinational Assembly.

One of the achievements of the population and development component has been advocacy in relation to the formulation of the Draft Youth Law, presented to the president during the National Youth Meeting (supported by the CO). This Draft Law aims to promote young people's participation in the productive, political, social, economic and cultural development of the country, under conditions of freedom, respect, equality and justice and based on their own identity. Its priority themes include young people's human, sexual and reproductive rights, access to health services, and the creation of mechanisms to help young people find jobs and have a good standard of living. The CO also played a decisive role in the final design of the Department for Equal Opportunities' Youth Plan.⁵⁹

Through the Bolivian Youth Consortium (CONBOJUV), the CO has set up a total of eight municipal youth councils in the department of Chuquisaca. The department's autonomous Government is also involved in these councils. In Potosí, three councils are already up and running and there is a Municipal Resolution for a fourth funded by AWP resources. In the autonomous context, these bodies now have a greater capacity to influence municipal management to promote the rights of young men and women. However, although progress has obviously been made, from a macro perspective, very few of these councils have been set up, and those that do exist need to be strengthened.

With regard to adolescents, the role of the CO and its influence over regulations has also been seen at the regional level in the drawing up of the Andean Adolescent Pregnancy Prevention Plan, agreed upon with the Ministries of Health.

By prioritising specific groups and within the framework of the Madrid Plan, the CO has also supported the design of the Plan for the Elderly Adult, and the validation of the Draft Law on Elderly People. Work is currently being carried out on a care protocol for the elderly, the promotion of rights (health, ownership, abuse, especially in rural areas) and on advocacy to ensure the Plan is approved.

⁵⁹ The Plan was not approved in the end because of budget problems and because it did not include proposals for mechanisms and actions to implement it at a national and departmental scale.

With regard to migration, the population and development component has promoted and supported the creation of a National Commission on Sexual and Reproductive Health, and it is hoped that it will be institutionalised within the framework of the ARBOL III Binational Agreement signed by the Ministries of Health of Argentina and Bolivia. The following statistics about the reduced exercise of reproductive rights by Bolivian women living in the city and province of Buenos Aires reveals how important this achievement is: six in ten Bolivian women did not plan their pregnancy, and only four in ten used a method of contraception to avoid unwanted pregnancy.

The CO has played an important role in driving forward key themes in the agendas of the various key actors and decision makers. Key themes include: sexual violence, deaths caused by cervical cancer, adolescent pregnancy, reproductive and sexual health and rights amongst the indigenous population, adolescence and youth, migration and the elderly. The CO has helped to increase the prominence of these problems, making them priorities, promoting public policies and coordinating various efforts to deal with and resolve them. One of the core issues is that the influence of the CO over agendas and the positioning of these themes has not resulted in changes to the budgets assigned to ensure that they are dealt with appropriately. Furthermore, in the current autonomous context, although there is an opportunity for timely and effective advocacy to influence the autonomous statutes and charters to ensure that these themes are given the appropriate attention and assigned suitable budgets in public policies at the sub-national level, this also represents a challenge.

Various "strategies" have supported and strengthened achievements in terms of political advocacy and dialogue: a) participation in multi-actor and inter-agency forums by including themes in the agenda, building partnerships and coordinating efforts; b) development and implementation of an intercultural communication strategy, which has strengthened institutional positioning, opening up paths to dialogue and advocacy; c) evidence gathering through work at the community level, production of quantitative data (DHS 2008, ENAJ 2008) and various studies on topics such as violence, HIV, emergency neonatal and obstetric care; d) methodology development; e) existence of a specialised documentation centre with 290 automated records and 75 digitalised documents; f) a diversified, extended and updated set of allies and partners, made up primarily of new state bodies and social movements.

However, not all of the interventions related to dialogue and advocacy resulted in progress being made, as there were also some "failures" in the effectiveness of the country programme. For example, the Law on Sexual and Reproductive Rights was not approved. This is relevant in itself, but it should also lead to a critical assessment of the role of the CO in the process that should have led to the approval of this law, given that it was a second attempt to have it approved. It is also important to analyse the negative impact that this could have on the likelihood of this law being approved in the short or medium term, and to take measures to minimise the risk of it not being approved.

With regard to achievements in political advocacy in cross-cutting areas - gender, rights and interculturality for the purposes of this report - it is worth noting that the CO has supported the inclusion of the gender, interculturality and human rights perspectives in regulations and policies.

The leadership and achievements of the CO in advocacy work relating to gender and interculturality within the United Nations system are of particular note. It is also worth mentioning the Gender Mainstreaming Guide for the United Nations system created by the Technical Group on Gender (2010), and which is currently being institutionalised in the CO and in other UN agencies.

Capacity development (see also 5.1.1)

Paragraph 78 of UNFPA Strategic Plan states that the main focus of the CO is national capacity development. The positioning of the CO is based on the United Nations Development Group's (UNDG) Position Statement on Capacity Development, which defines capacity as the "ability of people, organisations and society as a whole to manage their affairs successfully" and capacity development as "the process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time". According to the strategic plan, capacity building lays the foundations for the creation of lasting, sustainable change in policies, institutions, and the knowledge and skills required for national development. These quite wide corporate definitions will be used to analyse the achievements of the CO in terms of capacity building or development.

The first general achievement is to do with contributions to the design of legislation described and analysed in the previous section. Through a wide variety of different mechanisms, mainly to do with technical assistance (consultancy, direct advisory support, consultation processes, access to information, etc.) but also specific instances of financial aid, the CO has supported various stages in the participatory processes of the development of laws, plans and programmes, which have involved some learning "on the job". Given that the country is in a post-constitutional period, the support of the CO for capacity development in order to implement the rights set out in the constitution is of great strategic importance. In addition, the CEDAW 2011 Committee wrote a number of progress reports and corrected objections raised.

The CO also helped to build capacities in civil society, especially amongst social movements, so that they could participate in public management. Historically speaking, civil society's role has always been restricted to one of protest and confrontation with the state, but the new Plurinational State demands a more informed, analytical and proactive form of participation. In this context, the progress made in terms of the development of female and indigenous leaders' capacity to exert social control in reproductive health services are of particular note, with an emphasis on the Bono Juana Azurduy scheme which establishes this role.

In a scenario in which attempts have been made to reverse historic discrimination or exclusion and guarantee equal opportunities for political participation for women through equality and alternation mechanisms, the CO has played a very important role in the strengthening of capacities for political participation (arguing, sustaining, deliberating and proposing) of women elected as new assembly or council members.

In addition, by disseminating new regulatory and programme frameworks (e.g. Equal Opportunities Plan) and international instruments (CEDAW) and through various communication activities and outputs (posters, leaflets) which aim to raise awareness of tools, methodologies, techniques, etc., the CO has also provided new knowledge and information to key state bodies (e.g. departmental gender units and directorates, state departments, judicial bodies, health services), helping to generate the basic conditions required to improve their performance so that they can achieve their mandate.

Through communication and dissemination, the CO has also helped to strengthen the general public's capacity to enforce their rights. This is very important for the appropriation and claiming of rights, especially given that some studies (e.g. Marie Stopes) have shown that only a small percentage of people understand the Political Constitution of the State and the current general regulatory framework and the rights that it assigns. The creation and strengthening of networks to combat violence at both the departmental and municipal level in Chuquisaca (9) and Potosí (7) is one of the key achievements in this regard. Other actions, such as the monitoring of emblematic cases (trials), influence over authorities to combat violence in urban and rural areas, and

demonstrations to defend rights show the capacities and the level of ownership and autonomy achieved by these networks.

Another illustrative example of enforceability is that of Alto Parapetí, where improvements in the ability to gather information and knowledge has led to an improved “agency capacity”,⁶⁰ and better negotiation and problem-solving capacities.

In the field of humanitarian assistance, and with similar aims in terms of strengthening decision-making and prevention capacities, awareness raising activities, training, the provision of "dignity kits" and promotion of solidarity networks, have led to progress in empowerment and capacity building primarily amongst female and adolescent victims, to prevent gender-based and sexual violence, adolescent pregnancy, sexually transmitted infections and other risks derived from or accentuated by emergency situations.

Given that these capacity development processes with civil society actors involve the empowerment of subjects as a pre-requisite for the enforcement of rights, but also for participating in the construction of solutions, it is also worth mentioning the training work done with transgender and transsexual peer leaders, reflected in the completion of a participatory analysis of the transsexual and transgender population working in the sex industry.

The SRHR component has made a substantial effort to improve the quality of care and response capacities of the health services with a focus on rights and interculturality, through processes that aim to improve knowledge and capacities. For example, in Alto Parapetí, work has been carried out with healthcare providers to improve their knowledge of SRH. This has been complemented by activities to improve women's own knowledge of SRH, and has helped increase usage rates of SRH services, especially in antenatal care.

By promoting alternative methods such as "multi-programme training supervision", the scope and results of healthcare training activities have been improved. The CO has also provided important support to strengthen the nine Competence Development Centres by training facilitators, as part of the sectoral quality improvement strategy. Later, staff from secondary and tertiary care centres were provided with training in these Competence Development Centres, improving their capacity to deal with obstetric complications (the main cause of maternal mortality in Bolivia). Given the high staff turnover rate, the critical issue is always the weak link between staff training and the strengthening of the services' and organisations' capacities. This point is examined in more detail later. In the spirit of improving health service provision and indicators, the CO has also strengthened capacities for maternal mortality vigilance in Chuquisaca and Potosí through departmental, hospital and local committees. The Chuquisaca scheme is seen as a model experience in maternal mortality vigilance and in several cases the committees' recommendations have been a major help when it came to implementing measures at the local level to prevent maternal deaths in the future.

The population and development component's technical and financial support and corresponding achievements focused on the development and strengthening of state capacities to produce and use information to make decisions about the development, design, implementation and evaluation of public policies. Here it is important to highlight the 2008 National Demographic and Health Survey, which involved the National Institute of Statistics (INE) in the sample design and data gathering process, while the data processing, final report writing, publication and dissemination stages were the responsibility of the Ministry of Health, with technical support from Macro Internacional. One additional achievement was that the DHS helped to promote collaboration and

⁶⁰ Defined by Amartya Sen as people's capacity to act and cause changes based on their own values and objectives.

coordination amongst central government institutions, NGOs, international financial and specialist agencies, and international technical aid institutions.

In the case of the preparatory work for the 2011 census, one achievement in terms of strengthened capacities has been the creation of updated maps, developed with technical assistance from the National Institute for Statistics of Peru (INEI) and the National Institute for Statistics of Mexico (INEGI), within the framework of South-South cooperation. In other cases, CO funding was used to design and print manuals, forms, and basic census maps in order to update maps. The technical and financial support of the CO has also been used to design the census questionnaire, which now includes some aspects relating to gender and interculturality.

Information was collected in 17 capital cities and other large cities throughout the country for the National Youth Survey (ENAJ). The data gathering process was a joint project carried out in collaboration with the Department for Equal Opportunities as part of the Reciprocal Communities Programme of the Social Protection and Comprehensive Community Development component of the NDP 2006-2010.

The results of the ENAJ 2008 have been used by various public and private institutions and by people working in the field of adolescents and young people. The Ministry of Justice used data from the ENAJ 2008 to draw up its Youth Plan and Draft Youth Law. The departmental government of Santa Cruz also used the ENAJ to draw up the Santa Cruz Youth Law. The Comprehensive Adolescent Health Plan was also based on data from this survey. The Youth Council of Bolivia's Human Rights Assembly uses the ENAJ 2008 to draw up documents and define its official stance in this area. Finally, various state-owned and private educational centres use the survey data for dissertations and research in this field: for example for the postgraduate course on development sciences at the University of San Andrés (CIDES/UMSA) and the Strategic Research in Bolivia Programme.

In order to build and reinforce institutional capacities in population and development, the CO has provided technical assistance and support for all stages of statistical events (surveys), as well as staff training in the use and interpretation of socio-demographic data and other related topics.

CENDOC, a documentation and information exchange system funded by the CO, can be used to strengthen achievements in information and evidence-based public management by allowing access to and use of the accumulated knowledge and experience of other countries and regions in ICPD themes. This makes it possible to coordinate those who generate data, researchers and decision-makers in order to implement and evaluate public policies.

In order to strengthen human resources, the CO also provided training on "Incorporating Demographic Variables into Development Planning" to 20 civil servants working in the development planning departments of the autonomous governments of Beni, Chuquisaca, La Paz and Potosí and the municipal governments of Caranavi and Puerto Acosta. This training scheme was designed and run by the Population and Poverty Research Centre (CIPP), part of the University of San Andrés. By including CIDES/UMSA, an institution with greater installed capacity, commitment and experience in population and development, the CO was able to reinforce the effectiveness of this intervention.

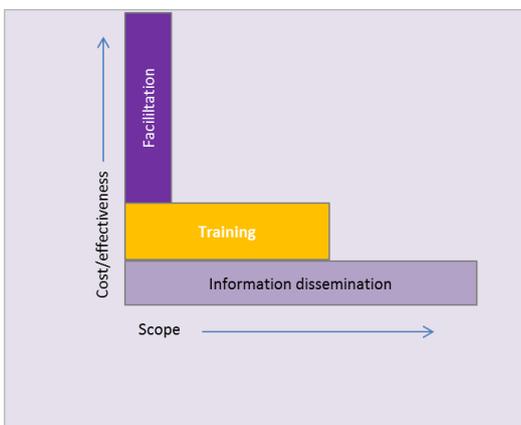
Another important project in the academic sphere, and based on the same logic of capacity building through human resource training, is the Master's Degree in Population and Development run in collaboration with CIDES/UMSA. There are currently 29 students enrolled on this Master's programme: 28 of them were awarded a half scholarship by the CO. The programme is part of a

strategy that aims to incorporate the topic of population and development into the academic world, and allow for collaborative work between educational organisations and decision makers. In other words, the aim is to strengthen the capacity for public policy dialogue through interdisciplinary training of human resources capable of incorporating population processes into development planning processes at regional, municipal and sectoral level (education, employment, public health and sexual and reproductive health), and to carry out research and generate evidence to incorporate population topics into public debate and public policy. The students on the Master's course said that they were very satisfied with the quality of teaching, the themes tackled as part of the course, and the usefulness of the knowledge, techniques and methods transferred in their workplaces

Other noteworthy initiatives include healthcare training for teachers in various universities and the introduction of an obstetric nursing degree promoted by the CO at three of the universities of Bolivia (in Potosí, Chuquisaca and Tarija). This is an interesting case of capacity building linked to a proposed strategy to reduce maternal mortality rates, based on the hiring of human resources with unique capacities to improve the care provided by, and the response capacities of, rural health services.

With regard to teacher training, "education for sexuality" training has been provided to secondary school and alternative education teachers in the municipalities of Sucre and Chuquisaca. Progress has already been made in the implementation of "education for sexuality" both in the Departmental Directorate for Education, which is beginning to realise the importance of the topic, and in classrooms and other educational settings. For example, cases of sexual harassment of students by teachers have been reported, whereas previously such cases would have remained unreported and unpunished.

Studies have been carried out (e.g. on sexual violence in a set of municipalities) and approaches systematised (e.g. good practices to prevent adolescent pregnancy in El Alto and La Paz). These have helped build capacities and have also served as a basis for supporting and designing other activities. However, there is no clear strategy to coordinate knowledge development with capacity building using a knowledge management approach.



The CO uses various strategies and actions for capacity building, from dissemination to the development of models, as well as more or less specific processes such as courses, workshops, training supervision, technical assistance and support. In addition to the more traditional strategies and approaches, there are more modern ones, such as coordination of actors, knowledge and data generation and management, peer training and a web page that aims to strengthen youth organisations.

On the one hand, this shows the capacity of the CO to respond and adapt to the characteristics of actors, the environment, available resources, etc. However, it also poses the risk of using too elastic a concept of "capacity building".⁶¹ It is important to consider that, in order to achieve a certain standard of meticulousness, measures should be incorporated that can be used to verify - measure, evaluate,

⁶¹ This is reflected, to some extent, in the component presentations, where the components classify the activities as different types of achievement (advocacy, capacity building, institutional strengthening).

check, provide evidence - that the knowledge acquired is being used and whether or not a capacity has been built.⁶²

Furthermore, capacity building strategies based on human resource training are highly vulnerable, especially at state level, because of the high turnover of staff. Other, sometimes complementary approaches to capacity building, on the other hand, through the development, participative validation and institutionalisation of models, methods and tools have had much better, more sustainable results. This is the case of the Birth Planner, now included in all health services in Chuquisaca. Other examples include training on the National Domestic Violence Register (RUVI) and the use of different tools and formats. A further example is linked to the package of services related to political violence and harassment, as well as the regulations, protocols and procedures to tackle sexual violence drawn up with the VIO. It is also interesting that the support for the Jurisdictional Demarcation Law was complemented by support for the creation of a conflict-solving module for the rural indigenous justice system, helping not only to draw up the law but also to create the conditions and capacities required to implement it.

Another strategy that can improve results in capacity building is to coordinate knowledge and competence development processes with other organisational processes. This strategy has been used, for example, in the Networks to Combat Violence and in the make-up of the Consultative Youth Committee for the Prevention of Adolescent pregnancy. This gives an immediate purpose to the knowledge and capacities acquired, both in practical terms and in terms of the construction of identity, thus reinforcing capacities and their use.

Institutional strengthening

According to the strategic plan, "institutional development" and support systems are part of and contribute to the development of institutional capacities. The strategic plan refers to institutional development of government organisations and of civil society.⁶³

➤ *State*

One of the first achievements of the CO, within the framework of an extensive process of redefinition and reorganisation of the institutions of the Plurinational State, is the strengthening of these institutions.

The CO has helped to create and consolidate new state bodies, such as the Department of Indigenous Justice, and also helped to develop a key law to ensure that it adheres to its mandate

⁶² For example, it is important to take into account, as Horton (2004) points out, that "there is an inverse relationship between the scope and the effectiveness of information, training and facilitation as approaches to capacity building.... Although more organisations can be tackled through the dissemination of information and training, the effectiveness is much lower".

⁶³ "Institutional strengthening" or "development" refers to actions and results in terms of political advocacy and dialogue and capacity building, but it also requires certain basic conditions and qualities which must be seen in performance and sustainability. For example, it is not enough for regulations to simply exist - if they are to represent institutional strengthening they must have been taken on board by the body involved, which must also have the capacities (in the broadest sense, i.e. technical and financial capacities, infrastructures, etc.) to implement them, monitor them and evaluate their results. Continuity and regularity of actions, processes and mechanisms are another indicator of institutional capacity. Furthermore, the key to capacity building lies in the (generally very weak or non-existent) bridge translating individual capacity building into the development of organisational capacities to achieve results by using, discussing, appropriating and institutionalising the capacities acquired. This is a general challenge to the development and institutionalisation of organisational capacities, and it is becoming a more and more latent and complex problem given the high turnover of civil servants at state level, as well as democratic practices in civil society organisations that lead to regular changes in leadership, which affects the continuity of agendas and processes. Generally speaking, continuity is not very well established in organisations at state and civil society level.

(the Jurisdictional Demarcation Law). However, other strategic progress related to the redefinition of the state institutional framework, such as the setting up of a population unit or department as part of the Ministry of Development Planning, was not made, and the scope and limitations of the CO should therefore be carefully analysed.

Within the context of actions designed to strengthen the prominence and autonomy of the state, the CO has helped make available relevant, high-quality information and knowledge to be used for public policy decision making. Added to this are the surveys and studies, such as the study on adolescent pregnancy, the study on contraceptive supply and logistics in the public sector, and the CEASS analysis, which led to a proposed reorganisation of the CEASS itself.

The CO has also helped build capacities in the use of methodologies and techniques to measure the impact of public policies, especially in the Ministry of Development Planning for the evaluation of the Renta Dignidad subsidies through the Social and Economic Policy Analysis Unit (UDAPE). The CO provided technical assistance in the drawing up of the concept paper and provided the necessary references to select and adapt the technical instrument required to carry out the evaluation of the impact of this government policy.

Through innovative strategies, the CO has also helped to strengthen the capacities of the INE so that it can continue to generate reliable information, and expand its role in that field. Also, the map update process also benefited from the latest knowledge and technology from the National Institute for Statistics of Peru (INEI) and the National Institute for Statistics of Mexico (INEGI), as part of the South-South cooperation framework. Equipment was also provided to INE so that it could prepare the census.

Data gathering for public policy decision-making processes has already been tackled through other strategies, such as support for the creation, discussion and implementation of the National Domestic Violence Register (RUVI) (VIO-INE). The lack of reliable data on violence against women in particular has, in the past, made it difficult to understand the real scale of the problem and to take the most effective action. A special form has also been developed to report gender-based political harassment and violence, a type of violence that was not previously categorised or acknowledged.

The CO has also helped to guarantee and/or promote the regularity of certain key processes and activities in state organisations, such as the DHS, preparation of the census, and the submission of monitoring reports on the CEDAW in collaboration with the Ministry of Foreign and Religious Affairs. Through normative contributions, of plans, protocols, procedures and tools, the CO has also helped to ensure better levels of standardisation and quality of performance, reducing the human risk factor and the costs of high civil servant mobility. With the same aim of guaranteeing quality, it has supported the setting up and operation of technical, administrative, social and human resource committees to implement quality management processes in health networks at national level.

In accordance with the strategic plan, with regard to capacity building efforts to develop, motivate and maintain human resources, the CO has trained staff to evaluate and strengthen the way in which they carry out their roles and functions, for example through working with the Integrated Municipal Legal Services (SLIMs) in Chuquisaca and Potosí, female assembly members and female councillors in the 9 departments. The CO has also provided technical and financial support for the creation of the Competence-Building Centres (CDCs). Progress has also been made in terms of the expansion/diversification/specialisation of the range of health services available, for example: providing equipment and competence building in two health centres in Alto Parapetí; providing equipment and human resources to provide care in two clinics in/for indigenous women's

organisations (CNAMIB and Bartolinas); and promoting the operation of services with specialist care for adolescents.

The CO has also helped to promote inter-sectoral coordination, mainstreaming processes (particularly gender mainstreaming in new, non-traditional bodies such as the Department of Rural Indigenous Justice, and the inclusion of sex education in the Post-Literacy Programme), and the enactment of multi-sectoral agreements, regulations and actions (e.g. "sexuality and gender, an educational right" module created by the VIO and the Ministry of Education).

There have been a number of achievements in the form of initiatives that aim to resolve complex, multi-faceted problems like violence. The police, Integrated Municipal Legal Services, healthcare staff and forensic scientists now have integrated procedures, norms and regulations to follow when dealing with sexual violence.

Finally, as the development of sustainability strategies and mechanisms is a critical part of institutional strengthening, the CO has played a very important role in the creation of a revolving fund to ensure the supply of contraception.

➤ **Strengthening civil society**

When it comes to coordinating civil society, including mechanisms for relations and coordination with the state, the CO has played an important role as a promoter of committees, networks and other mechanisms. The results have varied: the CO made an important contribution to a number of successful achievements, such as the Committee for Safe Maternity and Birth, various networks to combat violence, and obstetrics networks; but in other cases, such as the Sexual and Reproductive Rights Vigilance Committee, there are still problems related to identity crises, competition between organisations and fragmentation.

Furthermore, by supporting the Sexual and Reproductive Rights Observatory, the CO has tried to strengthen an institutionalised mechanism of enforceability. Unfortunately the progress made here is questionable, because this organisation has taken on an identity and characteristics not really associated with an "observatory", and it is institutionally weak with a fragile position.

With regard to knowledge and enforceability, it is important to point out the support of the CO for the completion of research to guide and strengthen work by and with society organisations, including social movements (analysis of SRH demands of indigenous women's organisations in lowland and highland areas; analysis of the transsexual population working in the sex industry).

With regard to predictions and achievements in terms of continuity/sustainability of work with civil society, the results are variable and are also, in some way, linked to the concept of sustainability and its indicators. For example, although agreements have been signed to allow a clinic set up with CO resources to function as an "intercultural clinic" as part of the CNAMIB network, the prospects of the clinic set up in "Bartolinas" reopening within the framework of institutional coordination are still quite uncertain (the clinic has been out of action for around a year).

➤ **Academic sector**

Another achievement in terms of institutional strengthening has resulted from work with universities and the creation of a range of courses on topics relevant to the mandate of the CO (obstetric nurses, population and development), given that these initiatives have a sustainability plan for the future, when the support of the country office comes to an end. CIDES/UMSA is

creating a basket fund in order to continue with the Master's on Population and Development and to extend it to other departments throughout the country.

➤ ***Cross-cutting themes***

Within the United Nations system, the CO has played a key role in the creation and/or strengthening and institutionalisation of a number of inter-agency bodies, especially those linked to gender, interculturality, humanitarian aid and HIV/AIDS. However, with regard to the institutionalisation of cross-cutting themes within the CO itself, although there is now a greater awareness of these themes, as well as shared conceptual frameworks and strengthened capacities to apply the gender, rights and interculturality focuses in CO actions, this progress is not enough to guarantee their institutionalised application, i.e. regularly and in accordance with the regulations, procedures, mechanisms and standards in place and associated with performance quality. One achievement of note is that it has been decided that the Gender Mainstreaming Guide written by the GTG will be implemented. Furthermore, with regard to interculturality, it is worth noting that UNFPA is adhering to the Technical Group on Interculturality (GTI) agreement to focus on indigenous peoples before opening up the agenda to other aspects of interculturality. In terms of components, the "presence" of cross-cutting themes in the work carried out by the population and development component is less evident and continuous, and this should be reviewed given the strategic potential of these actions and the importance of considering cross-cutting focuses in its approach.

Summary "map" of main achievements by output

The matrix in Annex 10 lists the main achievements by component and by output. Some achievements contribute to more than one output and to more than one component, and some areas have a higher "density" of achievements whilst others have very few or even none. This also depends on the specific output and the "size" of the achievements. In some cases, it can be difficult to decide whether or not an achievement has actually been made, e.g. if an unapproved draft law can be classed as an achievement. Other limitations include the lack of availability of indicators which can give a more accurate picture of the scale of achievements such as the improved responsiveness of health services.

