



## OVERVIEW OF Bolivia

### Overview of Bolivia



YEAR OF  
**1825**  
INDEPENDENCE

POPULATION  
**10,461,053**  
MILLION

**49.6%**  
Population  
**BELOW**  
poverty line

### Languages

Spanish, Quechua, Aymara and Guarani

**Maternal mortality rate:** 190 deaths per 100,000 live births.

**Under-five Mortality Rate:** 51 per 1,000 live births. Bolivia ranks 55 in the world.

**Children under the age of 5 years under-weight** 4.0%.

**Human Development Index (HDI)** for 2012: 0.675 (ranked 108 out of 187, indicating medium human development).

### Brief History of ChildFund in Bolivia

**ChildFund came to Bolivia in 1979**

**Number of enrolled children FY13: 23,903**

**Number of states where we are: 5**

**Number of participants FY13: 115,564**

ChildFund Bolivia began its activities in 1979 with rural and peri-urban communities from Oruro, a mine town in the west side of the country, and then expanded its program coverage to the rest of the country.

Now ChildFund works with 44 local partners within five out of nine departments in the country, including 21 municipalities, with interventions for infants, children, youth and their families in urban, peripheral and rural areas.

# Brief Program Overview



## ChildFund works with:

- 21 municipalities
- 739 neighborhoods & communities
- Approximately 372,885 inhabitants
- 183,699 youth under 19 years of age
- 23,903 enrolled children

## Local Partners

- **Cochabamba**—5 LPs: urban and rural area
- **La Paz**—18 LPs (including **El Alto City** with 1 LP): urban and rural area
- **Oruro**—11 LPs: urban and rural area
- **Santa Cruz**—2 LPs: urban area
- **Tarija**—8 LPs: urban and rural area

# Brief Program Overview

**Bolivia's** long-term strategic approach considers the most important aspects of child poverty, and uses a results framework to establish expected outcomes and outputs, covering a five year period (2011-2015).

The outcomes are:

- Develop skills in children and young people for the creative solution of problems that affect their organizations and communities.
- Develop child growth and development community programs.
- Contribute to the sustainability of local educational systems, facilitating access, retention and promotion of children.
- Develop community promotion, prevention and health care actions.
- Promote understanding, mobilization and improvement of living conditions from a community level.
- Assist with the formation and strengthening of community networks.
- Motivate sustainable community partnerships and alliances.
- Create a learning organization.



# 2013 Program Achievements



## Infants

During FY13, ChildFund Bolivia worked on strengthening capacity for implementation of the Early Childhood Development (ECD) program by creating new and improved training guides and materials to rollout their formation process for parents and facilitators across the country.

ChildFund developed a guide for early childhood stimulation and integrated assistance in child development. Another guide was specifically created for ECD facilitators, including materials for the registration, monitoring and assistance for children under 5 years old.

Together with local partner organizations, ChildFund implemented the guide and training, with a focus on the replication of the training and the application of the guide. All of these activities were possible with the financial support of Barnfonden, ChildFund Alliance member in Sweden.

Working with Pro Salud, ChildFund trained 40 health care professionals in El Alto, near La Paz, in the application of evaluations of growth and development.

## Children

In order to reach more than 17,000 school age children, ChildFund Bolivia implemented initiatives including the learning support program, organization and participating in boys and girls clubs, and financial and social education training using the Aflatoun methodology.

The learning support program provided school materials and supplies for all enrolled children, which allowed permanent participation in school for most of the children. At the same time, local partners across the country implemented pedagogical support for all children with learning difficulties and other interventions to facilitate the link between parents and school teachers as co-partners in and co-owners of quality learning.

The participation in "clubs" allowed children to apply their school knowledge in several fields, e.g., learning about the challenges and needs their community faces and developing small projects to bring solutions to some of these issues. Through the "clubs," children also had the opportunity to interact with their peers, develop social and leadership skills, celebrate their culture and traditions, as well as practice sports and join community engagement activities.

Through the Aflatoun initiative (a social and financial education project), more than 10,000 school age children across Bolivia, learned life skills and the importance of saving with a clear purpose of accomplishing their projects, based on values such as solidarity and cooperation.

# 2013 Program Achievements (continued)



## Youth

Youth programs have been strengthened through the constitution of new youth groups—mainly in rural Cochabamba. Technical staff running these youth clubs have received training in educational modules—ranging from topics such as leadership to design and implementation of small projects.

