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MCH PROGRAM DESCRIPTION

Bolivia



Overall MCH and health sector situation

Bolivia has a population of 9.1 million, 34 percent of whom are below the age of 15. In 2003, the total expenditure on health represented 6.7 percent of GDP. Although the nation faces major development challenges, there has been a decrease in the U5MR from 116 to 75 and in the IMR from 75 to 54/1,000 live births in the period between 1994 and 2003. The MMR, at 229/100,000 live births, has declined from 390/100,000 live births, in 1994. Despite these declines, Bolivia's health indicators are the second worst in the hemisphere. The use of SBAs is 61 percent. The TFR dropped to 3.8 children (3.1 urban; 5.5 rural) in 2003 from 4.2 in 1998 and modern contraceptive prevalence has increased from 12.2 in 1989 to 35 in 2003. This low use of modern FP means that some women continue to have more children than they desire, with desired fertility attained often by their mid-20s. The unmet need for spacing births is 6 percent and for limiting births is 17 percent, and there is wide disparity between the lowest and highest wealth quintiles as well as between rural and urban areas.

Bolivia finds itself facing a number of significant challenges. Deep social divisions mark the resource-rich eastern lowlands region and the indigenous-majority western altiplano. Political upheaval, high inflation, and recent heavy rains and flooding have posed enormous challenges for improving health. The MOH is responsible for maximizing the effectiveness of external financing for national, regional, and local health sector programs; it has recently initiated efforts to improve harmonization of donor programs with MOH policies and priorities. USAID is the only USG agency with a comprehensive health program in Bolivia, and it supports the Bolivian government's efforts to decentralize health services to reach underserved populations and promote a public health model based on community, family, and intercultural health.

MCH interventions at the Mission level

Priority areas of intervention include prenatal and postnatal care, emergency obstetric care, nutrition, immunization, family planning, postabortion care, and drinking water supply and sanitation. Programs reach people in peri-urban or urban areas in all nine of Bolivia's departments and in the rural areas of four departments.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The program focuses on support to community health services for prenatal and postnatal care and basic child health services; improved case management of severely malnourished children; the development of emergency obstetric care networks; family planning services that include commodities, as well as support to approaches that allow men and women to make educated decisions about their reproductive lives; and improved access to postabortion care. Programs address a host of factors that affect use of services including proximity, transport, compassionate, efficient, and effective care; and respect for non-harmful, traditional cultural practices. USAID promotes an integrated approach that gives women and children access to life-saving health care that includes attention to quality of care, healthy practices in the home, and a well-functioning referral system through support for training, technical assis-

tance, commodities and subgrants to municipal health facilities and NGOs. Several USG partners are building local capacities to design, deliver, and evaluate community health activities.

Specific actions supported as part of the MCH approach

USAID is helping to improve the institutional capacity of two private sector institutions: PROSALUD, the largest network of private health service providers in the country, which provides over 500,000 consultations nationwide per year; and CIES, with nine centers across the country, which specializes in reproductive and maternal and child health.

The USAID program's geographic focus

USAID's program supports activities in all nine of Bolivia's departments.

The Mission program's relationship to the country's health sector and development plans and strategies

The Mission's health program directly supports the Government of Bolivia's National Development Plan (PND) and the MOH's plan for the health sector. Specifically, USAID's activities support the national "Zero Malnutrition" policy and the MOH's framework policies concerning family, community and intercultural health and health promotion. USAID and its partners also participate in numerous technical working groups to advance programming in technical areas including vaccinations, maternal health, and Chagas disease.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID has a monetization program, funded through PL 480/Title II Food Security Funding resources, that contributes to reduced maternal and child morbidity and mortality and is closely coordinated with other health activities. FY08 will be the final year for PL-480 Title II assistance to Bolivia. USAID provides funding for HIV/AIDS programming in Bolivia, including through the CDC to provide technical assistance for HIV/AIDS behavioral research, voluntary counseling and testing, laboratory performance improvement, and epidemiological surveillance. The DOD is using other funding sources to provide direct health services to the population and to sponsor Bolivian military participation in regional and international conferences on health issues.

Investments and initiatives of other donors and international organizations

USAID participates in a donor technical working group that includes bilateral and multilateral donors including Canada, Belgium, Japan, the EU, France, Venezuela, UNICEF, UNFPA, PAHO, and the Global Fund for HIV/AIDS, Tuberculosis and Malaria. USAID coordinates with and provides funding to PAHO on malaria and with UNFPA on maternal health.

Planned results for the Mission's MCH investments over the next 5 years

Over the next 5 years, USAID's program expects to contribute to the establishment of emergency obstetric and neonatal care networks that will save the lives of mothers and babies, and to reduce child morbidity and mortality as a result of better treatment in health centers and improved prevention measures in homes and communities.

MCH COUNTRY SUMMARY: BOLIVIA	VALUE
MCH FY08 BUDGET	6,510,000 USD
Country Impact Measures	
Number of births annually*	219,000
Number of under-5 deaths annually	16,000
Neonatal mortality rate (per 1,000 live births)	27
Infant mortality rate (per 1,000 live births)	54
Under-5 mortality rate (per 1,000 live births)	75
Maternal mortality ratio (per 100,000 live births)	229
Percent of children underweight (moderate/severe)	9%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	79%
Percent of women with at least four antenatal care (ANC) visits	58%
Percent of women with a skilled attendant at birth	67%
Percent of women receiving postpartum visit within 3 days of birth***	9%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	61%
Immunization	
Percent of children fully immunized at 1 year of age****	75%
Percent of DPT3 coverage	72%
Percent of measles coverage	64%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	74%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	60%
Percent of children under 6 months exclusively breastfed	54%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	64%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	52%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	86%
Percent of population with access to improved sanitation**	43%
<p>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. **** The National Health Information System (Unless otherwise noted, the data source is the 2003 Demographic and Health Survey)</p>	