It is also important to note that some achievements were achieved by the CO alone, while in other cases the CO merely made one contribution (of many) to that achievement, but the evaluation team believes that its contribution played a strategic and determining role, so can be classed as an achievement (e.g. Political Constitution of the State).

An assessment of the overall effectiveness of the programme has already been provided, and this map provides a brief overview of each component. Below is a brief analytical overview of the achievements by component, highlighting strengths and weaknesses:

- a) In the SRHR component, there has been significant achievement in terms of relevance and strategic potential in the tackling of structural problems (e.g. obstetric nurses, revolving fund). However, there have also been other one-off actions carried out by the CO as an implementer (e.g. training for healthcare providers) and, although they lead to much more immediate "achievements", the progress made is later eroded, dispersed or does not generate the expected synergistic effects.
- b) With regard to the gender equality, education and interculturality component, because it is the sum or combination of a number of themes and focuses, and includes actions both inside and outside the CO (mainstreaming), it presents a number of unique challenges. The component has made strategic progress in various sectors and with a wide range of state and

civil society partners, showing that it is efficient and has a good response capacity. Progress has also been made in terms of mainstreaming of the gender, interculturality and rights focuses in the actions of the other components, although these are not completely constant, sometimes they are not evident, and they do not always correspond to an output.

- c) In the case of the population and development component, progress has been made in terms of normative and institutional proposals aimed at adolescents and the elderly, and in the field of data generation (surveys, Renta Dignidad evaluation), but there has been a lack of progress in capacity building in the use of information in national and sub-national planning (see Annex 10: Summary "map" of main achievements by output).

Progress towards achieving outputs has essentially been made in three areas: dialogue and political advocacy; capacity building; and institutional strengthening. Although there are still one and half years left until the end of the programme, it is important to note that the achievements in some cases are not enough to achieve the outputs. Furthermore, and despite improvements in the coordination of the different components, it is clear that the progress made has not led to more strategic (not just operational) links between components.

4.4 Degree of sustainability

Evaluation question 4: To what extent are the outcomes and benefits of the programme sustainable or likely to be sustainable once the country programme comes to an end?

Because the Country Programme is still underway, it is only possible to analyse and evaluate the “potential sustainability” of the changes pushed forward and progress made. This means making a prediction about how sustainable an achievement will be, based on the identification and analysis of factors that threaten sustainability, or make it more viable or difficult to achieve.

The potential sustainability of progress made to date is one of the greatest challenges for UNFPA. The analysis above has already mentioned some elements and risks to sustainability, showing that the potential sustainability of activities and particularly of achievements varies across the different themes, strategies implemented, areas, scales and actors involved. So, the potential sustainability is high when introducing themes and approaches that are still sensitive but which have already been appropriated and incorporated into the national or social agenda. For example, in the case of Bolivia, this includes themes related to family planning, reproductive health, gender and healthcare regulations such as SAFCI. However, there are still some risks to sustainability, as despite ownership and even with the existing regulations, there are lots of different stances on some themes or focuses, such as sexual and reproductive rights, and this is a risk in countries where institutions are weak.

The key threat to potential sustainability is caused by the institutional weaknesses of national partners - reflected in the high rate of civil servant turnover, lack of the minimum required technical equipment, high dependence on international cooperation, and meagre national budgets not large enough for the scale of the problems at hand. In a context like this, contributions to highly institutionalised processes (e.g. DHS, Census) are highly likely to be sustainable.. Actions that aim to strengthen institutionalisation and institutional capacity (e.g. international commitment monitoring reports, protocols, tools, Birth Planner) can also be considered good investments in terms of their contribution and potential sustainability.

However, the regularity and institutionalisation of some activities does not necessarily imply that the resources are available to guarantee them independently, and this poses a latent risk to sustainability. This is the case of the heavy dependence of Bolivia on external resources for the production of socio-demographic data. ENAJ 2008, DHS 2008 and the 2012 Census are the most recent examples, as they were, and are still being, financed by international cooperation organisations. In the case of the census, UNFPA supported the discussions of the INE with the World Bank, and the required resources were successfully obtained. This type of action to strengthen partners' capacities to mobilise resources - including advocacy to acquire a larger budget from the National Treasury - are an integral part of the strengthening actions of UNFPA and contribute to the potential sustainability of the interventions.

Changes in leadership also affect potential sustainability in civil society areas and organisations, where continuity is not a highly valued part of the internal democracy. This should also lead us to reflect upon the concept of sustainability, its scope and possible indicators, and the claims of the key leaders, who are now in other influential, decision-making forums such as the Plurinational Assembly.

Some themes or issues, due to their nature, are more likely to unite people irrespective of their differences and inequalities. Violence against women is one such issue and not only gives the actors of both sexes involved legitimacy, it also mobilises them, thus creating conditions of support, ownership and enforceability for sustainability.

The laws, regulations, plans and programmes, as well as the tools, protocols and procedures of an essentially institutionalised nature (or which are being institutionalised), have a high potential sustainability, although their sustainability depends on their level of implementation. This is an important factor to take into account, as although at this time we can consider the different normative frameworks supported by UNFPA to be achievements, in future the achievement must be transferred and evaluated in terms of its implementation, and this is a major challenge because the gap between regulations and their application is one of the greatest problems (if not *the* greatest) that the country currently faces.

In operational terms, and beyond the weaknesses relating to planning through AWP, the CO has adjusted the planning format to ensure that each activity has partner resources that reflect its commitment and contribution to sustainability. This innovative approach is also a contribution to the development of a new AWP format at corporate level. Partner contributions are an important step towards the incorporation of sustainability strategies in all processes, and this should be strengthened by identifying and dealing with risks and weaknesses early, and through multi-year planning geared towards an exit strategy.

Some isolated, one-off activities have been generated and developed, but they rarely manage to build capacities. This is the case of, for example, the Population Studies Centre at the University of San Simón in Cochabamba, and the postgraduate course in sociology at San Andrés University. Because these activities are not carried out on a regular basis, it has not been possible to adapt them to the emerging needs of the new social and political scenarios that have emerged in Bolivia. These activities have always been funded by international bodies and it has not been possible to entrench the concept of training civil servants in population and development issues.

Multi-actor mechanisms (networks, committees, panels) and coordinated inter-institutional work, often promoted and directed by UNFPA, increase potential sustainability through joint participation, shared objectives, multiple contributions and commitments from national partners and donors. In some cases, factors like competition for financial resources, conflicts due to desires

for leadership or prominence, and unclear, unshared objectives, amongst others, weaken potential sustainability. This can be seen in, for example, the Sexual and Reproductive Rights Vigilance Committee.

One of the achievements of UNFPA in terms of potential sustainability is the revolving fund to guarantee the supply of contraceptives. This is an example of how UNFPA has helped to design and institutionalise a sustainability mechanism to solve a structural problem. The strategic value of this initiative is very high. Another significant achievement, and one with interesting prospects, is the Master's Course on Population and Development at CIDES-UMSA, which is setting up a basket fund, with contributions from the private sector, to finance population and development training of human resources. This is a response to a (potential) demand, in the current context of multiple reforms (with an emphasis on the autonomous departments), for a critical mass of human resources to understand and take action on the relationships between population and development. The opportunities and the demand generated in a particular context radically increase the potential sustainability of this initiative.

Finally, a strategic sustainability overview can be used to guide interventions from the outset, to allow them to be multiplied (e.g. cascade strategy), replicated, transferred and escalated. The intervention model defined by UNFPA in 2010, based on the mid-term review, points in this direction.

The potential sustainability of progress made is one of the most important challenges for UNFPA. Institutional weakness is one of the greatest threats to potential sustainability. Multi-actor mechanisms and coordinated inter-institutional work increase potential sustainability. To get a strategic vision of sustainability, interventions must be replicated, transferred and scaled.

CHAPTER 5: ANALYSIS OF UNFPA STRATEGIC POSITIONING

The analysis of the strategic positioning of the CO and has two components: an internal or corporate component assessing the position of the CO within UNFPA corporate system, and as part of the United Nations system in general (section 5.1); and an external component assessing the positioning of the CO within the wider system of development partners throughout the country (section 5.2). The internal component (strategic alignment) has two dimensions: the corporate dimension, which examines the alignment of the country programme (in terms of its implementation) with UNFPA strategic plan and mandate; and a systemic dimension, which examines the alignment of the country programme (in terms of its implementation) with the United Nations system and coordination with other development partners in Bolivia.

5.1 Strategic alignment

5.1.1 Corporate alignment

Question 5: How well aligned are the country programme outputs with the principles of the strategic plan of UNFPA: national capacity development, support for vulnerable groups and promotion of South-South cooperation?

a) Development of national capacities

As discussed in the previous chapter, national capacity development is a central part of strategic plan of UNFPA. UNFPA supports the development of national capacities by transferring knowledge and skills to individuals, by strengthening national institutions, and supporting national policies and strategies.⁶⁴ The work of the CO is aligned with the principles of the strategic plan in terms of national capacity development, and a number of initiatives and actions provide evidence of the achievements and contributions in this area (for detailed examples, see section 4.3).

In line with the strategic plan, and with a view to transferring knowledge and strengthening institutions, the CO has provided effective training to female leaders of civil society organisations,⁶⁵ developing their capacities for advocacy and for generating proposals for public policies. The CO also provided technical support to the National Organisation for the Emancipation of Women (ONAEM) - a civil society organisation of female sex workers - strengthening its technical and management capacities, and its capacity to analyse data and formulate proposals.

The CO provided health centre staff in municipalities such as Tomina (Sucre) with training in the use of instruments to monitor care and health during pregnancy (birth planner), and in pregnancy and childbirth care with an intercultural focus, and a balance in the use of traditional and Western medicine. Such training was of vital importance in rural areas where indigenous women do not often use health centres because they lack the capacity to provide care for indigenous women in a way that respects their traditions and beliefs. This is an example of a successful contribution to the transfer of knowledge and skills.

The CO also contributed to strengthen capacities to generate information, a strategic input for the planning, design and modification of national and local development policies and for decision

⁶⁴ UNFPA strategic plan sections 78/79/80/81/82.

⁶⁵ Bartolina Sisa and CIDOB/CNAMIB, members from various indigenous peoples in lowland areas.

making based on up-to-date information (preparation of the final DHS report; ENAJ 2008; updating of maps in preparation for the National Population and Housing Census).

Although the CO has made important contributions to the development of capacities at the context, organisation and individual level, there is no clear, formalised, continuous strategy at programme level. There is no plan for capacity development at programme level and this affects the effectiveness and potential sustainability of achievements. UNFPA does not have a strategy for the establishment and strengthening of strategic alliances with partners in order to guarantee knowledge retention, ownership of capacity development methodologies, and a more continuous, coherent and effective capacity support.

b) Work with vulnerable groups

As part of its strategy to support excluded or marginalised groups, UNFPA strategic plan calls for the study and identification of the needs of these groups (especially in terms of sexual and reproductive health), and support to the poorest, most marginalised groups, especially adolescents and disadvantaged youths, female victims of violence, people living with HIV, minority groups, indigenous peoples and the elderly. UNFPA promotes the participation of these groups in the design, implementation and evaluation of the country programme and the national development frameworks. The country programme action plan identified target groups as the ones that had, historically, been excluded and discriminated against, specifically: a) women, prioritising indigenous women in rural areas and peri-urban areas and victims of violence; b) adolescents and young people, with an emphasis on the prevention of HIV/AIDS, unplanned pregnancy and gender-based violence.

As part of this strategic line of action, the CO focused its support on young indigenous women, young people, and groups that are marginalised or discriminated against (GBT).⁶⁶ The CO has achieved a leadership role in topics relating to young people and the elderly, in norms and national plans, supporting the Department for Equal Opportunities in the development of the five-year Youth Plan, the Plan for the Elderly Adult, and the Law on Elderly People. The CO also supported the government by strengthening its use of methodologies and techniques to measure the impact of public policies that aim to bridge gaps and respond to the needs of the most vulnerable population groups, in this case with reference to its social protection policy and through the development of a redistribution mechanism (through subsidies).⁶⁷

With regard to the study and identification of needs, protection of rights and help to improve access to health services for marginalised groups, UNFPA carried out a participative analysis of knowledge, attitudes and practices in the transgender population and amongst healthcare staff, improving the quality of care for this population group. Through this initiative, UNFPA was able to generate specific information about the transgender population (its situation and high vulnerability to HIV/AIDS), promoting awareness of the topic and providing a new advocacy mechanism that could be used to influence public policies.

Another success story in the study and identification of needs and the generation of socio-demographic information was the report on the National Adolescent and Youth Survey (ENAJ), a research project that provided information about the unmet needs of the population between 10 and

⁶⁶ GBT: gay, bisexual, transgender. GLBT: gay, lesbian, bisexual, transgender.

⁶⁷ Redistributions through the following funds: Renta Dignidad (elderly people), Bono Juancito Pinto (children) and Bono Juana Azurduy (expectant mothers and support for mothers and their young children).

24 years of age in terms of reproductive health and other social aspects. The CO made youth a cross-cutting theme integrated in all 3 components of the country programme, allowing the topic to be tackled comprehensively, focusing on: dissemination of research, support for representation at international conferences and summits, institutional strengthening, support for specialized care for adolescents, advocacy to influence the policy-making process, and capacity development and promotional activities. By strategically prioritising young people when working with government and civil society partners, the CO has generated information, promoted awareness of the topic, generated dialogue and feedback, strengthened youth institutions, transferred knowledge and gradually contributed to the formulation of policies in favour of young people.

The CO tackled a priority problem amongst adolescents in Bolivia - adolescent pregnancy - by supporting the adolescent pregnancy prevention symposium. It also supported the establishment and strengthening of the municipal youth councils, which play a strategic role in institutionalising the youth agenda in the charters of municipal governments and statutes of the autonomous departments.

The CO led an innovative initiative using interactive technologies to provide technical and financial support for creation, consolidation and functioning of the Estasjoven.com online youth platform, aimed at promoting awareness and the exercise of young people's sexual and reproductive rights. The web page is very popular amongst young people and adolescents, and has become a national reference for sexual and reproductive health topics. It also helps to consolidate youth related networks and developed the capacity of young people for political advocacy by providing them with valuable information about gender, rights, and sexual and reproductive health.

As mentioned in Chapter 4, the CO has led a number of activities, including: organising, strengthening and supporting social networks to combat gender-based violence in Potosí and Chuquisaca; capacity development amongst staff dealing with violence against women in healthcare services; supporting integrated legal services, public defence offices; advocacy and awareness-raising regarding intra-family violence with municipal authorities; and research on sexual violence at municipal level.

In accordance with UNFPA strategic plan and based on the needs of the Bolivian population, the CO has successfully provided support to vulnerable groups, specifically indigenous women, young people, and groups that are marginalised or discriminated against.

c) South-South cooperation

The United Nations conference held in Buenos Aires in 1978 defined South-South cooperation (SSC) as a “conscious, systematic and politically motivated process developed to create a framework of multiple links between developing countries”. SSC is a viable option to support capacity development using the resources and experience that each country can share with others at an equal or lesser stage of development, in a process of mutual cooperation.⁶⁸

UNFPA strategic plan places a high priority on South-South cooperation and triangular cooperation so that developing countries can face the new challenges of development, poverty and inequality. The Plan calls for new support methods that improve the use of local capacities as a means to share best practices. The strategic plan recommends the inclusion of the appropriate indicators in the results framework in order to monitor UNFPA contributions in this area.

⁶⁸ Informe de Cooperación Sur-Sur en Iberoamérica 2009. <http://segib.org/documentos/esp/Sur-Surweb.pdf>

As part of the country programme, a number of activities with an element of South-South cooperation have been carried out, but the knowledge generated by these actions has not been systematised effectively.

The CO contributed to strengthen the INE in preparation for the census, and this involved some aspects of SSC as the CO facilitated the exchange of valuable experience between statistical offices in Peru (methodology for satellite mapping) and Mexico (automated segmentation system). The CO also supported the National Federation of Indigenous Rural Women of Bolivia in its participation in meetings with leaders of the Confederation of Indigenous Nationalities of Ecuador (CONAIE) and the Centre of Indigenous Cultures of Peru (Chirapaq) to share and exchange knowledge and experience in political participation and progress in the area of intercultural health.

The activities and support of the CO to the regional project on migration also included elements of SSC and have contributed to develop the capacities of the institutions that take part in the project in Argentina and Bolivia. A qualitative study of sociocultural and demographic aspects amongst Bolivian migrants in Argentina was carried out to collect evidence that could be used as a basis for discussion, and to formulate and modify policies to favour the Bolivian community in Argentina. Through this initiative, the Ministries of Foreign Affairs, Health and Sport, and Justice, INE, San Andrés University, and other institutions worked together to provide the Bolivian migrant population with support in terms of sexual and reproductive health and rights. Collaborative work between the country offices in Bolivia and Argentina and LACRO led to an exchange between the two countries, knowledge generation and capacity development for service provision to Bolivian migrants in Argentina in specific topics relating to sexual and reproductive health and rights.

Although the CO has carried out some activities which include elements of SSC, there is no adequate alignment with the strategic plan of UNFPA because: (i) no indicators that could be used to measure UNFPA contribution to SSC were included in the results framework; (ii) the CO has not developed a robust strategy or focus on SSC; and (iii) SSC is not systematically used by the CO as an intervention modality.

5.1.2 Alignment with the United Nations system and coordination with development partners

Question 6: Has the CO contributed to coordination within the United Nations system, particularly in its focus areas? To what extent did it collaborate with other development partners in the country?

Coordination and work with United Nations system agencies

Within the framework of the United Nations reform process, the strategic plan of UNFPA proposes strategies such as inter-agency coordination and joint work to strengthen synergies between agencies as much as possible, so as to achieve better results in terms of development and provide more effective support to the country. The CO has worked in line with the strategic plan and has contributed to the implementation of joint programmes and co-funding of initiatives, participated in technical groups, collaborated in advocacy and dialogue initiatives as well as in joint review mechanisms (e.g. of the UNDAF). The CO takes part in the Inter-Agency Technical Committee/Social Cohesion Group in the preparation of the common country assessment/UNDAF within the framework of inter-agency coordination to harmonise and coordinate the results expected from United Nations system agencies in the country.

One modality the CO has used to work with other UN agencies is through inter-agency thematic groups. As the table below shows, UNFPA is a member of 7 technical groups and during the period evaluated it also led several such groups, including: the Technical Group on Gender (GTG), the Technical Group on HIV/AIDS (UNAIDS), and the Technical Group on Interculturality (GTI). The other UN agencies in the country recognise the efforts, contribution and added value that UNFPA CO brings to the inter-agency thematic groups.

Although it is a small agency in terms of budget in comparison to the other UN system agencies, UNFPA has proved to be highly committed, with convening power, contextual and thematic knowledge, dynamism and effectiveness in its actions. UNFPA has led processes, revitalised and promoted mechanisms of coordination, and contributed to inter-agency dialogue.

Table 15: Inter-agency thematic groups

Group	Mandate	Members
Inter-Agency Technical Committee/Social Cohesion Committee	The Technical Committee supports the technical work of UNCT related to the CCA/UNDAF and other UN system programme initiatives. Its mandate was expanded in 2007 as it became the Social Cohesion Group, with programme support for social cohesion in the country from the UN system.	Senior programme officials from the agencies and facilitated by the resident coordinator's office. It has a monitoring and evaluation subgroup with 4 focal points.
Emergency Team (UNETE)	To support UNCT/UNDMT in preparation for and response to disasters and emergencies (including complex emergencies) in the country. Led by UNDP.	Emergency focal points from the agencies. During emergencies, the group meets daily as an "extended UNETE" which includes the government and NGOs.
Technical Group on Gender (GTG)	To strengthen the technical institutional capacities of the UN system in the field of gender equality. Its objectives include the monitoring of adherence to international commitments made by Bolivia in gender-related matters.	Gender focal points from the agencies. Current lead agency: UNIFEM.
Technical Working Group on HIV/AIDS (UNAIDS)	To strengthen the support that the UN system provides to the country to prevent and treat cases of HIV/AIDS.	UNAIDS focal points. The group is led by UNFPA. It regularly works as an extended thematic group, involving the government and NGOs.
Technical Group on Interculturality (GTI)	To strengthen the institutional technical capacity of the UN system in areas relating to indigenous rights and interculturality and to promote the development of rural indigenous and Afro-descendant peoples through better relations with their representative organisations.	Focal points from the agencies. UNFPA is the current lead agency. The GTI also collaborates with other actors working on this theme.
Inter-Agency Administrators Group (UNWTO)	To provide guidance for administrative-operational decisions, to evaluate and analyse joint services. To manage joint services, through coordination, implementation, monitoring and periodical reports. To plan staff training in the required areas.	Operations officials and/or heads of administration of UN system organisations.
Inter-Agency Communicators Group (GIC)	To coordinate an annual plan for UN system communication and dissemination activities in collaboration with the resident coordinator's office. To design, implement and assess a plan for advocacy and dissemination of the Millennium Development Goals. To work collaboratively on the various world and international days established by the United Nations. To provide support for the presentation and dissemination of the various annual reports written by each UN system agency.	Each agency is represented by one person, generally the person in charge of information management. The Group is coordinated by the United Nations Information Centres (UNIC).

Ad Hoc Groups	For specific and temporary initiatives, the agencies have set up a number of inter-agency support groups. Two of these groups are: the HACT group, which supports the implementation of the HACT, and the Inter-Agency Food Security Group, which supports preparations for the PID0 joint programme (Inter-Agency Zero Malnutrition Programme).	
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Source: <http://www.nu.org.bo/Portals/0/11CINU/Documentos/Grupos per cent20IA.pdf>

In the case of the GTG,⁶⁹ UNFPA – which coordinated the group for most of 2010 and some of 2011 - contributed its experience within the themes of gender and rights, its access to very strong, extensive networks (with women and indigenous peoples) and partnerships (with ACOBOL⁷⁰). As a result, the GTG was able to get organised quickly and effectively. The partners interviewed recognised the important work carried out by the GTG, particularly in terms of capacity development for women to participate in politics in a setting free from violence (training workshops to strengthen female municipal councillors, mayoresses and assembly members) and to support female assembly members in the deliberation, discussion and generation of proposals in favour of women's rights. Furthermore, the UNETE Campaign of the UN Secretary-General to put an end to violence was implemented in Bolivia very successfully thanks to the valuable coordination work carried out by the GTG (with more than 20 institutions involved). In this case, UNFPA provided its high capacity for network deployment, negotiation and partnership building, and its in-depth knowledge of violence.

Another important contribution of UNFPA in collaboration with the GTG was through providing staff at the Department for Equal Opportunities and the Ministry of Foreign Affairs with training on international instruments like the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and through providing support for the writing of reports on the situation of women in Bolivia which could be used to prepare the CEDAW 2011 report for Bolivia. Through this intervention, UNFPA helped to institutionalise the CEDAW recommendations at state level and to transfer knowledge about international instruments and agreements signed by Bolivia to the government and to civil society.

The Technical Group on Interculturality (GTI) carried out key work with the Guarani people of the Bolivian Chaco. For years, Guarani men, women and children lived in conditions similar to slavery, forced labour and had their most basic human rights violated. The CO visited the area to establish contacts with grassroots organisations and to verify the health status of the Guarani women. Later, the CO carried out training workshops on safe maternity for auxiliary nurses, healthcare providers and authorities in the communities, and provided clean childbirth kits and equipment to health centres (Iviyeca, Yaiti and Lagunillas hospital). Thanks to the support of the CO, the Guarani communities received, for the first time, information and training on sexual and reproductive health, and health centres were equipped with basic healthcare supplies, especially for childbirth.

The Technical Group on HIV/AIDS has a plan of action aligned with the National HIV/AIDS Plan and has carried out pioneering work with vulnerable groups (adolescents, GBT population) in order to respond to their needs in terms of their rights, the organisation and development of leadership capacities, and public policy advocacy. Work with adolescents and the GBT population is of vital importance because of the high HIV/AIDS prevalence and incidence rates amongst these groups (the epidemic mainly affects urban areas). The interviews with partners highlighted the important

⁶⁹ The GTG has its own budget provided by the agencies.

⁷⁰ Asociación de Alcaldesas y Concejalas de Bolivia (Association of Women Councillors of Bolivia).

role of UNFPA as a coordinator, its support for the implementation of initiatives, its work to mobilise resources, contributions to knowledge analysis and studies, its commitment to bringing sensitive topics to the attention of the government, and its close relations with civil society organisations and donors.

UNFPA has also worked in collaboration with UN system agencies in joint projects on key priority issues for Bolivia. The Human Security for Adolescents programme focused on one of the population groups most vulnerable to domestic and sexual violence, early pregnancy, maternal mortality, STIs and HIV, and given the least priority in Bolivia's public policies. The programme has been a good experience in coordination and teamwork in an area of mutual interest for all three agencies (UNFPA, UNICEF and WHO/PAHO). For this initiative, UNFPA led the improvement of the capacity of health centres to provide preventative and curative care to adolescents with a focus on gender and cultural sensitivity, primarily in the field of sexual and reproductive health, violence and HIV.

Another example of successful collaboration between UN system agencies was the project to train obstetric nurses. This joint initiative developed by UNFPA and WHO/PAHO (and later, UNDP) and launched in 2006 under the leadership of UNFPA and the College of Nursing of Bolivia as a strategy to reduce maternal, perinatal and neonatal morbidity and mortality rates. The partners interviewed highlighted the good teamwork in the planning and implementation of the initiative and the key role played by UNFPA through its advocacy, dissemination and coordination work and use of networks.

Implementing joint programmes has made it easier to tackle national priorities in UNFPA intervention areas. It has also strengthened inter-agency coordination and harmonisation, and this has led to better advocacy with government and civil society bodies to include key themes on the agenda. Despite the positive points of joint initiatives, the CO has also faced challenges when planning and implementing initiatives and coordinating actions between different agencies, mainly to do with the difficulty of agreeing upon a common framework, the role and visibility of each institution during the initiative, and issues of leadership.

Joint initiatives - UNFPA + UN system agencies 2008-2011
Multisectorial Zero Malnutrition Programme; Strengthening of Local Capacities; Thematic Window on Childhood; Food Security and Nutrition, ISAN
Human Security for Adolescents; Empowerment and Protection against Violence, Early Pregnancy, Maternal Mortality and HIV/AIDS.
Obstetric Nursing Training Institute in the Bolivian University System
Project on the prevalence of STIs and HIV and the behaviour of workers in the sex industry (PREVETS)

Although collaboration and coordination amongst UN system agencies increased during the period evaluated, collaboration often arises because of funding opportunities or thanks to the initiative and leadership of agency representatives and not because of a strategic vision of the role of the different agencies or a clear action plan. Joint projects make planning, implementing and monitoring an initiative more complex, so agencies sometimes prefer not to work on them. Agencies do not necessarily share the same work style, administrative systems, focus or conceptual frameworks for critical themes, and this can lead to uncoordinated isolated initiatives that do not run smoothly.

In its role as coordinator, supporter and contributor to UN system agencies, UNFPA has been recognized to have a high added value and a good level of responsiveness thanks to its close relationships with various civil society and government actors at national, departmental and municipal level, as well as valuable technical capacity in UNFPA focus areas and an excellent understanding of the national context.

Coordination and work with donors and government and civil society actors

The CO has also been a member of technical committees dealing with a number of different themes. UNFPA has led the Committee for Safe Maternity and Birth (coordinated by the Ministry of Health and composed by members from international cooperation organisations, NGOs and civil society organisations) and the Education Committee. Through its work with the Committee for Safe Maternity and Birth UNFPA managed to mobilise resources to formulate departmental and municipal sexual and reproductive health plans. By working as part of a committee, UNFPA has been able to promote awareness of its priority themes, achieving a higher impact and weight (because several institutions are working together as one) when it comes to public policy advocacy. The CO has played the role of facilitator in these committees, as a link between civil society, the government and donors, and has helped to position themes, mobilise resources and technical assistance, and strengthen capacities. However, the contribution of UNFPA to the committees has been affected on occasion by the heavy workload of CO staff.

Furthermore, through the United Nations system, UNFPA is represented in the Partner Group for the Development of Bolivia (GruS), a forum for coordination made up of bilateral, intergovernmental and multilateral bodies with a presence in Bolivia.⁷¹ GruS supports the leadership of the government of Bolivia in the coordination and harmonisation of international cooperation, to improve the effectiveness and alignment of that cooperation, in order to achieve the objectives of the National Development Plan (NDP) and the MDGs. Within GruS, UNFPA is part of the Sexual and Reproductive Rights subgroup and the Inter-Agency Gender Committee (CIAG), which have both become important forums for coordination and advocacy. By participating in these subgroups, the CO has been able to create partnerships with other donors to make progress in areas inherent to the mandate of UNFPA.

UNFPA is involved in the following groups and committees:

Table 16: UNFPA membership of groups and committees

Group	Area
Technical Group on Gender (GTG)	Gender
Technical Group on Interculturality (GTI)	
Inter-Agency Gender Committee (CIAG)	
Education Committee of Cooperation Agencies	Gender/sexual and reproductive health
Education Support Fund (Basket)	
Joint United Nations Programme on HIV/AIDS (UNAIDS)	STIs (sexually transmitted infections), HIV/AIDS
UN Cares Working Group (UNCWG)	
Working group for the study of prevalence of STIs and HIV and the behaviour of workers in the sex industry (PREVETS)	

⁷¹ GruS' main strategic objective is to support the implementation of the Paris Declaration and Accra Agenda for Action - instruments that support the harmonisation and alignment of international aid with national priorities.

National Committee for Universal Access for GLBT Populations	Sexual and reproductive health
International Cooperation Health Committee	
National Committee for Sexual and Reproductive Rights Vigilance	
Committee for Safe Maternity and Birth	
National Observatory for Maternal Mortality Vigilance	
National Committee for the Management of Medicines and Medical Supplies	
National Inter-Agency Committee for the Zero Malnutrition Programme	
National Inter-Agency Committee for Healthcare Quality Management	
GruS Inter-Agency Committee	Population and development
Organising Committee of the International Forum on "Youth employment: challenges and reality"	
National Committee on Adolescence and Youth	

The CO recently started utilizing a new intervention modality which involves participating in support or basket funds, such as the Education Support Fund and the Education Basket, which will allow for the mobilisation of donor resources to provide technical and financial support to the Ministry of Education. The CO was invited to take part in this fund, which has resources totalling around US\$92 million from various countries (Holland, Sweden, Denmark and Spain). UNFPA will contribute its experience and technical knowledge in the field, particularly its knowledge of sex education, and will be able to channel resources and technical expertise towards UNFPA priority areas.

The work of the CO in technical committees involving national partners and donors has allowed the Fund to identify national needs and priorities, share knowledge, get ICPD themes and UNFPA priority areas included on the agenda, and document good practices. Coordinated inter-institutional work makes it possible to optimise technical and financial resources and focus on UNFPA priority themes, and helps to improve sustainability by securing the commitment of national partners and donors.

5.2 Responsiveness

Evaluation question 7: To what extent has UNFPA been able to respond to social changes that have taken place in Bolivia? Did it provide a suitable response to the new demands and needs prioritized in the new national development strategy?

UNFPA had a good level of responsiveness throughout the period evaluated, both to urgent partner demands and to medium and long-term requirements.

One clear example of UNFPA responsiveness to an urgent demand was the technical support and equipment provided to strengthen the INE during the period of preparation for the national census. This support was critical, specific and essential at a key moment. As a result of this support, and the close working relationship of UNFPA with INE and the positioning of the Fund in themes related to population, the World Bank asked UNFPA to manage a grant to strengthen the capacities of the INE. Without the quick response of UNFPA, the INE would not have had the technical skills nor the equipment required to start planning the census.

The CO was also able to respond to the proposal of the Dutch Embassy that UNFPA join the Education Support Fund (Basket) because of its technical capacity in sex education and its excellent skills for advocacy for public policies and norms. The participation of UNFPA in the Education Support Fund provides UNFPA with a platform to influence the debate, increase its visibility, discuss sensitive topics and increases its capacity for advocacy. To respond to these partner demands the CO had to take on more responsibility in terms of coordination, technical

support and human resources, and this demonstrates the capacity and commitment of the CO to adapt and provide a good, quick response.

The main partners and direct beneficiaries interviewed by the evaluation team described the responsiveness of UNFPA as good, appropriate, flexible, respectful, without imposing its own institutional agenda. UNFPA has not imposed its own strategies and agendas, has respected national leadership and sovereignty, and shown an awareness of the development model, and these points have all proved indispensable in terms of being able to work effectively with public sector partners. This became clear through the work of the CO during the post-constitutional period, when UNFPA took advantage of the opportunity to incorporate the gender focus in the five Framework Laws (2010) and the Jurisdictional Demarcation Law (2010). The CO also responded quickly in situations where public sector partners were unable to implement the planned activities, executing the activities directly through the DEX modality. In the same way, the CO has been able to adapt to the frequent changes in management staff in the public sector, striving to maintain close relations with the newly appointed staff and continuing with the activities planned, without losing focus or strategic direction.

The response of UNFPA adapted not only to the changing political context, but also to new social movements and actors, taking advantage of windows of opportunity. By providing support for capacity development and coordination of the Bartolina Sisa⁷² social movement, UNFPA helped strengthen the participation of the movement in the formulation and advancing of political, social, economic and cultural actions. The CO also took advantage of existing networks and provided support to strengthen and reinvigorate these. Examples include the strengthening of the networks to combat violence against women in Chuquisaca and Potosí.

The CO has also responded to emergency situations caused by natural disasters, providing a coordinated response with local authorities and representatives of the communities affected. In 2009, UNFPA helped families affected by flooding and living in camps in the department of Beni, and families affected by landslides caused by the rain in La Paz.⁷³ UNFPA also provided humanitarian aid in the form of a "Dignity Kit"⁷⁴ which was accompanied by a training workshop on preventing and preparing for disasters, gender-based violence, and sexual and reproductive health. It also provided a fast and effective response to the sudden interruption in the availability of sexual and reproductive health supplies, specifically contraceptives, providing technical support, supplies (stock of four modern methods of contraception to cover 18 months' demand) and logistical support to the Ministry of Health to help it set up a fund to purchase contraceptives.⁷⁵

In some cases, the responsiveness of the CO has not been accompanied by actions designed to develop sustainable institutional capacities. This is linked to the selection criteria used to prioritise which partner demands need to be addressed first. These criteria are not clear as they do not take into account the criteria of continuity and the resources needed for sustainable effects. This situation became clear in cases where UNFPA was unable to respond to all requirements from committees due to lack of time and resources. In the case of the Youth Councils, UNFPA drove the

⁷² The Bartolina Sisa National Confederation of Indigenous Rural Women of Bolivia has joined a number of other institutions to establish the National Coordination of Indigenous Rural Organisations and Intercultural Communities of Bolivia (COINCABOL).

⁷³ Informe Atención a Eventos Adversos – Bolivia, May 2009.

⁷⁴ The Kit contains female health and hygiene supplies, female and male condoms, a pregnancy kit and a morning-after pill.

⁷⁵ Because of a customs regulation imposing a fee on donations of contraceptive supplies, many health services ran out of some of the contraceptive supplies provided by the Public Health Insurance scheme (SUMI).

process forward but the necessary resources to support these activities and replicate it elsewhere were not available.

The responsiveness of the CO has been good but in some cases it has not been accompanied by actions to develop long-term institutional capacities as a sustainable exit strategy.

5.3 The added value and comparative advantages of UNFPA

Evaluation question 8: What has been the added value of UNFPA as a development partner in general and in terms of its contribution in its focus areas in particular? What have been the main comparative advantages of UNFPA as a development partner? Have these been maximized?

The high added value of UNFPA⁷⁶ as a development partner in Bolivia has been widely recognised by the majority of actors interviewed, including government representatives, civil society, social movements, United Nations system agencies and bilateral donors. The comparative advantages of UNFPA put it in an excellent position to contribute to development and promote political, social and cultural processes as a partner of high added value.

The CO has facilitated, supported and contributed to fundamental processes, often at key moments, of the political, social and cultural development of Bolivia. The CO provided technical support to the movement "Women present in History", composed of members of the assembly, NGOs, and women from civil society, and this led to the inclusion of various articles on women's rights, including sexual and reproductive rights and protection against discrimination, in the new Political Constitution of the State enacted in 2009. Furthermore, by creating a master's degree in population and development, a specialisation that was not previously available, the CO has contributed to promote awareness of this highly important topic for Bolivia.

The CO has promoted awareness of highly sensitive topics, such as family planning, adolescent pregnancy, sex education, rights of the transgender population, sexual and reproductive health and interculturality. It has made these topics part of the social and political agenda, dealing with them with sensitivity and skill. On some occasions, UNFPA has been the only actor to deal with these sensitive topics consistently, and has developed proposals to help address them.

An important part of the added value of the CO is not through the programme itself but through "soft aid" - advocacy, consensus building, dialogue, persuading actors, and interaction. The capacity for negotiation of the CO, its leadership and contextual knowledge, and the commitment of its technical and management staff, have played a vital role. The experience of UNFPA in departmental and municipal areas and presence on the ground to implement and channel funds are also highly valued by the partners interviewed.

The CO has made a high added value contribution by putting on the national agenda the topic of discrimination against the transgender population or men who have sex with men, and by strengthening organisations representing these groups. UNFPA positioned itself as an organization willing to work with populations which other organisations do not work with, with a particular focus on young people in these population groups.

⁷⁶ The added value and comparative advantages of UNFPA were topics systematically examined in each of the interviews carried out throughout the evaluation process.

Another important added value is the capacity of UNFPA to mobilise and strengthen networks and bringing the government and civil society together. One example of this was the creation and strengthening of networks to combat violence against women in the departments of Chuquisaca and Potosí.

Perceptions of the added value of the CO have varied during the period evaluated. The profile of the CO was quite low at the beginning of the programme in 2008. However, in the two years following the start of the programme, gained visibility as it became more open and made important efforts to collaborate with the government, civil society, social movements and communities, and because it developed a participative approach. The 2008 report by the Multilateral Organisation Performance Assessment Network (MOPAN) on UNFPA in Bolivia highlighted the low profile of the organisation in terms of its contribution to capacity development for national and local institutions, the perception that UNFPA made no significant contribution to dialogue with the government about public policies, and the perception that the actions and focus of UNFPA were not aligned with national systems and procedures.⁷⁷ With regard to the added value of UNFPA in terms of collaboration with donors, the survey found that UNFPA restricts its participation in collaborative groups to gender-related issues mainly. In contrast to the findings of the MOPAN report at the start of the period evaluated here, the partners and beneficiaries interviewed as part of this evaluation highlighted the high added value of UNFPA.

The added value of UNFPA is a direct result of its comparative advantages, and is based on the things that UNFPA does particularly well and where it stands out in comparison with other United Nations agencies and donors. UNFPA strengths include its experience in Bolivia and close contact with community bases, its close relationship with social movements, its in-depth knowledge of the political, social and cultural context of the country and its people at national, departmental, municipal and community level. The CO is also very skilled in facilitating and supporting processes of political and inter-institutional dialogue, has strong convening power, and is a guardian of the institutional memory in a continuously changing context.

The financial support provided by the CO was also mentioned in many of the interviews as one of the added values of UNFPA. UNFPA contributes a large percentage of the annual budget of a number of national, departmental and municipal government institutions. In some cases, the resources assigned to these institutions are not enough to ensure that they function effectively, so the resources provided by UNFPA are of critical importance, allowing the institutions to implement their activities. They could not carry out the activities set out in their work plans otherwise. Although partners see this contribution as a positive aspect, CO resources are being used to replace resources that should have been provided by the government to ensure that these institutions continue to function, and this affects the continuity and potential sustainability of the activities carried out.

One of the key strengths of the positioning of the CO as a partner is that it is perceived to be impartial, reliable, transparent and credible, with a knowledge of the topics involved, working with a wide range of different partners, and with technical and management staff who are fully committed to the mandate of UNFPA.

⁷⁷ MOPAN (Multilateral Organisation Performance Assessment Network) is a network of 16 donor countries with a common interest in assessing the organisational effectiveness of the major multilateral organisations they fund. The MOPAN Common Approach is an annual assessment of the effectiveness of multilateral organisations. It explores whether these organisations have the systems, processes and behaviours needed to be effective over time, particularly at country level.

CHAPTER 6: COUNTRY PROGRAMME MONITORING AND EVALUATION SYSTEM

Introduction

Country programme monitoring and evaluation systems are made up of a number of different components: monitoring of inputs and activities, outputs and outcomes, risks and assumptions, and evaluation. This part of the report analyses each of these components as well as the contribution of the CO to national capacity building in monitoring and evaluation.

Diagram 6: Monitoring and evaluation system components

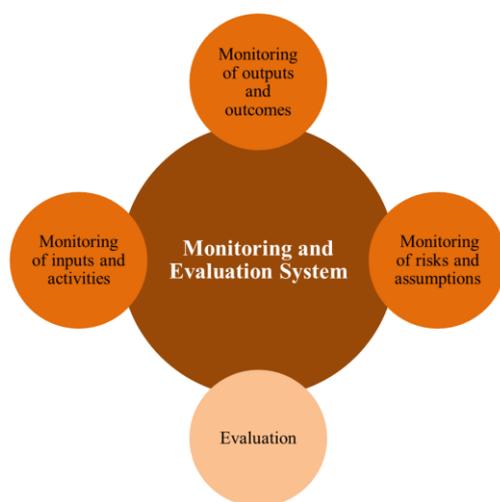


Diagram 6 uses different colours to show that although monitoring and evaluation are closely linked, they both have different functions. This is why they must be analysed separately.

Monitoring is made up of three distinct dimensions or areas. The monitoring of inputs and activities makes up most of the compliance monitoring process, and accounts for much of the day-to-day work of the programme officers at UNFPA country offices. This dimension includes the monitoring of budgets, spending and activities.

The monitoring of programme outputs and outcomes is closely linked to results-oriented monitoring, and is an integral part of the results-based management system. This chapter of the report places special emphasis on this area because it is acquiring more and more strategic importance at corporate level within UNFPA.⁷⁸

The monitoring of risks and assumptions is an integral part of risk management, and also plays an important role at corporate level: according to the current UNFPA Strategic Plan, risk management is one of the elements to take into account when strengthening results-based management.⁷⁹

Monitoring of inputs and activities

Performance in terms monitoring of inputs and activities is satisfactory and has been highly effective to date. One indicator of this, albeit an indirect one, is that the budget execution rate in 2010 was 97 per cent.⁸⁰

In order to control spending and monitor activities, the CO generally uses the forms and templates provided in the manuals prepared by headquarters, although with some adaptations and adjustments. Financial reports (which follow Atlas system procedures) and activities reports are submitted to headquarters by the deadlines specified and there are no quality issues with these.

⁷⁸ See paragraphs 27, 87 and 88 of the strategic plan and the results-based management policy; UNFPA, 2010.

⁷⁹ See paragraph 87 of the strategic plan.

⁸⁰ 100 per cent of regular funds and 93 per cent of cost sharing funds were executed.

The main instrument used to monitor the execution of budgets and activities is the annual work plan monitoring tool (AWPMT). This form is completed by the implementing partners and is linked to FACE forms (partner fund request forms), which means that monitoring can be carried out periodically every three months. However, in some cases AWPMT are only submitted every six months or even only once a year, and this means that their use as a monitoring tool cannot be fully optimised.

The CO also uses assurance activities plans to check implementation quality. These plans include in-person field visits and make it possible to carry out planned, regular monitoring of on-going activities.

The CO also has its own mechanisms for monitoring activities. The main ones are the review meetings (programme management team), convened every fifteen days, used to coordinate between focus areas and analyse AWPMTs.

The CO currently uses mission reports instead of Field Visit Monitoring Reports (FVMR).⁸¹ Although they include some similar elements, mission reports do not have all the specifications and features of a FVMR. At the time of this evaluation, work was being carried out to improve the mission reports and to design a mechanism so that they can be systematised, e.g. to ensure that the reports are not just filed in paper format by partners but that they are also uploaded to DocShare so that the conclusions and recommendations of each report can easily be consulted during future visits.

Over the last year, a number of significant improvements have been made to the formats and tools used to monitor activities. Some of the most important improvements are:

- The AWP format for 2011 includes a column showing the contributions made by national implementing partners. This makes it possible to monitor the evolution of these contributions over time, provides an objective element that can be used in negotiations with partners, and can be used in the sustainability analysis and in the design of exit strategies.
- The AWP format for 2011 also includes improvements that allow for better monitoring of implementation. The format used in previous years did not specify the budget distribution (planned expenditure) for each quarter - it only detailed the total budget for each activity and the quarters in which they would be executed. Now the AWP detail the budget by quarter for each activity, which means that the execution rate by quarter can be calculated.
- In the gender equality focus area, activity monitoring sheets have been introduced, and the use of weekly activity plans is being systematised. This qualitative tool means that activities not strictly related to the AWP, such as 'soft' activities, can also be monitored.

Monitoring of outputs and outcomes (results-oriented monitoring)

The output and outcome monitoring system is set out in the monitoring and evaluation plan (MEP) of the CPAP, and in the monitoring and evaluation framework in the MEP which is, in turn, based on the results and resources framework (RRF) of the CPAP. Output and outcome monitoring is also reflected in the CO annual reports (COAR) and the Standard Progress Reports (SPR).

The output and outcome monitoring process presents important weaknesses which require immediate corrective action because of the vital significance of this process at the CO and

⁸¹ Included in the "Country Programme Monitoring and Evaluation" section of the 'UNFPA Policies and Procedures Manual' (2004, December 2010).

corporate level. In operational terms, the weaknesses that are currently hindering the results-oriented monitoring system in the CO are: the lack of functionality of the monitoring and evaluation framework as a results-oriented monitoring tool, and the fact that there is no information system associated with that framework. These operational weaknesses are the result of various factors which are outlined below:

1) The monitoring and evaluation framework is not used as a results-oriented monitoring tool. The main reasons for this situation are:

1.1) There are **problems with the quality** of both the monitoring and evaluation framework and the results and resources framework on which it is based.

Outputs are formulated at the same level as outcomes, or at a level of effects much higher than should be used for outputs. They are therefore not *deliverables* that can be attributed to the CO, they are too ambitious and not very feasible, and they do not correspond with the objectives that can be achieved with the support of the CO.

There are also problems with the quality of the **indicators** in the original monitoring and evaluation framework. None of them include information about baselines, targets and achievements, they do not include elements about gender, and some of them are not relevant, specific or measurable.

Some of these initial quality issues have been partially rectified thanks to the monitoring and evaluation framework review which was carried out following the mid-term programme review in 2010. However, this review was only an internal exercise, so the revised monitoring and evaluation framework has not been formalised and the quality issues persist.

Table 17: Aggregate assessment of the quality of indicators in the revised monitoring and evaluation framework

		QUALITY ASSESSMENT CRITERIA							
		Clear formulation	Relevant	Specific	Operational				Values collected and reported
					Baseline available	End-line available	Target available	Means of verification	
#	# of "yes" (1)	37	29	33	13	7	13	10	9
	# of "no" (0)	5	8	4	29	35	29	32	33
	Total	42	37	37	42	42	42	42	42
%	% of "yes" (1)	88%	78%	89%	31%	17%	31%	24%	21%
	% of "no" (0)	12%	22%	11%	69%	83%	69%	76%	79%
	Total	100%	100%	100%	100%	100%	100%	100%	100%

As Table 17 shows, the main problem with the revised monitoring and evaluation framework indicators is that they are not operational, i.e. they cannot be used in a practical, immediate manner to measure results (an essential function). Furthermore, the lack of measurable indicators and above all the lack of baselines and end-lines is one of the factors behind the current lack of exit strategies in the CPAP (see section 4.1.4): the lack of information available on progress made towards results makes it impossible to carry out an objective, evidence-based assessment about when to gradually decrease the support provided and the best way to do this.

Part 2 of Volume 2 of the report (Country Programme Action Plan indicators quality assessment tool) analyses the quality of the indicators used in the revised monitoring and evaluation framework. This section also provides details of the analysis to produce the table above.

1.2) The results and resources framework (RRF) and the monitoring and evaluation framework have not been updated or adjusted.

The RRF and the M&EF were both designed in a country context which underwent significant changes shortly afterwards.⁸² Furthermore, the constant turnover of government staff had a direct effect upon the feasibility and operationality of several of the output and outcome indicators. However, the M&EF was not adjusted, and as a result it stopped reflecting the real situation. It therefore ceased to be a useful internal monitoring tool.

The factors explaining the problems with quality and the lack of adjustment of the frameworks can be split into two categories: systemic factors associated with UNFPA at corporate level, and factors related to internal aspects of the CO. The corporate or systemic aspects are:

- Restrictions when it comes to making changes to indicators and targets (Atlas): once the indicators are integrated into the Atlas system they cannot be changed or modified.
- Lack of clarity about whether or not adjustments can be made to the monitoring and evaluation framework and the implications of those adjustments.
- There is currently no practical guide that CO can follow to design a good RRF/M&EF.
- Neither the regional office nor headquarters demand that the monitoring and evaluation framework be used as an accountability tool, and this means that there is a lack of incentives for its use.

The lack of incentives for using results-based management tools is also linked to the **lack of feedback** from the regional office and headquarters. It is currently normal for the CO not to receive feedback about the COAR and SPR⁸³ submitted. There is also no feedback from the regional office about the initial quality of the monitoring and evaluation plan and the monitoring and evaluation framework, and no monitoring to ensure that they are being used effectively.

The second group of factors are related to internal factors at the CO, namely:

- Weaknesses in the design and formulation process of the monitoring and evaluation framework.

Both the outputs and the indicators were designed and formulated by the CO management team and programme officers, and not as part of a participative process involving the technical staff from the CO and national partners. As a result, the output indicators are not very realistic or operational, and this has led to a lack of ownership of those indicators.

However, this lack of ownership has been remedied, at least in part, by the monitoring and evaluation framework review process (in which technical staff took part), and the inclusion of sub-outputs, agreed upon with partners, in the AWP.⁸⁴

- **There is a major shortfall in human resources** devoted to results-oriented monitoring in the CO.

⁸² The enactment of the Political Constitution of the State and the five fundamental laws and the presidential elections in 2009; publication of the UNFPA strategic plan.

⁸³ Although COARs and SPRs are results-oriented monitoring tools, they are self-assessments and do not replace the joint monitoring mechanism described in paragraph 105 of the CPAP.

⁸⁴ See the end of this section for more details on this improvement.

This not only explains the poor quality of the monitoring and evaluation framework and the MEP, but it is also one of the main problems behind the lack of a results-oriented monitoring system.

This shortfall exists on two levels: on the one hand, staff do not have the skills required to design and use results-oriented monitoring tools and techniques, as they have not been trained to do so; and on the other hand, there is a structural lack of human resources devoted to results-oriented monitoring tasks.

The CO has an M&E focal point whose performance has been very effective to date. However, his responsibilities as a programme assistant only allow him to dedicate 10 per cent of his time to M&E tasks, and this small percentage is taken up entirely by the monitoring of inputs and activities. In addition, the rest of the technical team do not have clearly assigned results-oriented monitoring functions,⁸⁵ and in any case those assigned functions are not part of their job descriptions (nor of that of the focal point). As such, there is no one person with the time or the explicit mandate (and therefore the responsibility) to monitor implementation of the MEP.

1.3) The monitoring and evaluation framework plays no role in the joint monitoring (UNFPA/Government) of the CPAP monitoring and evaluation system.

The monitoring and evaluation framework is not used as an instrument in the CPAP monitoring process - annual country programme reviews set out in the CPAP itself⁸⁶ - which should be carried out by UNFPA and the Department for Public Investment and External Financing (VIPFE) as the national coordinating body of the CPAP. The main reason why that joint monitoring process is not being carried out is that VIPFE has not proactively required the review of the CPAP because of a lack of human resources, installed technical capacity, and in-house monitoring resources.

2) There is no information management system associated with the monitoring and evaluation framework.

Even if the quality of the monitoring and evaluation framework were to improve, it could not be used as a tool in practice because there is no information system linked to the indicators. The lack of an information system associated with the monitoring and evaluation framework is actually the main reason why the indicators are not operational (see Parts 2 and 3 of Volume 2 of this report). Furthermore, without an associated information system, the monitoring and evaluation framework is nothing more than a logical planning matrix, which does not make it possible to monitor outputs and outcomes based on evidence that can be used to check and contrast progress objectively.⁸⁷ This means that it is difficult for the CO to demonstrate that the programmes that receive its support lead to demonstrable changes, one of the requirements of the Strategic Plan.⁸⁸

The lack of a specific budget for results-oriented monitoring is probably the main reason behind the lack of operability of the results-oriented monitoring system.

⁸⁵ Box E-1 of the monitoring and evaluation plan includes some general roles, but these have not led to the monitoring of outputs and outcomes.

⁸⁶ See paragraphs 104 and 105 of the CPAP 2008-2013.

⁸⁷ The mid-term review already states that it is essential to demonstrate that UNFPA actions have an impact and the monitoring and evaluation system therefore needs to be strengthened. Section 5, page 14.

⁸⁸ See paragraph 88 of the UNFPA strategic plan 2008-2011.

Between 2008 and 2010, spending on monitoring and evaluation represented, on average, 4.8 per cent of the total budget for the programme.⁸⁹ This amount is in line with the amount assigned by country offices currently implementing recommendations made in auditing reports (DOS) relating to the formalisation of the M&E function as part of the cycle of operations.⁹⁰ However, in Bolivia, the budget is allocated to monitor inputs and activities and is exclusively associated with the implementation of AWP. No specific budget is assigned to results-oriented monitoring.

It is important to highlight that the CO management are aware of this situation and acknowledge the role of results-oriented monitoring, not just as a corporate precept, but as a cornerstone of the internal monitoring system of the CO. As such, over the last year the CO has taken some specific actions, for example, some of the improvements to monitoring tools and formats mentioned earlier have also helped to tackle problems with output monitoring:

- The design of the AWPMT for 2011 has been modified so that it now includes a column for "*progress towards achieving country programme outputs*" where partners should indicate any progress made using data for annual target indicators.⁹¹
- Positive changes were made to the AWP design process between 2008 and 2010. At the start of this period, the emphasis was on activities and budget planning, but now sub-outputs and sub-output indicators are included as well. Including sub-outputs and their indicators alleviates the problem of having outputs formulated at the same level as outcomes,⁹² and means that implementing partners can identify much more with the indicators and targets established in the AWP.

Although both of these improvements demonstrate the tendency to assign more importance to the monitoring of outputs and represent progress in terms of incorporating elements of results-based management, they are still restricted to AWP⁹³ and have not led to added value improvements in terms of tools for monitoring aggregate achievements, such as the monitoring and evaluation framework.

The CO management has considered developing an internal computerised results-oriented monitoring system. However, this option is being reconsidered given the recent launch of UNFPA Programme Management System Implementation Project⁹⁴ led by the Business Practices/PSRD Branch at headquarters. This project has come about in response to the low usage of the Atlas Programme Management Module (PMM). The Bolivia CO is a member of the work group set up for this initiative.

The management have also considered the possibility of hiring an M&E programme officer, a key step to developing a results-oriented monitoring system. However, the management budget of the CO was cut from \$1.7 million to \$1.4 million in 2011. Even though the 2008-2011 strategic plan states that full application of a results-based management system is a central UNFPA strategy, and

⁸⁹ Data provided by the country office.

⁹⁰ E.g. 8.5 per cent in Malawi, 2.5 per cent in East Timor, and 5 per cent in Chad.

⁹¹ This is a recently implemented improvement and it was not possible to verify that it is effective in practice.

⁹² These sub-outputs are formulated at a much lower level than the monitoring and evaluation framework/RRF outputs.

⁹³ AWP sub-output indicators are still not linked to the output indicators for the monitoring and evaluation framework.

⁹⁴ This project will involve the launch of a tool that will allow country offices to assess the success of programmes by monitoring and measuring quantifiable progress indicators based on established objectives and results.

considers monitoring and evaluation to be key elements of results-based management,⁹⁵ no enough funds have been assigned for this purpose as yet.

In addition, opportunities that arise from the interaction between UN system agencies in terms of results-oriented monitoring are not being maximized. For example, UNICEF is currently developing an integrated monitoring system and UNDP is developing a corporate IT platform called the "enhanced results-based management platform". UNFPA would benefit from sharing experiences and lessons learned with other agencies in this area on a regular basis.

Monitoring of risks and assumptions⁹⁶

The monitoring of risks and assumptions by the CO is satisfactory. External factors are regularly identified and monitored by the Resident Representative and through advocacy (soft activities) carried out by the management team. Assessment and monitoring of risks takes place, at the internal level, at monthly management meetings (senior management team/country management team). These meetings are used to analyse issues related to strategic aspects and advocacy, amongst other things.

There are three elements that put the CO in a good position to obtain precise, timely information about the status of risks and assumptions:

- good relations with government partners and other development agencies in Bolivia;
- the good positioning and recognition which the CO currently enjoys in the country at an institutional level;
- the excellent knowledge and understanding of the socio-economic, political and international cooperation dynamics of the CO staff.

The only weakness in terms of the monitoring of risks and assumptions is that the monitoring process is not formalised in any type of written tool.⁹⁷ This prevents a structured management and monitoring of these factors, making it difficult to share and transfer information in a systematic manner, constraining the development of an institutional memory in this field, and preventing objective external assessments of the level of quality of the monitoring of risks and hypothesis.

Evaluation

There is currently no organised, planned process for evaluations and the CO has adopted a reactive rather than a proactive attitude to the few evaluations performed to date.

During the period evaluated, three project evaluations were conducted: one carried out by the Swedish Cooperation Agency and two regional ones focusing on the areas of reproductive health and gender carried out by the Latin American and Caribbean Regional Office (LACRO). The role of the CO has been limited to the provision of inputs for the terms of reference and there is no

⁹⁵ See articles 86 and 118 of the UNFPA strategic plan 2008-2011.

⁹⁶ Assumptions are external factors required for programme outputs and outcomes to be achieved satisfactorily. Risks are external factors which could threaten achievement of programme outputs and outcomes. *External* means that they are factors which lie beyond the control of the UNFPA.

⁹⁷ The new format of the monitoring tool in the Annual Work Plan (2011) includes notes on factors that have impeded or facilitated the plan's progress, but the analysis is carried out ex-post, not ex-ante, and this makes it difficult to use as a preventative risk management tool.

evidence that the evaluation results have been used in subsequent planning processes. In any case, there has been no planned, directed use of the evaluation results.

No country programme output or outcome evaluations were conducted during the period evaluated. Although it provides a very useful strategic review of the CO, the CPAP mid-term review (MTR) cannot be considered an evaluation as it does not include an independent assessment of the progress made towards achieving outputs and outcomes. The mid-term review took place just six months prior to this final programme evaluation, and this calls the relevance and appropriateness of mid-term review into doubt. Given programme evaluations use up a lot of time and resources, and there is only a short time gap between the two evaluation exercises, an MTR focusing on the assessment of achievements in terms of outputs and outcomes can hardly be justified if a final evaluation is to be carried out just a few months later.⁹⁸

The lack of an evaluation plan which facilitates the use (planned in advance) of the results of the evaluations is one of the key reasons why those results do not respond to the information needs for decision making in the CO.

One positive aspect that should be highlighted is that the CO has been proactive in getting national actors involved in designing some of the evaluations. This evaluation, for example, incorporated a reference group. However, some key actors (e.g. VIPFE) still play a very minimal role in the evaluation design process.

Support for capacity development in M&E

Both UNFPA Strategic Plan and the country office monitoring and evaluation plan stipulate that the government and other national partners should be given support for capacity development. The achievements in this area have varied depending on the different levels involved.

At programme level, important contributions have been made to improve capacities to generate information at national level. This was one of the bottlenecks preventing national monitoring systems from becoming operational. As mentioned in Chapter 4 of this report, the CO has made effective contributions to the strengthening of the statistical information system by supporting the National Demographic Survey (DHS 2008), the National Youth Survey (ENJ 2008) and the implementation of activities to prepare for the 2011 Population and Housing Census. The support provided by the CO for the evaluation of the Renta Dignidad scheme could become an important contribution if the results of that evaluation are used in the review of the Renta Dignidad Pension Law.

The role of the CO in terms of supporting the government in the development and implementation of mechanisms to monitor the progress of the National Development Plan has been much less evident and has been cut short due to external factors. UNFPA has been an active member of the Indicators and Results-Based Management Group of the Partner Group for the Development of Bolivia (GruS), which was set up to help construct a national monitoring system using a results-based management framework and to align the monitoring systems of donors to the national system. This work group ceased operations in February when the new government decided to stop taking part in the group's meetings because it believes that the national system is an internal matter.⁹⁹

⁹⁸ Inconsistencies in the timings of country programme evaluations are an issue that does not fall within the scope of the country office and which requires solutions at corporate level.

⁹⁹ The work group still holds occasional meetings, but the government does not take part.

There are two key factors that limit the ability of the CO to transfer capacities to the government in the area of results-oriented monitoring. The first is that most national partners, at all levels, do not employ staff specifically responsible for monitoring and evaluation. The second is the lack of capacity within the CO itself. In fact, the CO could do an excellent job¹⁰⁰ given its good strategic positioning amongst government institutions, but for this to happen, funds would need to be allocated for training CO staff in results-based management.

In terms of national implementation partners, capacities are transferred through the provision of monitoring tools (e.g. AWPMT) designed by the CO. However, there is no explicit training plan in place.

¹⁰⁰ With national partners who have a member of staff in charge of monitoring.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

7.1.1 Conclusions related to strategic positioning

Conclusion 1: The CO is aligned with the principles of the Strategic Plan in terms of national capacity development and in its focus on supporting vulnerable groups, but it has not managed to integrate South-South cooperation as a cooperation modality in the country programme.

UNFPA has led various initiatives and actions that have made progress in national capacity development, but there is no clear, formalised, continuous strategy or programme plan for this area. There is no programme plan for capacity development (with objectives, specific targets, including monitoring, feedback, measuring satisfaction and usefulness of training), and this affects the effectiveness and potential sustainability of this area.

The CO focused its intervention on supporting vulnerable groups, prioritising indigenous women in rural areas and peri-urban areas and victims of violence, adolescents and young people (with an emphasis on the prevention of HIV/AIDS, unplanned pregnancy and gender-based violence), vulnerable indigenous groups, the GBT population, people with HIV, and the elderly. The CO has driven forward aspects relating to young people and the elderly and made youth a cross-cutting theme in the country programme so that it could be comprehensively tackled.

Although South-South cooperation has been integrated into some interventions, the CO has not formalised the strategy nor adequately managed the knowledge generated through this cooperation. However, given its comparative advantage as a facilitator, articulator of networks and coordinator, the CO is in an excellent position to contribute to improving knowledge management and capacity development within the government, civil society organisations and social movements so that South-South cooperation is used as a tool for the development of the country.

Conclusion 2: The CO has revitalised, strengthened and promoted mechanisms for inter-agency coordination and dialogue.

There have been good experiences with coordination and joint interventions between UN system agencies despite the challenges posed by inter-agency work. Although UNFPA is a small agency in terms of budget in comparison to the other UN system agencies, it has demonstrated great commitment; the ability to convene different parties; a good knowledge of contexts and themes; dynamism and effectiveness in its interventions; and it has led processes, revitalised and promoted mechanisms of coordination, and contributed to inter-agency dialogue. However, collaboration often arises because of funding opportunities or thanks to the initiative and leadership of agency representatives and not because of a strategic vision of the role of the different agencies or a clear action plan, and this is a weak point in inter-agency collaboration. Agencies do not necessarily share the same work styles, administrative systems, approaches or conceptual frameworks on critical issues, which does not facilitate a fluid coordination.

Conclusion 3: The CO was highly responsive, both to urgent demands from partners, as well as to medium and long-term requirements.

The response provided by UNFPA was of good quality, timely, flexible, respectful of national leadership and sovereignty, and without imposing an institutional agenda. UNFPA adapted its response not only to the changing political context, but also to new social movements and actors, taking advantage of any windows of opportunity. However, although the responsiveness of the CO has been good overall, in some cases it has not been accompanied by actions to develop long-term institutional capacities as a sustainable exit strategy. This is linked to the selection criteria used to prioritise which partner demands need to be responded to first. These criteria are not clear as they fail to take into account the criterion of continuity and the resources needed for actions to have sustainable effects. Partnerships play an essential role in ensuring the development of institutional capacities and the sustainability and continuity of effects. However, UNFPA has not yet optimised the role that partnerships could play in ensuring sustainability.

Conclusion 4: UNFPA has provided a high added value as a development partner. The country office has demonstrated many comparative advantages, including: its experience in the field and close contact with communities; its closeness to social movements; and its ability to bring together key stakeholders.

UNFPA has added value through the following contributions: it has facilitated, supported and contributed to fundamental processes, often at key moments of Bolivia's political, social and cultural development; UNFPA has taken the lead on and addressed highly sensitive issues of crucial importance for the ICPD agenda; it has mobilised and strengthened networks and brought together donors, the government, civil society and social movements; and it has contributed to public policies. However, although the financial support provided by UNFPA for the functioning of government institutions is considered to be providing added value, UNFPA funds often replace resources that should have been assigned by the government, and this affects the continuity and potential sustainability of the activities. The perceived added value of UNFPA has changed during the course of the period evaluated: UNFPA had a low visibility in 2008, but has become a valued, highly recognised partner.

The key factors for the positioning of the CO are its impartiality, transparency, credibility and continuous commitment to the different areas of the mandate of UNFPA. The comparative advantages of UNFPA put it in an excellent position to contribute to develop and promote political, social and cultural processes as a partner of high added value.

7.1.2 Conclusions related to the programme

Conclusion 5: The programme is very relevant in relation to the national context and international commitments, and is consistent with national policies and strategies.

Its strategies, activities and achievements are in line with the international commitments and priorities set out in the ICPD and MDGs (particularly MDG 5), and with the new Political Constitution of the State, emerging policies, the National Development Plan and the normative framework. UNFPA has adapted its original CPAP to the changing conditions of the national context in a timely manner, strengthening its focus on addressing priority problems (adolescent pregnancy, maternal mortality, and violence against women) and taking advantage of opportunities to satisfy needs more successfully. In a context marked by constitutional changes and the definition of a new paradigm of the state, society and development, UNFPA has supported emerging state and civil society actors, providing them with information, knowledge, consultation processes and technical assistance to optimise the relevance of their decisions and actions. The CO has also managed to "construct relevance" by influencing the agendas and priorities of actors who had

previously been resistant, and in some cases even opposed, to the issues and rights defended by UNFPA, without infringing national sovereignty or imposing its own agenda.

Conclusion 6: The definition of an "intervention model" has enabled the establishment of a consistent working logic which allows for greater strategic clarity in the decision-making process, and better coordination of the different dimensions of the programme: work approaches, the selection of partners, partnership strategies with a wide range of actors, transverse approaches, the relationship between national and sub-national levels, and inter-sector coordination.

Prior to the mid-term review, there was no "intervention model" that defined and articulated the components, strategies, approaches and actions across different levels and with different actors in order to improve the effectiveness and efficiency of the support of UNFPA. The main challenge for UNFPA is being able to achieve all this by providing technical support to many departments with a limited budget. The model is gradually being implemented.

Conclusion 7: The support that the CO provided to national partners (government and civil society) in priority areas helped ensure that significant progress was made in most of the planned outputs of the three focus areas of the CPAP.

The country programme has achieved results in three areas, listed here in order of priority: a) political dialogue and advocacy; b) capacity development; and c) institutional strengthening. As a facilitator, UNFPA has made good progress in driving forward the ICPD agenda and the MDGs, in the constitution-building process and the subsequent formulation and implementation of new national and sectoral norms. UNFPA has made a significant contribution to the development and strengthening of government capacities in the production and use of information, and has driven forward public policy evaluation processes relating to population and development. It has also developed proposals to help solve the structural problems of the country, as well as methodologies, protocols and procedures to ensure that public policies on reproductive health are implemented. In a context of increased participation of civil society in the formulation of public policies, UNFPA has also contributed to empower social movements, with a particular focus on indigenous women, strengthening their ability to formulate demands and proposals. UNFPA has in particular supported vulnerable groups, such as the Guarani communities in Alto Parapetí, groups in emergency situations, pregnant adolescents, people living with HIV and transsexuals working in the sex industry.

Conclusion 8: The CO has developed and supported research studies and data generation and systematisation processes, but does not have a knowledge management strategy that could potentiate the systematic use of those processes for decision-making both at the internal and public policy levels.

The generation of evidence and systematization of good practices and learning are valuable if used. Although the studies conducted have been used as reference in the design of some norms and plans, and have informed the design of various capacity development activities, the weak point lies in the low institutionalization of these dynamics, the lack of a critical path with established decision-making mechanisms, and of a model that highlights the role of knowledge and information in programme strategies.

Conclusion 9: Progress has been made in the management and use of concepts, but clarity must be enhanced.

Motivated by the mid-term review, the CO developed a series of "concept notes" about key concepts related to the mandate and themes of UNFPA. Although this is an important step forward in qualitative terms, more analysis, consensus and ownership is still required, as the evaluation has shown that the management of concepts is still not very precise, it is not harmonised, and is frequently based on general notions. This is particularly evident when addressing cross-cutting issues, in terms of definitions, forms of implementation, and indicators. The difference and relationship between capacity development and institutional strengthening is another example. Although there are national inputs as well as corporate materials about this, they are not generally well known, they are sometimes insufficient, not always harmonised, and some concepts are still being defined.

Conclusion 10: Programme efficiency overall and by component is good, but the low capacity of national partners to absorb funds is limiting NEX execution. This has resulted in a change of execution modality from NEX to DEX in order to ensure the implementation of the programme. This is not in line with the strategy of UNFPA in relation to capacity development and national implementation.

The overall budget execution rate in 2010 was over 95 per cent. This reflects the good execution capacity of the CO given that the budget for SRHR tripled and the budget for the other two components doubled between 2008 and 2010. Significant progress has been made in all three components in terms of quality, quantity and strategic potential. Despite this, the timings and characteristics of the annual work plans (good flexibility in terms of reprogramming AWP funds but in practice different amounts and activities are executed in some cases) and the lack of results-oriented monitoring mechanisms make it difficult to improve management of strategic and budget-related decisions in order to improve efficiency. In the case of government institutions, there are also considerable delays in resources becoming available because of annual procedures for requesting funds and other bureaucratic paperwork. This leads to difficulties in implementing the planned activities and budgets, which results in an increase in DEX instead of NEX, the preferred execution modality of UNFPA.

Conclusion 11: Despite progress in terms of management mechanisms, integration and articulation between components is still weak.

Since 2010 and the mid-term review, greater emphasis has been placed on the importance and potential of an integrated approach and the resulting need for cross component coordination and articulation. As a result, new management measures have been introduced and internal communication has improved. This has led to better exchange of information and improved coordination of activities between components. Although an integrated, synergistic programme vision is now being put into practice and strengthened, this is not enough to guarantee the implementation of a highly efficient, articulated and coordinated strategy, with synergistic results. Internal communication, coordination and programme management can generate opportunities, demand coordination, avoid duplications and promote strategic and operational articulations. The current planning model based on the sum of components needs to be modified if an integrated strategy is to be achieved.

Conclusion 12: Although the potential sustainability of achievements varies, there are considerable risks and threats that suggest that sustainability is the greatest challenge UNFPA faces.

The potential sustainability of interventions varies across the different strategies implemented, areas, levels and actors involved. Potential sustainability is high where UNFPA introduces and tackles sensitive topics which have been appropriated and incorporated into the national and social agenda. However, it is variable where activities centre on the strengthening of government organisations and civil society.

Although there are some factors that strengthen sustainability in the wider sense, the key threat to potential sustainability is the institutional weaknesses of national partners - reflected in the high turnover of civil servants, lack of the minimum required technical equipment, high dependence on international cooperation, and national budgets that are insufficient for tackling the scale of the problems at hand.

It is therefore critically important to recognise that partner capacities in general are insufficient to guarantee the sustainability of achievements. Furthermore, the support provided by UNFPA alone cannot reverse this situation and this often leads to partner commitments that are later not fulfilled. The current annual planning mechanism (AWP) does not facilitate the incorporation of integrated sustainability strategies systematically into interventions, or the definition of an exit strategy that identifies the risks and deficiencies in partner capacities.

7.1.3 Conclusions related to the country programme monitoring and evaluation system

Conclusion 13: The timing of the mid-term review and the country programme evaluations casts doubt over the added value of conducting both exercises. The timing of the country programme design process and the country programme evaluations also has a negative effect on the relevance and scope of the country programme evaluations.

The mid-term reviews take place in the middle of the country programme cycle, and the country programme evaluations are carried out no less than one and a half years before the programme comes to an end so that the results can be used as inputs to design the new programme. This means that the period between the two exercises is too short (one year or even less). Given that both exercises involve an assessment of progress made in terms of activities and achievement of outputs, little value is added by carrying out both evaluations and the use of the resources required can hardly be justified.

The main aim of country programme evaluations is to assess to what extent the desired outputs have been achieved and how they have helped to achieve the expected outcomes (effectiveness). However, country programme evaluations are carried out just three and a half years after the programme starts and two and a half years after effective execution of the budget begins. It is therefore difficult for country programme evaluations to achieve their primary aim: to provide a complete assessment of programme effectiveness.

Conclusion 14: The quality and effectiveness of the country programme monitoring and evaluation (M&E) system vary depending on the system components analysed.

Inputs and activities are monitored in a highly efficient manner (compliance monitoring); the monitoring of risks and assumptions is regular and effective but not systematised nor formalised, particularly in terms of outputs and outcomes; the monitoring of outputs and outcomes (results-oriented monitoring) is practically non-existent at the aggregate level and although it is partially

reflected in the monitoring and evaluation framework, it is not in operation; and evaluation is under-used as few evaluations are carried out, and when they are, results are not used in the decision-making processes of the CO.

Conclusion 15: Despite being of great importance at both country office and corporate level, results-oriented monitoring is the area with the most significant weaknesses.

This area is not currently operational because: i) the monitoring and evaluation framework is not functional because it has quality issues, is not updated and is not used as a joint monitoring tool with the government; and ii) there is no information system associated with that framework.

The factors explaining this situation are related to corporate aspects and to internal office aspects. The main corporate factors are: i) poor supervision of the quality of results-oriented monitoring instruments, no clear requirements to use those instruments, and weak feedback; and ii) lack of methodological guidelines about adjusting the monitoring and evaluation framework. The main internal (country office) factors are: i) a structural lack of capacities in results-oriented monitoring in terms of both expertise (there has been no staff training) and human resources entirely devoted to results-oriented monitoring; and ii) weaknesses in the monitoring and evaluation framework design process.

Conclusion 16: The immediate consequence of the lack of functionality of the monitoring and evaluation framework is that the CO cannot measure the progress made by the country programme in an objective manner, i.e. based on evidence and comparing targets and achievements.

This lack of functionality is closely linked to quality issues of the output and outcome indicators. The considerable quality issues of indicators in the original monitoring and evaluation framework were partially rectified during the recent review of the monitoring and evaluation framework, although that review was an internal one only and the new framework has not been formalised. Although the indicators in the revised monitoring and evaluation framework are mostly relevant, specific and clearly formulated, they are not operational: they cannot be used in a practical, immediate manner to measure the progress made towards the achievement of outcomes and outputs.¹⁰¹

Conclusion 17: The CO management recognise the importance of making progress in the development of a results-oriented monitoring system, and from a corporate point of view, the full application of results-based management is still a core strategy. However, specific budgets have not been assigned for this purpose and this prevents it from being achieved in practice.

The Strategic Plan and the results-based management policy both highlight the urgent need to implement results-oriented monitoring systems. The CO clearly recognises this need and is firmly committed to responding to it. The technical staff are also very aware of the need to measure progress towards achieving outputs and their contribution to outcomes. However, the lack of a specific budget for results-oriented monitoring makes it difficult to translate this awareness into tangible progress. The most pressing need is to hire a staff member responsible for results-oriented monitoring who will have the mandate, authority and time required to lead the development process

¹⁰¹ Part 2 of Volume 2 of the report (Country Programme Action Plan indicators quality evaluation tool) includes a detailed analysis of the quality of the indicators in the revised monitoring and evaluation framework.

of this area in the CO. Regardless of budgetary considerations, there is a second reason why no tangible progress has been made in the construction of a results-oriented monitoring system: the mandate has not been formalised nor measures taken to integrate this area formally into the organisational structure of the CO and into the functions and attributions of the technical staff.

7.2 Recommendations

7.2.1 Strategic recommendations

<p>Recommendation 1: Promote and develop conditions to allow for a systemic, integrated country programme, going further than the sum of components, defining the topics, criteria and mechanisms at both strategic and operational level.</p>	<p>Priority 1</p>	<p>LACRO/headquarters/country office</p>
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It is possible to maximise the effects of UNFPA support without affecting its mandate (speeding up the progress of the adoption of the ICPD agenda and the focus on MDG 5) through better coordination and alignment of efforts and resources. This would, in turn, lead to more rational and strategic decision-making in relation to the assignment of human and financial resources for specific focus areas and for cross-cutting issues like gender equality, youth and interculturality. To make this initiative viable and legitimate, corporate support from headquarters is essential, as are the institutional tools and mechanisms required for its formalisation, analysis, monitoring and evaluation.

In order to develop a systemic, integral programme for the next cycle (2013-2017), the different components can no longer remain as independent entities, but should be strategic management components. Recommendations can be identified for each component, within the framework of a global strategy with shared references and objectives that will guide synergistic efforts in the same direction.

In order to operationalize this recommendation, the CO should follow the suggested steps below:

- 1) Prioritisation of a key topic or problem (e.g. support for the implementation of policies).
- 2) Joint analysis by each component and the identification of the potential contributions from each component, so that human and financial resources can be distributed more efficiently.
- 3) Articulation of strategies, actions and actors involved in the different components through a results chain or chains.
- 4) Review of the intervention model (strategic implementation) developed within the framework of the mid-term review and design of mechanisms for its implementation, monitoring and evaluation.
- 5) Adaptation and strengthening of the programme management model based on the points outlined above, including institutionalisation of management and internal organisation tools currently used by the different components.
- 6) Definition of selection criteria to be used when prioritising which partner demands should be responded to in order to provide a strategic response that strikes a balance between short-term responsiveness and long-term objectives.
- 7) Adaptation of tools and mechanisms for operational planning, monitoring and evaluation (in collaboration with LACRO and headquarters).

- 8) Development of **medium-term multi-actor/multi-sector plans** to implement the strategy. These plans should document the articulation of all components and intervention modalities (NEX, DEX, subsidies, regional projects, emergency assistance).

Recommendation 2: Within the framework of the next UNFPA evaluation policy review: tackle the issue of the timing between the country programme evaluations, mid-term reviews and the design of country programmes, and explore possible alternatives to ensure that country programme evaluations are always relevant and provide added value.	Priority 1	Headquarters
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It is recommended to consider the possibility of conducting country programme evaluations every two programme cycles, instead of at the end of each country programme. In this way, country programme evaluations would focus on analysing effectiveness (outcomes and outputs) and avoid the problems with added value that arise when a mid-term review has been carried out right before a programme evaluation. With this new framework, mid-term reviews could be carried out during the programme cycles for which no country programme evaluation is scheduled.

Recommendation 3: Prioritise the assignment of resources in order to materialize the corporate policy on results-oriented monitoring.	Priority 1	LACRO/Headquarters
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Full implementation of results-based management (RBM) systems and the vital importance of monitoring and evaluation systems within the RBM system are explicitly set out both in the Strategic Plan and in the RBM policy of UNFPA. These documents both recognize the need to produce demonstrable changes, use credible information and evidence about results, and invest in human resources so that these priorities can be met.¹⁰² However, the resources available to achieve these priority aims are not sufficient, and do not reflect their corporate importance. As such, headquarters and the regional office should:

- 1) Guarantee that **enough funds are assigned** so that **results-oriented monitoring systems** can be set up in country offices in a practical and effective manner.
- 2) Give priority to requests for the **recruitment of monitoring and evaluation officers** who will work full-time on results-oriented monitoring, as they are key to ensuring that these systems are created in practice.

Recommendation 4: Promote the effective creation of a forum for dialogue and joint review of the CPAP with the government.	Priority 3	Country office
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The CO should take the initiative and proactively promote the scheduling of an annual joint review meeting with the Department for Public Investment and External Financing (VIPFE).¹⁰³ This review should be carried out using the monitoring and evaluation framework as a reference and should focus on the assessment of output indicators (and, at the end of the cycle, outcome indicators).

¹⁰² See paragraphs 87, 88 and 118 of the strategic plan and paragraphs 1 and 6 of the UNFPA RBM Policy.

¹⁰³ This review is set out in the CPAP but is not currently being carried out.

7.2.2 Recommendations related to the programme

Recommendation 5: Develop strategies, tools and mechanisms to increase the potential sustainability of achievements.	Priority 1	Country office
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UNFPA should develop strategies and invest resources in order to increase potential sustainability, by strengthening institutional capacities and creating favourable environments, so that results are sustainable. This means that sustainability will become a structural element at the planning and implementation stage of interventions.

Below are some more specific recommendations and suggestions:

- 1) Incorporate **exit and replication strategies** (where relevant and appropriate) at the planning stage of the interventions, involving all partners, carry out an assessment of organisational capacities as the basis for a plan to address any weaknesses and key technical and financial requirements for sustainability.
- 2) Incorporate **knowledge management** processes and mechanisms in interventions at the planning and budgeting stage, so that the following are included: generation and dissemination of information, systematisation processes designed to identify good practices and lessons learned, development of models, methodologies, public policy proposals and tools.
- 3) Systematise **innovative capacity development strategies** in order to validate their effectiveness and sustainability (e.g. virtual adolescent module, cross-cutting themes in the curriculum and institutionalisation of degrees).
- 4) Improve **articulation of actors**, strengthen networks and build institutional partnerships so that achievements and benefits are long-lasting (advocacy, capacity building and resource mobilisation). Develop a strategy of partnerships with the main donors in order to mobilise funds and improve sustainability of interventions. Analyse the potential for participation in support funds or 'baskets' for healthcare. Strengthen links with key national actors with a view to achieving continuity and long-term support.

Recommendation 6: Develop an integrated capacity development strategy (at the context, organisation and individual level) which includes the identification and use of indicators to measure the effects of the strategy, and institutionalise that strategy as part of the new country programme.	Priority 1	Country office
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Strengthen strategic partnerships with partners in order to guarantee knowledge retention, appropriation of the capacity development methodology, and a more continuous, coherent and effective capacity development. Explore innovative alternatives for capacity development in order to reach more partners and beneficiaries. Incorporate a strategy for the generation of socio-demographic information which includes a component for capacity development amongst partners in this area.

Recommendation 7: Effective incorporation of South-South cooperation in the programme in order to influence public policies.	Priority 3	Country office
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The CO should consider South-South cooperation as a permanent mechanism of exchange with national and sub-national government partners and carry out the following actions:

- 1) Carry out an exercise of **internal reflection**, identifying demands for cooperation, emerging issues, and key partners, developing innovative initiatives and systematising experiences and lessons learned for all areas.
- 2) Construct an **action plan** which cuts across and enriches all areas, establishing priorities for the CO as a whole and for each area. This plan could be used as the basis for exchanges between country offices.
- 3) Explore the possibility of having a **focal point** for the promotion/articulation of South-South cooperation matters in the CO.

7.2.3 Recommendations related to cross-cutting approaches

Recommendation 8: Institutionalise mechanisms and tools for the implementation and monitoring of cross-cutting issues as performance quality elements.	Priority 1	Country office
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The availability of certain methodologies, tools, techniques and procedures for the implementation and monitoring of cross-cutting approaches in all UNFPA interventions is a response to the need to improve the quality and standardisation of actions and for an institutionalised approach to the area that generates added value from the work of UNFPA. Some recommended actions are listed below:

- 1) **Harmonisation of concepts and strategies** related to cross-cutting approaches.
- 2) Development of a **generational, life-cycle approach** (new).
- 3) Once validated, institutionalise the **implementation of the gender mainstreaming guide (GTG)**.
- 4) **Systematise existing "informal" mainstreaming mechanisms, tools and procedures**.
- 5) Build a **tool box** (studies, reports, investigations, manuals, guides, etc.) for the mainstreaming of cross-cutting approaches, incorporating the gender guide.
- 6) Set up a **learning community**. This could initially be an internal community which could later be opened up to other agencies and eventually to other donors and actors, even ones that are not part of the United Nations system, in order to analyse each component and its activities from a cross-cutting perspective. **Systematise good practices and lessons learned** in relation to the implementation of cross-cutting approaches.
- 7) Incorporate **cross-cutting approaches in planning tools with partners**.

Recommendation 9: Enhance clarity and harmonisation in the management and application of concepts.	Priority 2	LACRO/Headquarters/Country Office
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It is important to point out that the concern and interest of the CO in moving towards a clear, shared, contextualised conceptual framework was also noted in the mid-term review, and concept notes on various themes were developed as a result. These notes could be used as a basis for exchanges between the CO, LACRO and headquarters, in order to agree upon a shared language, analyse the relevance of some concepts and definitions in the national context, and identify and address any conceptual gaps. The aim of this would be to achieve a more effective dialogue and interventions. In addition, the CO should organise, systematise, analyse and share existing

materials, cases, examples and tools which define and exemplify how concepts are put into practice from the perspective of UNFPA.

Recommendation 10: Prioritise the development of quality control mechanisms and tools associated with the results-oriented monitoring frameworks.	Priority 1	Headquarters/LACRO
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Actions to be carried out by headquarters:

- 1) Prioritise the development of guides and tools for capacity development in results-oriented monitoring.¹⁰⁴ The most pressing need here is for the development of a guide for formulating and approving the country programme results and monitoring and evaluation frameworks using a results-based management approach.
- 2) In order to ensure that the results framework and the monitoring and evaluation framework are useful, dynamic tools as results-oriented monitoring mechanisms, the Programme Division should establish the procedures to be followed when updates and adjustments are made to these two frameworks throughout the course of the country programme, and communicate those procedures to the country offices. This should be done as soon as possible. These procedures should specify which changes would be justified and which changes would not (in the formulation of outputs, indicators, etc.) as well as the exact process for review and modification and the communication of any modifications made.

Actions to be carried out by LACRO:

- 1) Carry out a systematic quality control of the results frameworks for country programmes at the time they are formulated and when they have been revised.¹⁰⁵
- 2) Consider the constitution of a CPAP Technical Review Committee which will ensure that plans are realistic and of acceptable quality. This committee should guarantee that the results framework, the monitoring and evaluation plan, and the monitoring and evaluation framework are functional.

Recommendation 11: Establish the foundations for the development of a results-oriented monitoring system.	Priority 1	Country office¹⁰⁶
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The CO should carry out the following actions urgently and without delay in order to lay the foundations, within the organisational structure, for the development of a results-oriented monitoring system:

1. Request the hiring of a full-time monitoring and evaluation (M&E) officer.

If this is not possible, there are several alternative options:

¹⁰⁴ Paragraph 22 of the UNFPA 2010 results-based management policy states that the Programme Division will have to develop and update standards, guides and tools for capacity building in results-based management. The aim of this recommendation is to accelerate the effective implementation of this requirement.

¹⁰⁵ The requirement that regional offices must analyse the quality of the results frameworks is already stipulated in paragraph 21 of the UNFPA results-based management policy (2010).

¹⁰⁶ The recommendations and associated actions presented in this section are described in detail in Section 4 of Volume 2 of the Report: 'Action Plan for the Improvement of the Monitoring and Evaluation System'.

- a) Hire an M&E expert through a services contract, or
- b) Examine the possibility of hiring a monitoring and evaluation officer that can be shared between two country offices (e.g. between Bolivia and Peru).

If neither of these options is feasible:

- c) Redefine the focal point's job description so that: i) enough time is freed up to allow the focal point to take on and carry out results-oriented monitoring tasks; ii) formalise the focal point's mandate as the person responsible for results-oriented monitoring; and iii) modify the focal point's position within the organisational structure of the CO is so that he/she reports directly to senior management.
2. Start the process of designing and assigning a budget for results-oriented monitoring so that it is linked directly to the management budget of the CO.
 3. Formalise mandates and assign responsibilities for results-oriented monitoring: i) incorporate the post of M&E officer into the organisational structure of the CO; and ii) adapt the terms of reference for staff so that these include functions and responsibilities relating to results-oriented monitoring.

Recommendation 12: Make substantial improvements to the quality and operability of results-oriented monitoring tools and develop mechanisms to increase the role of the area of risk monitoring and the evaluation function.	Priority 2	Country office
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The CO should take the following measures to guarantee the quality of results-oriented monitoring tools:

- 1) During the design of the new monitoring and evaluation framework: i) use *ex-ante* quality control tools;¹⁰⁷ and ii) ensure that the process includes all the technical staff of the CO as well as consultations with partners, especially when designing and formulating indicators; iii) ensure that the **AWP sub-output indicators are linked to the output indicators of the monitoring and evaluation framework.**
- 2) Start the process of **designing an information system** associated to the monitoring and evaluation framework indicators: i) define the core variables: data type, who should collect the data, frequency, etc.; ii) establish a system for the recording and management of indicators (create cards for each indicator); and iii) carry out a prior assessment of possible IT support platforms within the framework of UNFPA Programme Management System Implementation Project.
- 3) **Introduce tools for measuring the effectiveness of training and capacity development exercises** (evaluation questionnaires and ex-post monitoring of training courses, workshops, etc.) and apply them systematically in the three focus areas.

Carry out the following actions in order to increase the role of risk monitoring and evaluation: create a **risk monitoring and assumptions matrix** and use it as the basis for recording and documenting the monitoring process that the CO currently carries out; and draw up an **evaluation plan** based on strategic and programmatic decision-making needs. Pay special attention to the timing of mid-term reviews and country programme evaluations to minimise the risk that both exercises might be carried out during similar periods, thus maximising their added value.

¹⁰⁷ Parts 3 and 2 of Volume 2 of the report provide basic support in this area. If necessary: request technical support from LACRO or from headquarters, or hire specialist national consultants.

Recommendation 13: Promote the creation and formalisation of an inter-agency technical group for monitoring and evaluation.	Priority 3	Country office
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Take advantage of management support for M&E within the CO and the good positioning of the CO amongst UN System agencies, to promote the creation and formalisation of a technical group for M&E composed of UN agencies in the country. This group should hold periodic meetings of M&E officers so that they can share experiences and practices for the implementation of results-oriented monitoring mechanisms, as well as evaluation results and designs.¹⁰⁸

¹⁰⁸ This group would complement the participation of the country office in the recently reactivated United Nations Regional Evaluation Network for Latin America and the Caribbean (EVALUN-LAC).

ANNEXES

Annex 1: Revised terms of reference

Introduction

UNFPA promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in the use of population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect. According to its strategic plan 2008–2011, UNFPA focuses on three interrelated priority areas: population and development, reproductive health and rights, and gender equality.

UNFPA goals are:

Population and development: Systematic use of population dynamics analysis to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life, sustainable development and poverty reduction.

Reproductive health and rights: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.

Gender equality: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and to live free from discrimination and violence.

The role of the Evaluation Branch of the Division for Oversight Services (DOS) is to:

1. provide substantive support for the reporting function of the Executive Director in informing the Executive Board and the general public;
2. support greater accountability by UNFPA country offices to stakeholders and partners at the country level;
3. act as a means of assuring the quality of UNFPA interventions at the country level; and
4. contribute to learning at the corporate, regional and national level.

As part of its work programme, the Evaluation Branch performs country programme evaluations.

Background and context

The Evaluation Branch plans to conduct an evaluation of the Bolivia country programme during 2011 in collaboration with the country office.

After reviewing a number of countries, Bolivia was selected for evaluation by the DOS primarily because, despite being one of the poorest countries in Latin America, it has a promising maternal mortality curve (falling from 416 maternal deaths per 100,000 live births in 1989 to 230 deaths in 2003).

The financial budget of the UNFPA programme in Bolivia for the programming cycle to be evaluated is approximately \$15 million. The country programme document and action plan covering the period 2008–2011 focus on the following areas:

- *Population and development*
- *Sexual and reproductive health and rights*
- *Gender equality*

UNFPA has a diversified portfolio in terms of intervention areas and has agreed several annual work plans (AWPs) with national partners encompassing a series of interventions in UNFPA focus areas.

Evaluation objectives

The aim of this exercise is to provide a useful evaluation report which is independent of the country programme for the period 2008–2011, with the aim of submitting a final evaluation report within a timescale and in a format that contributes to the development of the new country programme for Bolivia that is to be prepared by the UNFPA country office working in conjunction with national partners.

The specific objectives of the country programme evaluation for Bolivia are:

- To provide an independent evaluation of the progress achieved or the lack of progress towards the outcomes established in UNFPA programme documents. When applicable, the evaluation will also highlight unexpected results (whether positive or negative) and missed opportunities;
- To provide an analysis how UNFPA has positioned itself to add value in response to national needs and changes in the national development context;
- To present key findings, draw lessons and offer useful, actionable recommendations which may serve as an input into the next programming cycle.

Evaluation of the outcomes achieved requires a review and assessment of the present UNFPA programme portfolio (2008–2012) in Bolivia, specifically:

- achievements or progress towards expected outcomes within the focus area (sexual and reproductive health, gender, and population and development);
- factors which influence achievements (positioning of UNFPA, capacities and partnerships)
- strategic alignment with UNFPA Strategic Plan (2008–2013) and with the United Nations Development Assistance Framework 2007–2011 for Bolivia;
- cross-cutting linkages and their relationship to the Millennium Development Goals, in particular MDG 5 – improve maternal health – target A: reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio, and target B: achieve, by 2015, universal access to reproductive health.

Scope of the evaluation

The evaluation will comprise the period 2008–2011 which coincides with the fourth UNFPA programme cycle in Bolivia covered by a country programme document and its corresponding action plan for the period 2008–2012. The evaluation will cover UNFPA assistance funded either from its own resources or with complementary resources. Geographically, the evaluation will cover the whole national territory and is defined by the territorial scope of UNFPA interventions in the country, including the interventions of the regional programme executed by the CO within national annual work plans. The evaluation will also take into account UNFPA Strategic Plan, the United Nations Development Assistance Framework 2007–2011 for Bolivia, development reports for Bolivia and the key government planning documents.

Evaluation questions and criteria

The analysis of the achievements will identify challenges and strategies for future interventions, and will be based on the key evaluation criteria identified below (the evaluation questions are indicative and will be finalised during the desk phase of the evaluation):

Results by focus area

1. Relevance:
Is the formulation of interventions in the different areas relevant with respect to national requirements and priorities? Has UNFPA applied the appropriate strategy with regard to the political, economic and social context in Bolivia?
2. Effectiveness:
What progress has UNFPA made in achieving the desired objectives and the planned outcomes?
What are the strengths and weaknesses of the programme? Have there been any unexpected outcomes?
3. Efficiency:
Has UNFPA made good use of its resources (human and financial) in making its contribution?
How could more efficient use be made of resources, given the country context?
4. Potential sustainability:
Has the programme incorporated appropriate exit strategies and developed the capacities of partners to ensure the sustainability of outcomes? Have conditions and mechanisms been developed to ensure that the benefits of UNFPA interventions are sustainable and that national partners will take ownership of them upon completion of UNFPA intervention?

Strategic positioning of UNFPA

The evaluation will analyse the strategic positioning of UNFPA with reference to a set of core evaluation criteria:

1. Responsiveness: To what degree has UNFPA been able to anticipate and respond to significant changes to the national development context within its three focus areas? How has UNFPA responded to national development requirements within its focus areas? Have there been missed opportunities at the programme level?
2. Added value and comparative advantages: What has been the added value of UNFPA as a development partner in general and with regard to its contribution in its focus areas in particular? Has UNFPA intervention led to any unexpected outcomes or displacement? What have been the main comparative advantages of UNFPA as a development partner? Have these been maximised?
3. Partnerships and contribution to coordination between UN agencies: How has UNFPA used its partnerships inside and outside the United Nations system? To what extent has UNFPA

contributed to the development of a more effective, efficient and coherent United Nations system in Bolivia?

Evaluation methodology

The evaluation will cover two levels and areas: the contribution of UNFPA to achievements by focus area, and consideration of aspects of UNFPA strategic positioning within the country. The assessment process in both cases will follow a logical chain of enquiry which starts with the application of a series of criteria, sub-criteria and evaluation questions and ends with the formulation of recommendations for action. The focus of attention of the evaluation is the outcomes delivered as a result of the contribution of UNFPA and the strategic positioning occupied by UNFPA in Bolivia.

At the same time, the evaluation will not be limited to the assessment of the outcomes set out in the programme documents but will also include the identification and assessment of all outcome types: expected and unexpected, positive and negative, direct and indirect, intentional and unintentional.

The evaluation will focus on assessing the contribution rather than on attributing it. However, the decision not to focus on attribution does not mean the evaluation will avoid studying causal relationships (cause–effect). Indeed, special emphasis will be placed on identifying and analysing the chain of effects underlying the contribution sequence of UNFPA with the aim of analysing the factors which explain why this contribution (if it exists) is more or less effective and of higher or lower quality and scope (the *how* and *why* of the contribution).

Assessment of the monitoring and evaluation system

In addition to the two levels of analysis mentioned above, an assessment of the country programme monitoring and evaluation system will be performed. This would be performed independently of the country programme assessment and will not be included in the evaluation matrix because it is a cross-cutting theme and is not part of any evaluation criterion.

Indicators, sources and data collection methods

The evaluation will take into account the “output indicators and targets” included in the country programme monitoring and evaluation framework.

The data sources will include a wide range of primary and secondary information sources. The main information sources can be grouped into the following categories:

- Data sources;
- The media (press, television, radio);
- Implementing agencies/partners in UNFPA interventions;
- Strategic and operational partners (partnerships);
- Groups which benefit from UNFPA interventions: these include both direct and indirect beneficiaries;
- Non-beneficiary groups: these include groups affected directly or indirectly by interventions, beyond target beneficiary groups. This may include civil society organisations, communities, opinion groups, donors (aid agencies), private sector organisations etc. These constitute a key

information source for the assessment of unexpected/unplanned outcomes and for the study of perceptions of UNFPA positioning and role in the country.

- UN staff: staff of UNFPA office in Bolivia, of the regional office and of other United Nations system agencies in Bolivia.

The evaluation will use a range of data collection methods, including the review and study of documentation, individual or group interviews, field visits, and the organisation of a focus group. The set of appropriate methods may vary depending on the country context, and their precise nature will be defined during the desk phase of the evaluation.

Key informants and partners to be interviewed will be mapped by thematic area, taking into account UNFPA interventions in each of these areas – both at national level and at departmental, municipal and document review level.

An interview guide will be designed as a methodological tool to structure data collection and processing.

Information assessment

Triangulation techniques will be used to consolidate the validity of findings. The results of each data collection method will be systematically cross-checked with the others to confirm the scope and reliability of the findings. Where there are significant discrepancies, steps will be taken to attempt to identify the causes of this divergence. Where this is not possible or where doing so would place excessive strain on resources, the findings will be ignored.

Evaluation process

The timeframe for the evaluation is six months, from the start of the preparation phase through to distribution of the final evaluation report. The evaluation process will be divided into four phases, each consisting of various stages. The evaluation process will be conducted on an independent basis, and will actively involve both the CO and public and national authorities.

Phase 1: Preparation and Desk review

Desk review – This will be performed by DOS in cooperation with the CO and will involve the identification, collection and mapping of documents and other relevant data. The review will include an assessment of general documentation on the human development situation, national planning documents, studies and a full overview of UNFPA programme during the period under examination: 2008–2011. This stage includes the interview and selection of consultants for the team.

Stakeholder mapping – Basic mapping of the country stakeholders relevant to the evaluation will be performed by DOS in cooperation with the CO. The mapping exercise will include state and civil society stakeholders, and should go beyond traditional UNFPA partners. The exercise should also indicate the relationship between different groups of stakeholders.

Development of a concrete plan – To be implemented by DOS in coordination with the CO and involving the consideration and selection of the appropriate set of methods for data collection and analysis, selection of field visits, and discussion of logistical issues. It will also address

management issues related to the rest of the evaluation process, including the division of tasks between team members and the schedule.

Desk Report: This will involve drawing up a guideline report which includes the design and final plan of the evaluation, a reconstruction of the logic underlying the intervention, background to the evaluation, evaluation questions, detailed methodology, information sources, instruments and a plan for data collection, data analysis design and format of final report.

Phase 2: Mission and data collection

Field visit – The evaluation team will undertake a three-week mission to the country to gain an in-depth understanding of the development challenges for Bolivia and the different perspectives of the stakeholders regarding the role of UNFPA in meeting these challenges within its specific mandate. During the visit, data will also be collected and validated. The team will visit different parts of the country where interventions and activities are implemented in order to obtain a more complete view of the execution of the programme.

Presentation of preliminary results: The field visit will end with a meeting with CO staff to present preliminary results, receive comments and validate the preliminary analysis.

Phase 3: Development and production of the draft evaluation report

Analysis and report – during this phase the data collected will be analysed and the evaluation team will prepare a draft evaluation report.

Review: The draft will be subject to a formal review process: (a) corrections on the basis of input and comments from key partners (including the CO and the Government), (b) a technical review by the Evaluation Branch, and (c) a review by the reference group. The DOS evaluators, together with the experts, will complete the evaluation report on the basis of the comments received.

Phase 4: Follow up

Management response: DOS will ask the CO to prepare a management response to the recommendations contained in the evaluation report.

Communication and dissemination: The evaluation report will be distributed to stakeholders and to staff at UNFPA headquarters. The evaluation report will be available to the Executive Board when approving a new country programme document. In addition, the evaluation report and the management response will be published on UNFPA web page and will be available to the public. Its availability will be announced within UNFPA and on external networks.

The Evaluation team

The team will consist of:

- The *team leader – DOS evaluator*, whose general responsibility is to coordinate the evaluation, assuring its quality, providing guidelines and leadership, and taking part in the mission.

- The *evaluation specialist - DOS evaluator*, whose responsibility it is to coordinate and edit the final evaluation report and the desk report, to take part in the mission, and to coordinate analysis of the findings.
- The *research assistant* will provide the initial review with documents and research.
- The *sexual and reproductive health and gender equality specialist* will support the team in reproductive and maternal health issues (including family planning, emergency obstetrics and care for the new born issues), gender equality (sexual and reproductive rights of women and adolescents, and prevention of discrimination and violence against women in all forms, including political violence). The specialist will conduct field interviews and case studies as necessary, will participate fully in the field mission and will be responsible for writing key parts of the desk report and the final evaluation report. He or she will contribute to revising the final report on the basis of comments received from the CO and partners. This specialist will be under the supervision of DOS evaluators.
- The *population and development specialist* will support the team in population and development issues (including censuses, democratic governance, population dynamics, systems to eradicate poverty, legal reform processes, development of capacities at national and local level, and national statistical systems). The specialist will conduct field interviews and case studies as necessary, will participate fully in the field mission and will be responsible for writing key parts of the desk report and the final evaluation report. He or she will contribute to revising the final report on the basis of comments received from the CO and partners. This specialist will be under the supervision of DOS evaluators.
- The *specialist in national monitoring and evaluation systems and national planning processes* will support the team in issues of national planning processes and monitoring and evaluation systems. The specialist will conduct field interviews and case studies as necessary, will participate fully in the field mission and will be responsible for writing key parts of the desk report and the final evaluation report. He or she will contribute to revising the final report on the basis of comments received from the CO and partners. This specialist will be under the supervision of DOS evaluators.

The evaluation team will base its work on the evaluation standards and guidelines of the Evaluation Group of the United Nations and UNFPA evaluation policy (2006). The members of the team must adhere to the ethical guidelines for United Nations system evaluators and the code of conduct established by the Evaluation Group of the United Nations. Specialists must sign the code of conduct prior to the start of the evaluation exercise.

Work plan

Phase	Activity	Responsibility	Schedule
Preparation	Preparation of terms of reference	DOS evaluators	
	Interviews and selection of experts	DOS and CO evaluators	March–April
Desk	Collection of documents, reports, evaluations, financial information; initial research	DOS evaluators	March–April
	Assessment of the logic of UNFPA interventions in Bolivia based on the examination of a series of documents.	DOS Evaluators and Experts	May

	Preparation of desk report (including the evaluation matrix with the evaluation criteria, evaluation questions, data collection methods and sources).		
	Inputs from experts	Experts	May 27
	Inputs from experts for interview agenda	Experts	May 30
	Completion of Desk Report. The report will be shared with the CO and the Reference Group	DOS Evaluators and Experts	June 7
Field Work			
	Mission to Bolivia	DOS Evaluators and Experts	June 11–June 30
	First meeting with CO staff	DOS Evaluators and Experts	June 13
	Teamwork	DOS Evaluators and Experts	June 13–June 15
	Data collection, interviews with partners, travel to different departments if necessary, analysis of information	DOS Evaluators and Experts	June 15–June 24
	Teamwork – review of preliminary findings/ preparation of debriefing (presentation of preliminary findings of evaluation)	DOS Evaluators and Experts	June 28 and 29
	Presentation of preliminary findings of evaluation	DOS Evaluators and Experts, CO and Reference Group	June 30
	End of data collection mission		July 1
Production of evaluation report	Inputs for final report received from consultants for Evaluation Report	Experts	August 1
	Draft evaluation report	DOS evaluators	August 26
	Quality control	DOS	August 29 – Sep 1
	Draft evaluation report to be shared with reference group	CO and Reference Group	Sep 2
	CO and reference group supply comments on report		Sep 13
	Final evaluation report	DOS Evaluators and Experts	Sep 23

Expected outputs, remuneration and duration of contract

The specialists under the management of DOS will contribute to ensuring the quality of the evaluation, including writing a desk report and final evaluation report as per the stipulated deadline and requirements, together with other tasks established in advance. The specialists will be paid by the CO when the planned outputs have been approved by DOS. The reports will be written in Spanish. Interviews will be conducted in Spanish or English as applicable.

Estimated days of work for specialists: 45 days for the specialist in sexual and reproductive health and gender; 35 days for the specialist in population and development; and 13 days for the specialist in national monitoring and evaluation systems and national planning processes between signature of the contract and 15 October 2011.

<i>Specialist in sexual and reproductive health and gender equality</i>	Days/person (estimated)
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Preparation and desk phase	10
Field visit and data collection	15
Developing and producing the draft evaluation report	20
	45

<i>Specialist in population and development</i>	Days/person (estimated)
Preparation and desk phase	10
Field visit and data collection	15
Developing and producing the draft evaluation report	10
	35

<i>Specialist in national monitoring and evaluation systems and national planning processes</i>	Days/person (estimated)
Preparation and desk phase	2
Field visit and data collection	8
Developing and producing the draft evaluation report	3
	13

Payment to specialists will be based on delivery of the expected outputs. Payment will be made as follows:

Against delivery of inputs for the desk report	20%
Against delivery of inputs following fieldwork for preparation of the presentation of preliminary findings of evaluation	30%
Upon completing evaluation	50%

Daily Subsistence Allowance (DSA) will be paid per night during the field mission as per UNFPA standards. Travel and transfer expenses will be paid separately.

Qualifications of specialists

Expert specialists in sexual and reproductive health and gender equality will have a thorough knowledge of the development issues and challenges facing Bolivia, of government policies and of UNFPA work in the following areas: reproductive health/maternal health (including family planning, human resources in the health sector, emergency obstetrics and new born care) and gender equality, sexual and reproductive rights of women and adolescents and the prevention of all forms of discrimination and violence against women, including political violence (including issues relating to the response of national and local institutions to the rights of women and adolescents, integrated, effective policies and strategies for gender-based violence and the development of capacities and national and local level in issues of gender). The specialist must have a demonstrated capacity in strategic thinking and public policy and in programme evaluation, and evaluation and research methodology in social areas relevant to the evaluation. The specialist will be capable of writing reports, working in a multidisciplinary team and in a multicultural environment. He or she will hold an advanced qualification in public health, medicine, gender, development or related disciplines. Fluency in Spanish and English is required. Familiarity with UNFPA or the United Nations system will be an advantage.

The expert specialist in population and development will have a thorough knowledge of the development issues and challenges facing Bolivia, of government policies, and of the work of UNFPA in the following areas: population and development (including censuses, democratic governance, population dynamics, poverty eradication systems, legal reform processes, development of capacities at national and local level, and national statistical systems). The specialist must have a demonstrated capacity in strategic thought and public policy and in programme evaluation, and evaluation and research methodology in social areas relevant to the evaluation. The specialist will be capable of writing reports, working in a multidisciplinary team and in a multicultural environment. He or she will hold an advanced qualification in economics, political science, development or related disciplines. Fluency in Spanish and English is required. Familiarity with UNFPA or the United Nations system will be an advantage.

The expert specialist in national monitoring and evaluation systems and national planning processes will have a thorough knowledge and field experience in supporting national monitoring and evaluation systems and national planning processes. The specialist must have a demonstrated capacity in strategic thought and public policy and in programme evaluation, and evaluation and research methodology in social areas relevant to the evaluation. The specialist will be capable of writing reports, working in a multidisciplinary team and in a multicultural environment. He or she will hold an advanced qualification in economics, political science, development or related disciplines. Fluency in Spanish and English is required. Familiarity with UNFPA or the United Nations system will be an advantage.

All specialists must have knowledge of gender equality, traditional harmful practices and gender violence issues.

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Annex 3: People interviewed

UNFPA

Name	Position
Tania Álvarez	Gender consultant
Alejandra Alzerreca	Education technical officer
Lilian Calderón	Advisor on maternal health
Beatriz Castellanos	Regional evaluation advisor
Alberto Castro	Responsible for sexual & reproductive health and rights
Rolando Encinas	Responsible for Chuquisaca & Potosí
Antonio Gómez	Responsible for population & development
Marcelo Jitton	Consultant on emergencies & humanitarian response
Miriam López	Advisor on adolescents
William Michel	Interculturality technical officer
Jaime Nadal	Representative
Rolando Pardo	Programme assistant
Bernardo Ponce	Advisor on communication & advocacy
Dirkje Schaaf	Advisor on HIV/AIDS
Mirtha Taboada	Consultant on sexual & reproductive health
Celia Taborga	Assistant representative
Claudia Vélez	Psycho-emotional constraint consultant
Sandra Visbal	Programme analyst
Mónica Yaksic	National responsibility for gender, education and interculturality

CENTRAL GOVERNMENT

Name	Position	Institution
Vladimir Camacho	Unit Head, Health Services and Quality	Ministry of Health
Alberto Camaqui	Vice-Minister	Ministry of Traditional Medicine and Interculturality
Irma Campos	Former Director for Gender	Ministry of Justice Department of Equal Opportunities (VIO)
Viviana Caro	Minister	Development Planning Ministry
Ana Clavijo	Consultant	Ministry of Justice Department of Equal Opportunities (VIO)
Cecilia Delgadillo	Responsible for Adolescents	Ministry of Health
Federico Escobar	Economist I	UDAPE
María Félix	Executive Director	UDAPE
Omar Flores	Technical Officer, responsible for Sexual and Reproductive Health	Ministry of Health
Myragliha Giles	Director General of External Funding Management	Department for Public Investment and External Funding (VIPFE)
Nila Heredia	Minister	Ministry of Health and Sport
Mirna Mariscal	Assistant-Director Macroeconomic Policy	UDAPE
Cesar Montes	Officer	Development Planning Ministry
Nelvi Ochoa	Resident Doctor SAFCI	Ministry of Health and Sport – Resident Doctor Capitanía Alto Parapetí
Isabel Ortega	Vice-Minister	Ministry of Justice Vice-Minister for Rural Indigenous Justice
Carlos Oyola	Director of the Population and Housing Census 2011	INE
Odalis Padilla	Director of Administrative Services	INE
Roland Pardo	Assistant Director of Social Policy	UDAPE
Rubén Pinto	Responsible for Young People	Ministry of Justice Department of Equal Opportunities (VIO)
María Rasguido	Director General of Traditional Medicine	Ministry of Traditional Medicine and Interculturality
Flavio Rivas	Vice-Minister	Development Planning Ministry
Viviana Rivas	Responsible for United Nations system	Department for Public Investment and External Funding (VIPFE)
Elizabeth Salguero	Minister	Ministry of Culture
Freddy Zabala	Officer	Development Planning Ministry

DEPARTMENT GOVERNMENTS

Name	Position	Institution
Janet Arauco	Dentist	Interdisciplinary Office, Departmental Directorate for Education–Autonomous Government of Chuquisaca
Lissy Ávila	Responsible for Women	UDG Potosí

Virginia Azurduy	Area Manager Community-Adolescent Health	SEDES- Chuquisaca
Ángel Ballejos	Director of Gender Unit	Autonomous Government of Chuquisaca
Patricia Barrera	Technical Officer Women's Area	SEDES- Chuquisaca
Manuel Canaviri	Responsible for Adolescent Programme	SEDES-Potosí
Jimena Céspedes	Responsible for Pharmacy	SEDES-POTOSI
Sonia Céspedes	Laboratory Technician	SEDES-Chuquisaca
Sonia Córdova	Hospital Nurse	SEDES-Chuquisaca
Carlos Dávila	Responsible for Women's Area and SRH	SEDES-POTOSI
Elba Estrada	Nurse Manager	SEDES-Chuquisaca
Enrique Leño	Head of Planning Unit	SEDES- Chuquisaca
Fabiola Leño	Technical Officer Integrated Services for Women	SEDES- Chuquisaca
Ricardo Llanos	Planner	SEDES-POTOSI
Zulma Lucas	Area Manager Integrated Services for Women	SEDES- Chuquisaca
Mario Mamani	Area Manager Traditional Medicine	SEDES- Chuquisaca
Dr Ada Michoga	Doctor	SEDES-Chuquisaca
Laura Morales	Administrator of Gender Unit	Autonomous Government of Chuquisaca
José Alfredo Nina	Medical Centre Doctor	SEDES-POTOSI
Jovanna Ordoñez	Head of Epidemiology Unit	SEDES- Chuquisaca
Sandra Orellana	Responsible for Good Treatment and Gender	SEDES-POTOSI
Epifanía Paca	Technical Officer Gender Unit	Autonomous Government of Chuquisaca
María Elena Pairo	Doctor	Interdisciplinary Office, Departmental Directorate for Education–Autonomous Government of Chuquisaca
Juana Pérez	Director of Department of Social Development	Autonomous Government of Chuquisaca
Roberto Pozo	Planning Secretary	Autonomous Government of Chuquisaca
Jaime Quinteros	Responsible for Planning	SEDES-La Paz
Henry Rendón	Dentist	Interdisciplinary Office, Departmental Directorate for Education–Autonomous Government of Chuquisaca
Sonia Serrudo	Secretary of Gender Unit	Autonomous Government of Chuquisaca
Jenny Soto	Responsible for Social Area Gender Unit	Autonomous Government of Chuquisaca
Lined Terrazas, Doctor	Hospital Doctor	SEDES-Chuquisaca
Víctor Hugo Tito, director	Director	SEDES-Chuquisaca
Julia Velásquez	Responsible for IEC and Health Promotion	SEDES-POTOSI

INTERNATIONAL ORGANISATIONS AND BILATERAL AGENCIES

Name	Position	Institution
Oscar Agramont	Management and Monitoring Officer	UNDP
Elena Apilánez Piniella	Gender Unit	Spanish Embassy/AECID

Isabel Arauco	Coordination Advisor	UNDP
Ivana Calle	Gender Officer	UNICEF
Christian Darras	Representative	PAHO/WHO
Renata Ehmer	Coordinator for Peru and Bolivia	UNAIDS
Ludwig Guendel	Assistant Representative	UNICEF
Carlos Gutiérrez	Monitoring and Evaluation Specialist	UNICEF
Julio Loayza	Country Economist	World Bank
Gary Montaña	Economic Advisor	Embassy of the Kingdom of the Netherlands
Rosario Quiroga	Health Officer	UNICEF
Jacob Tamm	First Secretary	Embassy of Sweden
Anke van Dam	First Secretary Expert in Education and Emancipation	Embassy of the Kingdom of the Netherlands
Yoriko Yasukawa	Resident Coordinator	UNDP

CIVIL SOCIETY ORGANISATIONS

Name	Position	Institution
Janeth Martínez Aguilar	Social Worker SLIM	Institutional Network for the Struggle against Violence – Tomina
Diego Alarcón	Member, EstasJoven	ESTASJOVEM.COM
Crisólogo Alemán	Director	Causananchispaj (ONG)
Diego Almanza	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Alicia Arancibia	Responsible for Communication and Public Policy	Consortio Boliviano de Juventudes (CONBOJUV)
Delia Arancibia	Association of Female Leaders “Más que Vencedoras”.	Inter-institutional Network Against Gender and Generational Violence
Bryan Aranda	Councillor	Municipal Youth Council - Sucre
Cristina Barreto	Former Organisation Secretary	Confederación Sindical de Mujeres Indígenas Campesinas Originarias “Bartolina Sisa”
Roxana Bonifaz	Accounting Assistant	Consortio Boliviano de Juventudes (CONBOJUV)
Carmen Bravo	AMUPEI	Inter-institutional Network Against Gender and Generational Violence
Graciela Bravo	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Paolo Bustillos	Responsible for Enforcement	Católicas por el Derecho a Decidir
Carlos Rodrigo Cabrera	Member, EstasJoven	ESTASJOVEM.COM
Justa Cabrera	President	Confederación Nacional de Mujeres Indígenas de Bolivia CNAMIB
Ramiro Claure	Director	Marie Stopes International Bolivia
Ximena Córdova	Departmental Autonomous Government, Gender Area	Inter-institutional Network Against Gender and Generational Violence
Héctor Corrales	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Hugo Duran	Vice-President	Municipal Youth Council - Sucre
Katia Durán	Municipal Government, Responsible for Gender	Inter-institutional Network Against Gender and Generational Violence
Alejandro Flores	Responsible for Environment and Municipal Councils	Consortio Boliviano de Juventudes (CONBOJUV)
Edwin Flores	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí

Maura Flores	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Seferina Flores	Former Tax Secretary	Confederación Sindical de Mujeres Indígenas Campesinas Originarias “Bartolina Sisa”
Paola Fonseca	Responsible for Health	Consortio Boliviano de Juventudes (CONBOJUV)
Rosa Isela González	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Alan Cristhian Jurado	Member, YAP	ESTASJOVEM.COM
Teresa Lanza,	Director	Católicas por el Derecho a Decidir
Gustavo León	Councillor	Municipal Youth Council - Sucre
Petrona Liendo	Network President, Council Secretary	Institutional Network for the Struggle against Violence – Tomina
Jacinta Luchí	Secretary for Gender	Capitanía Alto Parapetí, Asamblea del Pueblo Guaraní (APG)
Alicia Mamani	General Secretary	Municipal Youth Council - Sucre
Fernando Mamani	Councillor	Municipal Youth Council - Sucre
Gabriela Mamani	Vice-President	Municipal Youth Council - Sucre
Rocío Mamani	President	Municipal Youth Council - Sucre
María Isabel Méndez	Sayari Warmi	Inter-institutional Network Against Gender and Generational Violence
Roxana Mirabal	Psychologist SLIM	Institutional Network for the Struggle against Violence – Tomina
Lizet Ortega	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Epifanía Paca	UDG Technical Officer	Institutional Network for the Struggle against Violence – Tomina
María Ester Padilla	Centro Juana Azurduy	Inter-institutional Network Against Gender and Generational Violence
Julia Péres	NGO Allin Kawsay Tukuypaj	Inter-institutional Network Against Gender and Generational Violence
Julieta Pérez, Echalar	AMUPEI	Inter-institutional Network Against Gender and Generational Violence
Raúl Ríos	Responsible for Administration	Consortio Boliviano de Juventudes (CONBOJUV)
Susana Rivas (Lieutenant Colonel)	Internal Director of Family Protection Unit	Inter-institutional Network Against Gender and Generational Violence
Judith Rivero	Vice-President	Confederación Nacional de Mujeres Indígenas de Bolivia CNAMIB
José Rocha	Programme Coordinator	Consortio Boliviano de Juventudes (CONBOJUV)
Clara Rodas	Responsible for Health, Prevention of Adolescent pregnancy	Consortio Boliviano de Juventudes (CONBOJUV)
Luis Daniel Romero	Responsible for Defending Public Rights and SLIM	Institutional Network for the Struggle against Violence – Tomina
Edgar Salazar	Permanent Assembly for Human Rights	Inter-institutional Network Against Gender and Generational Violence
María Vanos Sánchez	JEBUF	Inter-institutional Network Against Gender and Generational Violence
Andrea Segovia	Adolescent Service Users	USMEA, Centro de Atención al Adolescente, Potosí
Jenny Soto	Departmental Autonomous Government, Gender Area	Inter-institutional Network Against Gender and Generational Violence
Jenny Soto	Responsible for Social Area Gender Unit	Institutional Network for the Struggle against Violence – Tomina
Cecilia Terrazas	Responsible for Impact	Católicas por el Derecho a Decidir

Mary Terrazas	Communication Secretary	Confederación Nacional de Mujeres Indígenas de Bolivia CNAMIB
Simona Torrez	Network Spokesperson	Institutional Network for the Struggle against Violence – Tomina
Ninoska Uribe	Aldeas Infantiles S.O.S	Inter-institutional Network Against Gender and Generational Violence
Seferino Uzeda	Health Secretary	Capitanía Alto Parapetí, Asamblea del Pueblo Guaraní (APG)
Dr Yolanda Vargas	Responsible for Health	Causananchispaj (ONG)
Luis Alemán Vargas	Researcher	Causananchispaj (NGO)
Juan Javier Vásquez	Member, CAJPEAS	ESTASJOVEM.COM
Marco Villafuerta	Councillor	Municipal Youth Council - Sucre
Luisa Villca	Sayari Warmi	Inter-institutional Network Against Gender and Generational Violence
Porfiria Viri	Secretary for Education and Health	Confederación Nacional de Mujeres Indígenas de Bolivia CNAMIB
Lidia Zardán	President	Municipal Youth Council - Sucre
Leonilda Zurita	Former Executive Secretary	Confederación Sindical de Mujeres Indígenas Campesinas Originarias “Bartolina Sisa”

OTHERS

Name	Position	Institution
Alejandro Ayaviri	Responsible for Public Insurance SEDES	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Patricia Barrera	Technical Officer Integrated Services for Women	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Fabiola Burgoa	Technical Officer Integrated Services for Women	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Javier Chávez	Administrative Manager	CARE International Bolivia
Ramiro Claire	Director	Marie Stopes International Bolivia
Ma. Cristina Campos	Responsible for “Artemio Camargo” Camp	Municipal Government of La
María Elena Ferrel	Project Specialist	IOM
Alexia Escobar	National Coordinator	Family Concern International Bolivia
Ivonne Farah	Director	CIDES/UMSA
Jorge Farah	Responsible for Social Wing	Municipal Government of La Paz
Gustavo Hevia	Health Centre Director	“San Antonio Alto” Health Centre
María Inés García	Nursing Auxiliary	“San Antonio Alto” Health Centre
Elena Lescano	Director San Pedro Clavel Hospital	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Zulma Lucas	Committee Chairperson (Responsible for Integrated Women’s Services-SEDES)	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)

José Luis Choquevillque	University Hospital	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
María Luisa Poquechoque	Integrated Children's Services Area	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Jaime Montero	Regional Manager CIES Sucre	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Jorge Oblitas	Head of Human Services San Pedro Clave	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Máximo Ortuño	Responsible for SNIS	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Armando Patiño	Hospitals Coordinator, Health Network 1 Sucre	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Bertha Pooley	Director	Committee for Safe Maternity and Birth
Franz Quispe	Responsible for Health Networks Coord. Area	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Manigeh Roosta	Coordinator of Master's Degree in Population & Development	CIDES/UMSA
Lizbeth Sanabria	Responsible for Integrated Children's Services Area	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Victoria Sosa	Coordinator Network 1 Sucre	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Raysa Torriani	Executive Director	National Working Committee (for Transgender Populations)
Pamela Valenzuela	Responsible for La Paz Departmental Committee	National Working Committee (for Transgender Populations)
Haydee Villalta	Coordinator of Cultural Research/Responsible for Research UNIBOL Guaraní	Universidad Guaraní y de Tierras Bajas
Silvia Villarroel	Health Manager	CARE International Bolivia
Davor Villegas	University Social Insurance	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
Edgar Yucra	Responsible for Quality Management and Hospital Accreditation	Departmental Committee for Epidemiological Vigilance for Maternal and Neonatal Mortality (Chuquisaca)
People -29	Students on Master's in Population & Development	CIDES/UMSA

People -15	Refugees at “Artemio Camargo” Camp	Residents of Pampahasi district
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Note: This is not an exhaustive list of final beneficiaries interviewed/consulted.

Annex 4: Portfolio of UNFPA interventions 2008–2010

Portfolio of Interventions – Bolivia: Budget and Expenditure 2008–2010 (in \$)			
Number	Name	Budget	Expenditure
BOL4A11A	Administration and coordination	413,071.00	409,254.59
BOL4A12A	Additional resources Bolivia	30,615.00	30,559.02
BOL4G11A	Gender equality & human rights	169,980.80	179,585.00
BOL4G21A	Gender equality	604,131.90	598,122.22
BOL4G22A	Gender equality, hr and empowerment	59,446.00	55,639.63
BOL4G31A	Emergencies	183,504.00	174,808.99
BOL4G41A	Reduction of gender based violence	90,037.00	90,322.77
BOL4G42A	Gender violence	129,218.60	124,097.15
BOL4G43A	Reduction of gender based violence	29,960.00	29,959.47
BOL4P13A	Communication, advocacy and CENDOC	94,414.00	93,632.71
BOL4P22A	Prefectures	75,309.55	74,952.97
BOL4P31A	Population and development	456,603.00	452,085.76
BOL4P33A	Socio-demographic information	515,479.33	511,568.37
BOL4P44A	Elderly adult	44,677.00	31,433.90
BOL4R11A	Sexual and reproductive health and rights	1,182,768.95	1,051,411.09
BOL4R12A	Promotion of demand for health and rights	92,844.00	35,552.37
BOL4R13A	Promotion of health demand	263,975.00	261,237.15
BOL4R14A	Sex education	79,452.00	58,749.97
BOL4R21A	Access to sexual and reproductive health services	359,602.00	351,796.59
BOL4R23A	Exercise of sexual rights	127,189.00	102,891.82
BOL4R31A	Access to SRH services and ensuring SRH inputs	506,402.00	442,125.60
BOL4R41A	Demand for and use of services	84,839.00	84,845.25
BOL4R51A	Human security for adolescents	322,100.00	319,906.96
BOL4R52A	Prevention of HIV in adolescents	70,809.00	68,914.76
BOLM0809	BOL BSB management	1,538,758.00	1,515,523.74
RLA6G21A	Reg. network of indigenous people	131,752.37	117,446.03
RLA6P11A	Strategic partnerships built & capacities developed	10,000.00	0.00
RLA6P41A	Address strategic emerging population issues	84,950.00	63,426.79
RLA6R11A	Enabling policy environment to integrate SRH	32,000.00	22,902.29
RLA6R12A	RH/SRH & essential SRH pkge.incl RH comm. &hr for health	33,000.00	5,509.63
RLA6R13A	Strengthening networks of comm. based orgs of SRH services	10,000.00	2,711.22
RLA6R22A	Reduction of indigenous MM	226,075.15	183,489.03
RLA6R41A	HIV prevention & SRH	49,220.00	41,375.67
RLA6R51A	Strengthening youth SRH institutions	505,861.00	336,097.04
Total		8,608,045	7,921,936

Note: This list of interventions does not detail the activities performed for each of the Atlas projects (see full list in desk report).

Annex 5: Evaluation matrix

CRITERIA/ SUBCRITERIA	EVALUATION QUESTIONS	WHAT TO CHECK	DATA SOURCES	DATA COLLECTION METHODS
COMPONENT 1: ANALYSIS BY FOCUS AREA				
REPRODUCTIVE HEALTH				
RELEVANCE				
Relevance of objectives	Are the objectives of the SRH component relevant with respect to the current country requirements and priorities and its main requirements as regards compliance with international commitments?	Consistency with regulatory framework and current policies Different expectations and requirements of sectors and groups (women, central government, sub-national levels) International commitments (CIPD, MDG, CEDAW) Situation status (indicators) CPAP indicators	Regulations and policies UNFPA and UN documentation Recent diagnostic studies of SRHR CEDAW and MDG Monitoring Reports Sectorial plans National and sub-national audits (Ministry of Health and Sports MSD, Departmental Health Services SEDES, municipal governments) Civil Society (NGOs, Social movements, Committees) Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands)	Document review (CCA, CAP, CPAP, Political Constitution, National Development Plan (NDP), Sectorial Plan, Regional Law, studies) In-depth interviews with different partners (state, civil society, agencies and funders).
Relevance of approaches	Do strategies for the achievement of objectives enable best use to be made of opportunities and deal with threats in the current context – national and sub-national – in order to meet priority requirements?	What are the windows of opportunity, within the legal and institutional framework, for partners? What are the threats? What is the balance, the synergies between levels, and the degree of relationship between strategies?	Political Constitution of the state NDP CAP, CPAP, AWF Sectorial plans Regional Laws Monitoring and evaluation reports National and subnational authorities ((MSD, agencies and donors (e.g. PAHO, UNDP, SEDES, municipal governments) Civil Society (NGOs, Social movements, Committees) Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands) UNFPA Individual responsible for component	Document review. In-depth interviews
EFFICIENCY				
Organisational Efficiency	Have the available human and financial resources been	Were resources disbursed on time? Was implementation of the component resources	CPAP, ATLAS Monitoring and evaluation reports	Document review In-depth interviews

	appropriate, and have they been used efficiently?	as planned? Were the financial resources sufficient to implement the planned activities? Have the human resources and their capacities been sufficient and appropriate to implement the programme in the area of SRHR? Can allocation be considered efficient with respect to strategic priorities?	UNFPA Administrative area Individual responsible for component Implementers	
	Was the institutional organisation of UNFPA and the distribution of responsibilities appropriate during implementation of the programme in the area of SRHR?	Internal organisation, functionality	CPAP, ATLAS Monitoring and evaluation reports UNFPA Administrative area Individual responsible for component	Document review In-depth interviews
Programme Efficiency	Did the allocation of resources avoid duplication and represent intra- and interorganisational complementarity?	What synergies and complementarity can be identified? What mechanisms were used for this? What were the principal outcomes with regard to the maximisation of resource use? What difficulties were encountered?	CPAP, ATLAS UNFPA (administrative area, component and other components) Other agencies and funders Partners and implementers	Document review In-depth interviews
EFFECTIVENESS				
Level of achievement of expected outcomes	To what degree were the outputs identified in the CPAP achieved?	Was universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD) achieved (output 1)? Have individuals, particularly women, adolescents and young people, increased their access to programmes to reduce unplanned pregnancies and to prevent sexually transmitted infections including HIV (output 2)? Do people, especially women, adolescents and young people, exercise their sexual and reproductive rights (output 3)? Is sex education included in the formal education curriculum, alternative education and teacher training (output 4)?	Sources for indicators DHS Regulations Sectorial plans Budgets Monitoring and evaluation reports National and sub-national audits (Ministry of Health and Sports MSD, Departmental Health Services SEDES, municipal governments) Civil Society (NGOs, Social movements, Committees) Implementers Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands) Beneficiaries	Document review In-depth interviews Focus groups (beneficiaries)
	To what degree has the outcome permeated all the key national, sectorial and sub-national	Institutionality of outcome at national and sub-national levels, in different geographic contexts	Sources for indicators Regulations Institutionalisation	Document review In-depth interviews

	institutions and plans?		Budgets Monitoring and evaluation reports (internal) Recent studies Sectorial plans National and subnational authorities (Ministry of Health and Sports [MSD], Departmental Health Services SEDES, municipal governments) Civil Society (NGOs, Social movements, Committees) Implementers Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands) Beneficiaries	
Scope and Depth of outcomes	To what degree are the benefits of the outcome reaching women in an equitable manner, with an emphasis on adolescents, children and indigenous women?	Equitable distribution of benefits (by sub-group, in geographical terms) What has been the use of partnerships, both at operational and at strategic level? To what degree have these partnerships made it possible to maximise the scope and quality of outcomes? Identify types of partnerships (public sector, private, civil society), evaluate the logic of partnerships and their practical use for the achievement of outcomes	Budgets Regulations and plans Monitoring and evaluation reports National and subnational authorities (Ministry of Health and Sports [MSD], Departmental Health Services SEDES, municipal governments) Civil Society (NGOs, Social movements, Committees) Implementers Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands) Beneficiaries	Document review In-depth interviews Focus groups (beneficiaries)
SUSTAINABILITY				
Design for sustainability	What are the strategies implemented and outcomes achieved from the component to consolidate the sustainability of outcomes?	What are the principal difficulties? Are there major differences depending on partner, geographic scope, etc.? What are these attributable to?	Monitoring and evaluation reports Plans; Budgets; National and sub-national authorities (MSD, SEDES, municipal governments. Civil society; Implementers; UNFPA Individual responsible for component	Document review In-depth interviews
Development of national capacities	Are the capacities of partners sufficient to ensure the sustainability of actions and outcomes?	What strategies have been implemented to strengthen the capacities of partners? What are the main capacities which have been strengthened? To what degree have the capacities of partners at national and sub-national level been strengthened? (progress, limitations; differences between partners); What opportunities and threats	Monitoring and evaluation reports Plans; Budgets; National and sub-national authorities (MSD, SEDES, municipal governments; Civil society Implementers UNFPA Individual responsible for component	Document review In-depth interviews

		have been identified?		

**CRITERIA/
SUBCRITERIA**

EVALUATION QUESTIONS

WHAT TO CHECK

DATA SOURCES

**DATA COLLECTION
METHODS**

RELEVANCE

Relevance of objectives

Are the objectives of the gender component relevant with respect to the current country requirements and priorities and its main requirements as regards compliance with international commitments?

Consistency with regulatory framework and current policies
Different expectations and requirements of sectors and groups (women, central government, sub-national levels)
International commitments (CIPD, MDG, CEDAW)
Situation status (indicators)

Regulations and policies
UNFPA and UN documentation
In-depth interviews
Recent diagnostic studies of SRHR
CEDAW and MDG Monitoring Reports
Sectorial plans
National and sub-national authorities (VIO, Justice, Education, ACOBOL, provincial governments, municipal governments, UDAPE)
Civil Society (NGOs, Social movements)
Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands)

Document review (CCA, CAP, CPAP, Political Constitution, National Development Plan (NDP), Equal Opportunities Plan, Regional Law, studies)

In-depth interviews with different partners (state, civil society, agencies and funders).

To what degree are gender equality and empowerment of women reflected in all UNFPA components and actions?

Mainstreaming
Outputs and outcomes

CAP, CPAP, AWF
Individuals responsible for other UNFPA components
Partners in other UNFPA components

Document review
In-depth interviews

Relevance of focus

Do strategies for the achievement of objectives enable best use to be made of opportunities and deal with threats in the current context – national and sub-national – in order to meet priority requirements?

What are the windows of opportunity, within the legal and institutional framework, for partners?
What are the threats?
What is the balance, the synergies between levels, and the degree of relationship between strategies?

Political Constitution of the state
NDP
CAP, CPAP, AWF
Equal Opportunities Plan
Regional Laws
Monitoring and evaluation reports
National and sub-national authorities (VIO, Justice, Education, ACOBOL, provincial governments)

Document review.
In-depth interviews

Civil Society
 Other agencies and funders
 Individual responsible for component

EFFICIENCY

Organisational Efficiency

Have the available human and financial resources been appropriate, and have they been used efficiently?

Were resources paid out on time?
 Was implementation of the component resources as planned?
 Were the financial resources sufficient to implement the planned activities?
 Have the human resources and their capacities been appropriate for the implementation of the programme in the area of gender?
 Can allocation be considered efficient with respect to strategic priorities?

CPAP, ATLAS
 Monitoring and evaluation reports
 UNFPA Administrative area
 Individual responsible for component
 Implementers

Document review
 In-depth interviews

Programme Efficiency

Was the institutional organisation of UNFPA and the distribution of responsibilities appropriate during implementation of the programme in the area of gender?

Did the allocation of resources avoid duplication and represent intra- and interorganisational complementarity?

Internal organisation, functionality

What synergies and complementarity can be identified?
 What mechanisms were used for this?
 What were the principal outcomes with regard to the maximisation of resource use?
 What difficulties were encountered?

CPAP, ATLAS
 Monitoring and evaluation reports
 UNFPA Administrative area
 Individual responsible for component
 CPAP, ATLAS
 UNFPA (administrative area, component and other components)
 Other agencies and funders
 Partners and implementers

Document review
 In-depth interviews

Document review
 In-depth interviews

EFFECTIVENESS

Level of achievement of expected outcomes

To what degree were the outputs identified in the CPAP achieved?

Do national and local institutions take responsibility for the rights of women, adolescents and young people, primarily their RHR, and facilitate the ability to exercise them (output 1)?
 Are prevention of, attention to and management of gender violence, including political violence against women, prioritised in the agenda of the National Agreement and local networks against violence (output 2)?
 Indicators

Sources for indicators
 Regulations
 Institutionalisation
 Budgets
 Monitoring and evaluation reports (internal)
 Recent studies
 Sectorial plans
 National and sub-national authorities (VIO, Justice, Education, ACOBOL, provincial governments, municipal governments, UDAPE)

Document review
 In-depth interviews
 Focus groups (beneficiaries)

Has the outcome permeated all the key national, sectorial and sub-national

Institutionality of outcome at national and sub-national levels, in different geographic contexts

Document review
 In-depth interviews

	institutions and plans?		Civil Society (NGOs, Social movements) Final recipients Other agencies and donors (e.g. PAHO, UNDP, Embassy of the Netherlands)	
Scope and Depth of outcomes	Are the benefits of the outcome reaching women in an equitable manner, with an emphasis on adolescents, children and indigenous women?	Equitable distribution of benefits (by sub-group, in geographical terms) What has been the use of partnerships, both at operational and at strategic level? To what degree have these partnerships made it possible to maximise the scope and quality of outcomes? Identify types of partnerships (public sector, private, civil society), evaluate the logic of partnerships and their practical use for the achievement of outcomes	Budgets Regulations and plans Monitoring and evaluation reports National and sub-national authorities (VIO, Justice, Education, ACOBOL, provincial governments, municipal governments) Civil Society UNFPA Individual responsible for component Beneficiaries	Document review In-depth interviews Focus groups (beneficiaries)
SUSTAINABILITY				
Design for sustainability	What are the strategies implemented and outcomes achieved from the component to consolidate the sustainability of outcomes?	What are the main advances with regard to sustainability? What are the principal difficulties? Are there major differences depending on partner, geographic scope, etc.? What are these attributable to?	Monitoring and evaluation reports Plans; Budgets; National and sub-national authorities (VIO, Justice, Education, ACOBOL, provincial governments, municipal governments) Civil society; Implementers; UNFPA Individual responsible for component	Document review In-depth interviews
Development of national capacities	Are the capacities of partners sufficient to ensure the sustainability of actions and outcomes?	What strategies have been implemented to strengthen the capacities of partners? What are the main capacities to have been strengthened? To what degree have the capacities of key partners at national and sub-national level been strengthened? (progress, limitations; differences between partners; levels of intervention); What opportunities and threats have been identified?	Monitoring and evaluation reports Plans; Budgets National and sub-national authorities (VIO, Justice, Education, ACOBOL, provincial governments, municipal governments; Civil society) Implementers UNFPA Individual responsible for component	Document review In-depth interviews

COMPONENT 1: ANALYSIS BY FOCUS AREA

POPULATION & DEVELOPMENT

RELEVANCE

Relevance of objectives	To what degree are the objectives of the UNFPA/Bolivia intervention in the area of population and development aligned with the objectives of Bolivia's National Development Plan and the <i>outcomes</i> of UNFPA strategic plan?	Analyse and compare CPAP, UNDAF, UNFPA Strategic Plan, National Development Plan	UNFPA Development Planning Ministry Ministry for Regional Government Provincial Government (LPZ, CBB, SCZ, BENI) Municipalities (LPZ, CBB, SCZ, BENI) UN documents: CCA, CAP, CPAP, CIPD, UNDAF, UNFPA Global Strategic Plan	Document review (CCA, CAP, CPAP, CIPD, UNDAF, UNFPA Global Strategic Plan) Interviews with Ministry of Planning, and Regional and Provincial Governments (LPZ, CBB, SCZ, BENI), municipal governments (LPZ, CBB, SCZ, BENI)
Relevance of focus	To what degree are geographic intervention strategies in the area of population and development balanced in terms of the different levels of government?	Analyse whether UNFPA intervention areas are distributed fairly between provincial government and municipalities	UNFPA CAP, CPAP, ATLAS	Document review (CAP, CPAP, ATLAS) Interview with members of UNFPA
	Did the objectives and strategies of the population and development area undergo changes during implementation of UNFPA Country Programme?	Analyse changes to objectives and outputs	UNFPA CAP, CPAP, Monitoring and evaluation reports	Document review (CAP, CPAP, Monitoring and evaluation reports)

EFFICIENCY

Organisational Efficiency	Were the available resources appropriate and have they been used efficiently?	Analyse whether the financial resources were paid out in a timely manner (efficient use of resources); analyse whether the financial resources were appropriate for implementation of the interventions; analyse whether the human resources (staff and capacities) were appropriate	UNFPA Beneficiary partners (INE, Ministry of Planning, UDAPE) Funders	Document review (CPAP, ATLAS) In-depth interviews with UNFPA staff (administrative area and population and development component), Ministry of Planning, Funders
	Was the institutional organisation of UNFPA and the distribution of responsibilities appropriate during implementation of the programme in the area of population and development?	Internal organisation, functionality	UNFPA	Document review UNFPA interviews (administrative area and component)
Programme	Have the implementation modes in	Analyse ways in which Programme activities	UNFPA	Document review (CPAP, ATLAS)

COMPONENT 1: ANALYSIS BY FOCUS AREA

Efficiency	the population and development area been the most appropriate to maximise resource use and generate high quality outputs?	have been implemented	Government partners Funders	In-depth UNFPA interviews (administrative area and component); with government partners
EFFECTIVENESS				
Level of achievement of expected outcomes	To what degree do the development strategies, policies, plans, programmes and budgets include the population dynamic and its links with gender equality, sexual and reproductive rights, HIV/AIDS and generational and intercultural issues?	Analyse whether development plans, programmes, budgets and other government documents mention aspects of Bolivian demographic dynamics and gender, sexual and reproductive rights, generational and cultural issues	UNFPA Development Planning Ministry Ministry of Finance Ministry of Regional Government Municipalities	Document review (participatory plans, strategic plans, National development plan, youth plan) In-depth interviews with authorities of the Ministry of Planning, Finance, Municipalities, Prefectures, UNFPA staff, ACOBOL and Funders
	To what extent have the planned outputs been delivered?	Have the national planning system and the post-constitutional legislation framework achieved the inclusion of issues of population, sexual and reproductive rights, gender, HIV/AIDS, adolescents and young people, and interculturality (output 1)? Have the rights and needs of adolescents and young people been incorporated in public policies and budgets (output 2)? Has capacity been generated to collect demographic data and use it in the planning, monitoring and evaluation processes (output 3)? Have issues of youth employment, urban outskirts, elderly population, the environment, adolescent pregnancy and migration been incorporated in the development plans (output 4)?	Prefectures (Provincial Governments) Funders	
Scope and Depth of outcomes	Is the capacity created at a decentralised level (prefectures and local government) in the planning, monitoring and evaluation processes being used effectively?	Analyse the scope of UNFPA activities at geographic level and levels of decentralisation What has been the use of partnerships, both at operational and at strategic level? To what degree have these partnerships made it possible to maximise the scope and quality of outcomes? Identify types of partnerships (public sector, private, civil society), evaluate the logic of	UNFPA Development Planning Ministry Ministry for Regional Government	

COMPONENT 1: ANALYSIS BY FOCUS AREA

		partnerships and their practical use for the achievement of outcomes		
	Are the benefits of the outcome reaching all levels of decentralised and local government fairly?	Analyse the scope of UNFPA activities at geographic level and levels of decentralisation	UNFPA Development Planning Ministry Ministry for Regional Government	Document review In-depth interviews with authorities of the Ministry of Planning, Regions, UNFPA staff and ACOBOL
SUSTAINABILITY				
Design for sustainability	To what degree are the activities and benefits of UNFPA interventions sustainable in Bolivia? How is the sustainability of activities promoted at national and local level?	Analyse the development of the roles of UNFPA and implementation partners	UNFPA Development Planning Ministry Ministry for Regional Government Prefectures and municipalities Funders	Document review In-depth interviews with Central Government authorities, Prefectures and Municipalities, Academic Institutions which work with UNFPA and Funders
Development of national capacities	What capacities have been developed in the area of population and development in issues of population, sexual and reproductive rights, gender, HIV/AIDS, adolescents and young people, and interculturality? To what degree have the capacities of key partners at national, decentralised and local level been strengthened?	Analyse the existence of human capital in intervention issues in the population and development area of UNFPA and the degree and quality of ownership of UNFPA intervention activities and their impact on the level of sustainability of activities	UNFPA Development Planning Ministry Ministry for Regional Government Prefectures Municipalities Academic institutions Funders	Document review (Budgets, strategic plans, UNFPA evaluations) Interviews with national and sub-national authorities (Ministry of Development Planning, Ministry of Regional Government, and Health, Prefectures, Municipalities, INE), ACOBOL, UNFPA and Funders

CRITERIA/ SUBCRITERIA	EVALUATION QUESTIONS	WHAT TO CHECK	DATA SOURCES	DATA COLLECTION METHODS
COMPONENT 2: ANALYSIS OF STRATEGIC POSITIONING				
STRATEGIC ALIGNMENT				
Corporate Dimension (Strategic Plan)	To what extent are the outputs of the CPD/CPAP in the 3 components aligned with UNFPA Strategic Plan?	Analyse and compare implementation of the CPD/CPAP with UNFPA Strategic Plan	UNFPA Government partners	Document review (CPD/CPAP, UNFPA Strategic Plan, ATLAS) UNFPA staff interviews Interviews with UNFPA partners; Focus group

Dimension in System (United Nations)	To what extent are the outputs of the CPD/CPAP in the 3 components aligned with the UNDAF? Does the UNDAF clearly reflect UNFPA priorities?	Analyse and compare objectives (outcomes and outputs) between the CPAP and the UNDAF Does current implementation reflect this alignment? Analyse and verify whether the UNDAF reflects the strategic interests of UNFPA Are there <i>outcomes</i> in the UNDAF which are not attributable to UNFPA despite the fact that they correspond to its mandate? Why?	UNFPA UN agencies (UNICEF, UNDP, PAHO) Central Government (Ministry of Planning, Regions)	Document review (Strategic Plans of UN agencies) Interviews with UNFPA staff, some UN agencies, officers of the Bolivian Government Focus group
	To what extent has UNFPA contributed to coordinating the UN System, in particular in its focus areas?	Verify the existence of coordination between the different UN agencies and describe the type and nature of this coordination. Is there duplication between UNFPA and other UN system agencies and what measures have been taken to resolve this?		
RESPONSIVENESS				
	To what degree has UNFPA been capable of responding to the social changes which have occurred in Bolivia? Was the response to new demands and requirements prioritised by the new national development strategy appropriate?	Analyse the new requirements and demands of the GOB and compare them with the CPAP and the UNDAF; Describe what changes were made to the overall scheme of UNFPA programmes; Analyse whether these changes hinder the achievement of UNFPA programme outcomes and outputs (forecast values vs. actual or real values); Analyse how changes to the overall scheme of UNFPA programmes affected the balance between short-term and long-term objectives; Analyse whether the relevance and alignment of UNFPA objectives with UNFPA Strategic Plan and the UNDAF were maintained in the process of accommodating to the changes which have occurred in Bolivia over the last 5 years	UNFPA UNICEF UNDP PAHO COB (Ministry of Planning, Regions, Prefectures, Municipalities)	Document review (CPAP, UNDAF, National Development Strategy of GOB, Development Plans of Prefectures and Municipalities) In-depth interviews with staff of UNFPA/Bolivia Ministry of Development and other levels of the GOB Focus group
ADDED VALUE				
	What has been the added value of UNFPA as a development partner in general and with regard to its contribution in its focus areas in	Analyse the strengths of UNFPA associated with specific characteristics and abilities in its focus areas Are these advantages recognised by UNFPA	UNFPA Central, Departmental and Municipal Government Civil society and academia	Interviews with senior Government officers; aid agency staff and private sector organisations Focus group

	<p>particular?</p> <p>Has UNFPA intervention led to any unexpected effect or displacement?</p> <p>What have been the main comparative advantages of UNFPA as a development partner? Have these been maximised?</p>	<p>partners and other international cooperation partners?</p> <p>Identify and evaluate the niche/position occupied by UNFPA as a development partner of the Government</p> <p>See to what degree the space it occupies has adversely affected other partners</p> <p>Identify the strengths of UNFPA and the areas in which its performance level is outstanding</p>		
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Annex 6: Stakeholder mapping

Implementing Agency (according to AWP)

Other Partners (according to AWP)

Donors

GENDER EQUALITY

Strategic Plan Outcome: G1 Gender equality and human rights of women and adolescent girls, particularly their reproductive rights, included in national policies, development frameworks and legislation.

CPAP Output: G1 National and local institutions take responsibility for the rights of women, adolescents and young people, primarily their RHR, and facilitate the ability to exercise them.

	BOL4G11A - Gender Equality & Human Rights	
Ministry of Justice	Department for Gender, Department of Equal Opportunities	Regular Funds
	Strategic Outcome: G2 Promotion of gender equality, reproductive rights and empowerment of women/adolescents.	

CPAP Output: G1 National and local institutions take responsibility for the rights of women, adolescents and young people, primarily their RHR, and facilitate the ability to exercise them.

	BOL4G21A: Gender Equality	
UNFPA	UNFPA	Regular Funds
	Strategic Outcome: G2 Promotion of gender equality, reproductive rights and empowerment of women/adolescents.	

CPAP Output: G2 Prevention of, attention to and management of gender violence prioritised in the agenda of the National Agreement and local networks against violence.

	BOL4G22A: Gender Equality, HR and Empowerment	
Prefectures of Potosí, Chuquisaca	UDG	Regular Funds
	Strategic Outcome: G3 Consolidating systems to protect human rights and mechanisms for the protection of reproductive rights, especially the right to freedom from violence.	

CPAP Outcome: G1 National and local institutions take responsibility for the rights of women, adolescents and young people, primarily their RHR, and facilitate the ability to exercise them.

	BOL4G31A: Emergencies	
UNFPA, Educae Research Centre	UNFPA, CIES	Emergencies OCHA/CERF, Regular Funds
	Strategic Outcome: G4 Expanding responses to gender violence, through improvement of policies and protection systems.	

CPAP Outcome: G1 National and local institutions take responsibility for the rights of women, adolescents and young people, primarily their RHR, and facilitate the ability to exercise them.

BOL4G41A: Reduction of Gender Based Violence

Association of Female Local Councillors of Bolivia,
UNFPA

Regular Funds

Strategic Outcome: G4 Increasing the response to gender-based violence, in particular sexual and domestic violence, through the improvement of policies, protection systems, compliance with the law and sexual and reproductive health and HIV prevention services, particularly during and following emergency situations.

CPAP Outcome: G2 Prevention of, attention to and management of gender violence, including political violence against women, prioritised in the agenda of the National Agreement and local networks against violence.

BOL4G42A: Reduction in Gender Based Violence

UNFPA, Prefectures of Beni, Chuquisaca, Potosí,
Cochabamba

SEDEGES, UDG

Regular Funds

Strategic Outcome: G4 Increasing the response to gender-based violence, in particular sexual and domestic violence, through the improvement of policies, protection systems, compliance with the law and sexual and reproductive health and HIV prevention services, particularly during and following emergency situations.

CPAP Output: G2 Prevention of, attention to and management of gender violence, including political violence against women, prioritised in the agenda of the National Agreement and local networks against violence.

BOL4G43A: Reduction of Gender Based Violence

UNFPA

Marie Stopes

POPULATION AND DEVELOPMENT

Strategic Outcome: P1 That the population dynamic and its links with gender equality, sexual and reproductive health and HIV/AIDS should be incorporated into public policies, poverty reduction plans and expenditure frameworks.

CPAP Output: P3 Consolidation of national and local capacity for collecting demographic information and data, using it in planning development and in supervision and evaluation systems at a national, departmental, municipal and community level.

BOL4P13A: Communication, Advocacy and CENDOC

UNFPA

Regular Funds

Strategic Outcome: P2 That the multisectorial rights and needs of young people should be incorporated into public policies, poverty reduction plans and expenditure frameworks, taking advantage of the demographic dividend.

CPAP Output: P2 Multisectorial rights and needs of adolescents and young people incorporated in public policies and budgets

BOL4P22A: Prefectures

UNFPA, Consorcio Boliviano de Juventudes, Prefectures
of Potosí, Beni, Cochabamba, Min. of Justice

Municipal Youth Committees, SEDEGES, SEDES,
SDH, SDD, Department of Equal Opportunities

Regular Funds

Strategic Outcome: P3 Data regarding population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and sub-national level to formulate and supervise policies and programme implementation.

CPAP Outcome: P1 National Planning System and post-constitutional regulatory framework consolidated in the areas of population and development, SRHR, gender, HIV and AIDS, adolescents and young people, and interculturality.

BOL4P31A: Population and Development

UNFPA

Regular Funds

Strategic Outcome: P3 Data regarding population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and sub-national level to formulate and supervise policies and programme implementation.

CPAP Output: P3 Consolidation of national and local capacity for collecting demographic information and data, using it in planning development and in supervision and evaluation systems at a national, departmental, municipal and community level.

BOL4P33A: Socio-demographic data

National Statistics Institute (INE), Universidad Mayor de San Andrés, UNFPA

UNAIDS, Regular Funds

Strategic Outcome: P4 That new demographic issues, in particular migration, urbanisation, modifications to age structures (transition to adulthood/ageing) and population and the environment, are incorporated in global, regional and national development programmes.

CPAP Output: P4 Issues of youth employment, urban outskirts, elderly population – environment, population – territory, adolescent pregnancy and migration are incorporated in national, departmental and municipal plans.

BOL4P44A: Elderly Adult

Ministry of Justice

Department of Equal Opportunities

Regular Funds

SEXUAL AND REPRODUCTIVE HEALTH

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Output: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

BOL4R11A

Prefectures of Beni, Chuquisaca, Potosí, National Police, Ministry of Health, UNFPA

SEDES, Legal Office for Women, Health and Quality Services Unit

Emergencies, Regular Funds

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Output: R2 Individuals, particularly women, adolescents and young people, have increased their access to programmes to reduce unplanned pregnancies and to prevent sexually transmitted infections including HIV.

BOL4R12A: Promotion of Demand for Health and Rights

Prefecture of Beni, Cochabamba

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Outcome: R3 People, especially women, adolescents and young people, exercise their sexual and reproductive rights.

BOL4R13A: Promotion of health demand

Católicas por el Derecho a Decidir, Causananchispaj, SRHR Observatory Regular Funds
UNFPA

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Outcome: R4 Sex education included in the formal education curriculum, alternative education and teacher training.

BOL4R14A: Sex education

Prefecture of Potosí, Chuquisaca, Ministry of Education, SEDUCA, UPIP, Curriculum Design, UPIP, Regular Funds
UNFPA Indigenous Universities, Post Literacy

Strategic Outcome: R2 Increased access to and use of quality maternal health services with the aim of reducing maternal mortality and morbidity, including the prevention of dangerous abortions and management of complications arising from them.

CPAP Outcome: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

BOL4R21A: (2010) Access to Sexual and Reproductive Health Services

Universidad Juan Misael Saracho, Universidad San Francisco Xavier, Ministry of Health, UNFPA Regular Funds

Strategic Outcome: **R2** Increased access to and use of quality maternal health services with the aim of reducing maternal mortality and morbidity, including the prevention of dangerous abortions and management of complications arising from them. **& R3** Increased access to quality services in the area of voluntary family planning, and their use, by individuals and couples according to their reproductive wishes.

CPAP Output: **R3** People, especially women, adolescents and young people, exercise their sexual and reproductive rights. **& R1** Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

BOL4R23A: Exercise of sexual rights and Access to SRH services and ensuring inputs

Prefecture of Chuquisaca, UNFPA

UNDP

Strategic Outcome R3: Increased access to quality services in the area of voluntary family planning, and their use, by individuals and couples according to their reproductive wishes.

CPAP Output: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

BOL4R31A

Prefectures of Chuquisaca and Potosí, Family Care International, Public Ministry, Ministry of Health, Universidad San Francisco Xavier, CARE, UNFPA

SEDES, UNIMED, Confederación Bartolina Sisa, CIDOB/CENAMIB

Multidonor Trust Fund

Strategic Outcome: R4 Increase in demand for and use of quality services for the prevention of HIV and sexually transmitted infections, and access to these, in particular by women, young people and other vulnerable groups, including the populations in most need of humanitarian aid.

CPAP Output: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

BOL4R41A: Demand for and Use of Services

National Working Committee, UNFPA

UNAIDS, Regular Funds

Strategic Outcome: R5 Improving the access of young people to sexual and reproductive health services, HIV prevention services, and services to prevent gender violence and education in the area of sexual and reproductive health for daily life which takes into account gender issues as part of an integrated multisectorial approach to the development of young people.

CPAP Output: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

BOL4R51A: Human Security for Adolescents

UNFPA

Multidonor Trust Fund, Regular Funds

Strategic Outcome: R5 Improving the access of young people to sexual and reproductive health services, HIV prevention services, and services to prevent gender violence and education in the area of sexual and reproductive health for daily life which takes into account gender issues as part of an integrated multisectorial approach to the development of young people.

CPAP Output: R2 Individuals, particularly women, adolescents and young people, have increased their access to programmes to reduce unplanned pregnancies and to prevent sexually transmitted infections including HIV.

BOL4R52A: Prevention of HIV in Adolescents

REGIONAL GENDER EQUALITY PROJECT

Strategic Outcome: G2 Promotion of gender equality, reproductive rights and the empowerment of women and adolescents by promoting a sociocultural environment which promotes the participation of men and the elimination of harmful practices.

CPAP Output: G1 Prevention of, attention to and management of gender violence, including political violence against women, prioritised in the agenda of the National Agreement and local networks against violence.

Family Care International, UNFPA
RLA6G21A: Reg. Network of Indigenous People
Confederación Bartolina Sisa, CIDOB/CENAMIB Spain

REGIONAL POPULATION AND DEVELOPMENT PROJECTS

Strategic: P1 That the population dynamic and its links with gender equality, sexual and reproductive health and HIV/AIDS should be incorporated into public policies, poverty reduction plans and expenditure frameworks. *and* P4 That new demographic issues, in particular migration, urbanisation, modifications to age structures (transition to adulthood/ageing) and population and the environment, are incorporated in global, regional and national development programmes.

UNFPA
Strategic Outcome: P4 That new demographic issues, in particular migration, urbanisation, modifications to age structures (transition to adulthood/ageing) and population and the environment, are incorporated in global, regional and national development programmes.
UNFPA RLA6P11A: Strategic Partnership Built and Capacities Developed Spain

CPAP Output: P4 Issues of youth employment, urban outskirts, elderly population – environment, population – territory, adolescent pregnancy and migration are incorporated in national, departmental and municipal plans.

UNFPA
RLA6P41A: Address Strategic Emerging Population Issues
Foreign Ministry, Ministry of Health, Department of Equal Opportunities, Office of the Public Ombudsman, Universidad Mayor de San Andrés, National Institute for Statistics, OIM Spain

REGIONAL SEXUAL AND REPRODUCTIVE HEALTH PROJECTS

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Output: Not Identified

RLA6R11A: Enabling policy environment and RH/SRH & Essential SRH Package

UNFPA

Spain

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Output: Not Identified

RLA6R12A: RH/SRH & ESSENTIAL SRH Package

UNFPA

Spain

Strategic Outcome: R1 Promoting demand for reproductive rights and sexual and reproductive health and the integration of the basic sexual and reproductive health programme, in particular the basic reproductive health and human health resource outputs, in the public policies of humanitarian and development frameworks, with an improved monitoring capacity.

CPAP Output: Not Identified

RLA6R13A: Strengthening Networks of Communication

UNFPA

Spain

Strategic Outcome: R2 Increased access to and use of quality maternal health services with the aim of reducing maternal mortality and morbidity, including the prevention of dangerous abortions and management of complications arising from them.

CPAP Output: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

RLA6R22A: Reduction of Indigenous Maternal Mortality

Family Care International, UNFPA

Confederación Bartolina Sisa, CIDOB/CENAMIB, Spain
Foreign Ministry, Ministry of Health, Department of
Equal Opportunities, Office of the Public
Ombudsman, Univ. Mayor de San Andrés, INE, OIM

Strategic Outcome: R4 Increase in demand for and use of quality services for the prevention of HIV and sexually transmitted infections, and access to these, in particular by women, young people and other vulnerable groups, including the populations in most need of humanitarian aid.

RLA6R41A: HIV Prevention & SRH: Making

UNFPA

Foreign Ministry, Ministry of Health, Department of Equal Opportunities, Office of the Public Ombudsman, Universidad Mayor de San Andrés, National Institute for Statistics, OIM Spain

Strategic Outcome: R5 Improving the access of young people to sexual and reproductive health services, HIV prevention services, and services to prevent gender violence and education in the area of sexual and reproductive health for daily life which takes into account gender issues as part of an integrated multisectorial approach to the development of young people.

CPAP Output: R1 Universal access to quality sexual and reproductive health services, especially among women, adolescents and young people, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).

RLA6R51A: Strengthening Youth SRH Institutions

Ministry of Health, Ministry of Justice, Prefectures de Chuquisaca, Potosí, El Alto Municipal Government, Municipal Government of La Paz, Consorcio Boliviano de Juventudes, National Police

Health and Quality Services Unit, Youth Consolidation Unit, Department of Equal Opportunities, Ministry of Health, Ministry of Justice, Estásjoven, SEDES/ADOLESCENTES, Municipal Youth Committees Spain

Annex 7: Interview guide: key issues / questions – gender equality and sexual and reproductive health and rights interviews

TYPE OF PARTNER	KEY ISSUES/QUESTIONS GENDER EQUALITY	KEY ISSUES/QUESTIONS SEXUAL AND REPRODUCTIVE HEALTH
Implementers	Background Description of the intervention (objectives, approaches, etc.) Relationship of intervention to objectives of organisation Relevance/suitability to context/changes/innovations Principal achievements Principal difficulties Cost-effectiveness (efficiency) Administrative management (payments) Monitoring and Evaluation Outlook for sustainability	
UN agencies and other key donors	Aid framework (trends; threats and opportunities) Type of strategy and action implemented Context and role of UNFPA (strengths and weaknesses; added value) Evaluation of strategies (partners, location, national vs. sub-national level) Complementarity and potential duplication Coordination mechanisms: GTG, CIAG – effectiveness; role and contribution of UNFPA	Aid framework (trends; threats and opportunities) Type of strategy and action implemented Context and role of UNFPA (strengths and weaknesses; added value) Evaluation of strategies (partners, location, national vs. sub-national level) Complementarity and potential duplication Working Committee on Maternity and Birth, Insurance – effectiveness; role and contribution of UNFPA CIAG - Sub-committee on SRHR
State decision-makers/officials	Policy priorities (Equal Opportunities Plan, Challenging patriarchy, Education) Contribution of UNFPA to policy implementation (relevance, alignment, mainstreaming, intersectorality, decentralisation/regional governments) Other contributions of other donors (characteristics, evaluation) Role and added value of UNFPA Limitations in the role and contributions of UNFPA Main current requirements. Future challenges (sustainability, development of capacities) Role/contributions expected of UNFPA	Political priorities (sectorial plans in health) Contribution of UNFPA to policy implementation (relevance, alignment, decentralisation/regional governments) Other contributions of other donors (characteristics, evaluation) Role and added value of UNFPA Limitations in the role and contributions of UNFPA Main current requirements Future challenges (sustainability, development of capacities) Role/contributions expected of UNFPA
Direct beneficiaries	Identification of main local requirements and priorities; threats and opportunities Relevance of UNFPA action compared to local requirements/priorities (specific contributions, solution of problems, improvements to situation); strengths and weaknesses of programme Planned and unplanned outcomes of UNFPA action Principal requirements and challenges for the future	

	<p>Priority strategies/actions</p> <p>Support required</p> <p>Potential contribution of UNFPA</p>
Final beneficiaries	<p>Identification of principal requirements and priorities of the population; attention to differentiated sub-groups (adult women, adolescents and young people, etc.)</p> <p>Knowledge of the programme; identification of strengths and weaknesses</p> <p>Factors which facilitated or obstructed access to programme services (considering sub-groups)</p> <p>Evaluation of the services – did the services meet expectations and requirements?</p> <p>Changes (improvements) to people’s lives as a result of the contribution of the programme; other factors and relevant partners who influenced these changes (positively and/or negatively)</p>
Other key partners	<p>Context analysis: opportunities and threats</p> <p>Role of UNFPA and perceptions of programme (strengths and weaknesses)</p> <p>Added value and capacity of UNFPA to respond/react to new context</p> <p>Position of UNFPA: strengths and weaknesses</p> <p>Suggestions and recommendations for the future</p>

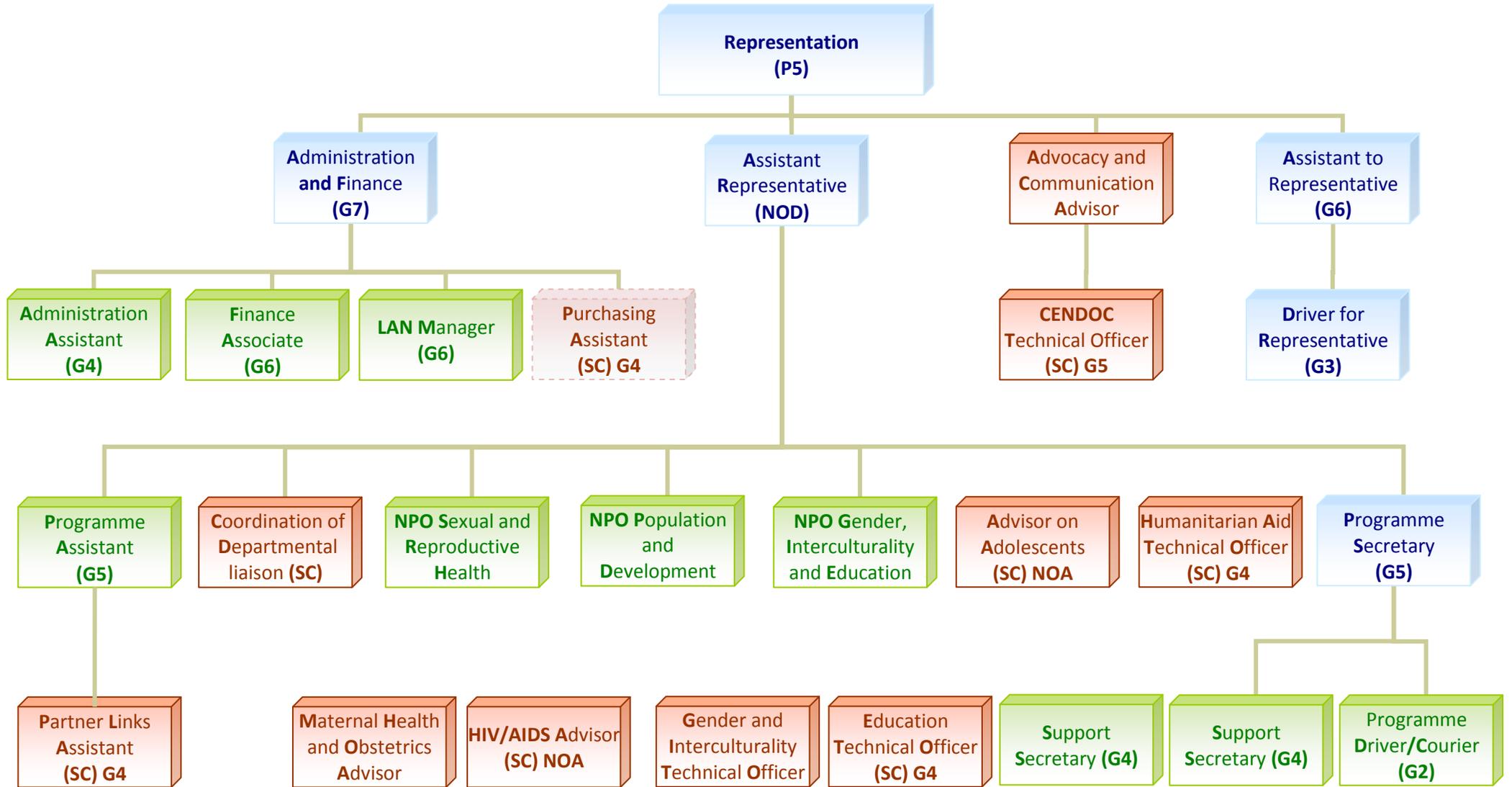
Annex 8: National demographic and health survey– Indicators

<i>TARGET INDICATORS OF UNFPA STRATEGIC PLAN</i>		2008	2003	Source	Disaggregated by gender	Disaggregated by area of residence
1. ADOLESCENT PREGNANCY RATE		17.9%	15.7%	DHS	Adolescents (15–19) who have been pregnant	
<i>RELATED INDICATORS</i>	1.1 – Age at first marriage	20.9 (women) 23.9 (men)	20.6 (women) 23.0 (men)	DHS	Women from 25-49 years and men from 25-64 years	
	1.2 a- Net rate of school enrolment (primary):	94.2%	82.2%	DHS	Women 93.7% Men 94.8% (2008)	Urban: 94.6 % Rural 93.8% (2008)
	1.2 b- Net rate of school enrolment (secondary):	64.3%	38.3%	DHS	Women 62.5% Men 66.0% (2008)	Urban: 72.5 % Rural 50.9% (2008)
2. UNMET NEED FOR FAMILY PLANNING		20.2%	22.7%	DHS	Women currently in relationship	Urban: 15.6% Rural 27.5%
<i>RELATED INDICATORS</i>	2.1 – Prevalence rate of contraception (modern methods)	34.6%	34.9%	DHS	Women currently in relationship	Urban: 40.2% Rural: 25.7% (2008)
	2.2 – Infant mortality rate	50	54	DHS	Deaths in first year of life per 1000 live births	Urban: 43 Rural: 75 (2008)
	2.3 – Child mortality rate	63	75	DHS	Deaths in first 5 years of life per 1000 live births	Urban: 55 Rural: 99 (2008)
	2.4 – Abortion rate	N/A			No official data	
3. MATERNAL MORTALITY RATIO		229 (2003)	416 (1989)	MDG Report	Women per 100,000 live births	
<i>RELATED INDICATORS</i>	3.1 – Attended births	71.1%	60.8%	DHS	Care by trained staff	Urban: 88.3% Rural: 50.9% (2008)
	3.2 – Antenatal Care	90.0%	79.1%	DHS	Care by trained staff	Urban: 94.8% Rural: 83.5% (2008)
	3.3 – Caesarean Births	18.6%	14.6%	DHS		Urban: 27.8% Rural: 7.8% (2008)
4. HIV PREVALENCE		3873 cases		MS&D	Cases notified during 1984–2008	
<i>RELATED INDICATORS</i>	4.1 – Knowledge of HIV/AIDS among people aged 15–24	24% (Women) 28% (Men)		DHS	Comprehensive knowledge	
	4.2 – Availability of condoms	N/A				

	4.3 – Prevalence in the use of condoms among various population groups	For high-risk men: 48.5% use condom	For high-risk men: 36% use condom	DHS	Population of men aged 15–24 years	Urban: 53.6% Rural 31.3% (2008)
5. GENDER BASED VIOLENCE						
<i>RELATED INDICATORS</i>	5.1a – Proportion of Women who suffer from psychological violence	38.1%	53.8%	DHS	Women who have been married or in a relationship	Urban: 40% Rural: 35.0% (2008)
	5.1 – Proportion of Women who suffer from domestic physical or sexual violence	24.2%	53.3%	DHS	Women who have been married or in a relationship	Urban: 24.4% Rural: 23.8% (2008)
	5.1 – Proportion of Women who suffer from sexual violence	6.4%	15.2%	DHS	Sexual violence by partner	Urban: 5.1% Rural: 5.2% (2008)
	5.3 – Incidence of female genital mutilation	-	-	-		

Pregnancy Rates				
Indicator	2008	2003	Source	Breakdown by area of Residence
Planned Pregnancy Rate	2.0	2.1	DHS	Urban: 1.9 Rural 2.4 (2008)
Observed Pregnancy Rate	3.5	3.8	DHS	
Rural Observed Pregnancy Rate	4.9	5.5	DHS	
Urban Observed Pregnancy Rate	2.8	3.1	DHS	

Annex 9: Organisation Chart – UNFPA Bolivia 2010



■ Positions BSB

■ Programme (Series)

■ Programme (SC)

■ Temporary

Annex 10: Summary table of main achievements by output

COMP.	OUTPUT	ACHIEVEMENTS		
		Dialogue and political impact	Capacity Building	Institution Building
COUNTRY OFFICE		Political Constitution of the state		
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	Increased access to and use of quality maternal health and sexual and reproductive health services, especially among adolescents, within the framework of the Family, Community and Intercultural Health model (FCIH) and Universal Health Insurance (SUSALUD).	<p>National Strategic Plan for Sexual and Reproductive Health 2009–2015.</p> <p>National Strategic Plan to Improve Maternal, Perinatal and Neonatal Health in Bolivia 2009–2015</p> <p>National Plan for the Prevention, Control and Monitoring of Cervical Cancer 2009–2015</p> <p>National Plan for the Integrated Health of Adolescents and Young People in Bolivia (2009–2013).</p> <p>National Multisectorial Programme Strategic Plan 2008–2012 STD/HIV/AIDS (“Procedimientos de atención adecuados a principios SAFCI: Infecciones de Transmisión Sexual, Cáncer de Cuello Uterino-PAP y Planificación Familiar” (2009).2008)</p> <p>Epidemiological Vigilance System for Maternal and Neonatal Mortality in the country.</p>	<p>Building the quality and problem-solving capacity of services (Chuquisaca and Potosí)</p> <p>Maternal Mortality Vigilance Committee (Chuquisaca and Potosí)</p> <p>Obstetric nursing degree (Universities of Potosí, Chuquisaca and Tarija) Birth Programmer (Chuquisaca).</p> <p>Female leaders trained to exercise social control in the implementation of the Juana Azurduy Benefit.</p> <p>Studies (adolescent pregnancy in maternity services, supply and logistical processes of contraceptives, CEASS diagnostic).</p>	<p>Committee for Safe Maternity and Birth Postas (2) Alto Parapetí. Revolving Fund for the supply of contraceptives.</p> <p>Creation of Centres for the Development of Competencies</p>
	Individuals, particularly women, adolescents and young people, have increased their access to programmes to reduce	<p>National Plan for the Integrated Health of Adolescents and Young People in Bolivia (2009–2013).</p> <p>Andes Plan for the Prevention of</p>	<p>Consultative Youth Committee for the Prevention of Pregnancy in Adolescents.</p> <p>Various studies and summaries</p>	<p>Revolving fund for the supply of contraceptives.</p>

	unplanned pregnancies and to prevent sexually transmitted infections and HIV.	Adolescent pregnancy. National Strategic Plan for Sexual and Reproductive Health 2009–2015.National Standard: Rules, Protocols and Procedures for Contraception (2010) National Multisectorial Programme Strategic Plan 2008-2012 STD/HIV/AIDS (2008).	of adolescent pregnancy, HIV, transgender population, etc.	
	People, especially women, adolescents and young people, have received support to exercise their sexual and reproductive rights.	Draft Proposal for Youth Legislation	Consultative Youth Committee for the Prevention of Pregnancy in Adolescents. Bartolinas incorporates sexual and reproductive rights in its strategy for political struggle. Women leaders trained to exercise social control. Women of Alto Parapetí trained in SRH issues.	
GENDER EQUALITY	National and local institutions take responsibility for the rights of women and adolescents and defend them, including sexual and reproductive rights	National Equal Opportunities Plan “Mujeres Construyendo la Nueva Bolivia para Vivir Bien” (PNIO) Plurinational Constitutional Court Electoral Body Electoral System Judicial Body Framework Legislation for Autonomous Regions and Decentralisation Legal Delimitation Act	Municipal Departmental Units for Gender and Legal Services strengthened (Chuquisaca and Potosí). Building the quality and problem-solving capacity of health services from a rights-based perspective (Chuquisaca and Potosí) Module for the solution of conflicts on the basis of rural indigenous justice	Monitoring Reports to CEDAW
	Prevention, attention and	Rules, protocols and procedures for	Networks for the Struggle against	Monitoring Reports to

POPULATION AND DEVELOPMENT	management of gender violence, including political violence against women, prioritised in the agenda of the National Council, departmental councils and local networks against violence	integrated care for victims of sexual violence (although in conflict with the PAHO developed with the Ministry of Health).	Violence, Chuquisaca (9) and Potosí (7) Training of Integrated Legal Services in Chuquisaca and Potosí	CEDAW Sole Register for Intrafamily Violence (RUVI) - VIO and INE Form for reporting gender-based violence and political harassment.
	Sex education included in the formal education curriculum, alternative education and teacher training.	National Equal Opportunities Plan includes right to a non-sexist education.	Sexuality and Gender Module, an educational right Teachers from Sucre and Chuquisaca Centro trained in sex education.	UNFPA (Country Office) input to basket and to Education Committee. Sex education in Post Literacy Programme
	National Planning System and post-constitutional regulatory framework consolidated in the areas of population and development, SRHR, gender, HIV and AIDS, adolescents and young people, and interculturality.	Communication Strategy 2010–2012	Training of La Paz Provincial and Municipal Officers: “Incorporating Demographic Variables in Development Planning”.	Evaluation of Basic Income (methodology and techniques development stage)
	Multisectorial rights and needs of adolescents and young people incorporated in public policies and budgets	Draft Proposal for Youth Legislation 11 Municipal Youth Councils		
	Consolidation of national and local capacity for collecting demographic information and data, using it in planning development and in supervision and evaluation systems at a national, departmental, municipal and community level		National Youth Survey 2008 Country Office Documentation Centre (CENDOC)	National Survey on Demography and Health 2008 Cartographic update (2012 census) Computing and technology team for 2012 census

	<p>Issues of youth employment, urban outskirts, elderly population – environment, population – territory, adolescent pregnancy and migration are incorporated in national, departmental and municipal plans.</p>	<p>Plan for Old Age and the Elderly</p> <p>Draft Legislation for the Elderly</p> <p>Bi-national Convention ARBOL III (Comisión Nacional Eje 2)</p>	<p>Master's in Population and Development (29 students)</p>	<p>Incorporation of 1 person in the VIO (Elderly Section)</p>
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