In April 2013, over 25 local staff members in the region of Tarija from eight local partners, received training in the social and financial education programs Aflateen (for teenagers) and Aflatoun (for school age children) from an external trainer, funded by their Secretariat. These two programs have been implemented with over 280 youth (15 years and older) and over 500 young children.

ChildFund Bolivia also took part in a study released by Aflateen's Secretariat, looking at the challenges and opportunities of implementing this program. Focal groups and interviews were carried out with local staff members and youth before and after two months of implementation. This research fed an international evaluation and was presented in the Aflatoun International Meeting in July 2013.

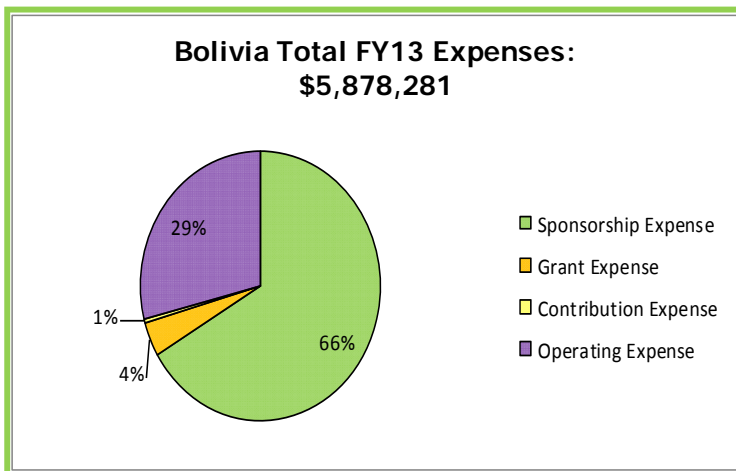
British volunteers, provided by the International Service (IS), worked with local partners in La Paz and finished the Sexual and Reproductive Health modules, which now need to be translated and fit into the educational module structure. A baseline study was also carried out by CIES (Sexual Health Clinic) in the urban La Paz area, to assess sexual education knowledge and access to these types of services by youth in the area.

## Civil Society

Since April 2013, ChildFund Bolivia signed two agreements with two different NGOs. The first was with Rural Andean Health to develop and implement a module of youth participation in health prevention, promotion and care from school experiences. More than 4,000 youth are participating in this initiative which concluded in November 2013.

The second agreement was with Pro Salud to provide health care for families living in El Alto, near La Paz. This initiative facilitates access to health services and child growth and development monitoring to over 1,000 families along with providing adolescents with friendly services where they can discuss health problems.

# Financial Report



## **Bolivia FY13**

Sponsorship Expense	3,907,166	66%
Grant Expense	241,379	4%
Contribution Expense	27,570	0%
Operating Expense	1,702,166	29%
<b>Total Expense</b>	<b>5,878,281</b>	<b>100%</b>

## Challenges

In 2014, Bolivian citizens will participate in a Presidential, Vice Presidential and Parliament representatives election. Depending on the results, NGOs' work in the country may have some changes in terms of new regulations or approaches.

Most of the urban and peri-urban areas where ChildFund Bolivia works have high levels of gang violence, drug and alcohol consumption and street violence. Youth are challenged by: (1) keeping away from these problems and not being drawn in; (2) finishing school rather than dropping out; and (3) being underemployed and having to migrate to main cities or other countries to find income generating opportunities.

In terms of health, the most common diseases among children are malaria, dengue fever, chagas disease and tuberculosis in endemic risk areas. ChildFund Bolivia also focuses on water and sanitation projects in areas where health indicators are low due to the lack of clean water.

Malnutrition and diseases among children under-five are the priority in families where parents must work all day and older brothers assume the parental role.

An additional challenge is related to emergencies. ChildFund Bolivia carries out its work in areas frequently exposed to floods (Santa Cruz), drought (Tarija, Cochabamba, Oruro's rural area), hail-stone storms (Cochabamba, La Paz's rural area) and landslides (La Paz). Our interventions are focused on prevention of potential risks and always include an environmental analysis component.

# Why Sponsorship is Important

**Jose Luis** is 19 years old and lives with his seven brothers in the peri-urban area of the city of Oruro where gangs, alcoholism and delinquency are a reality on every street corner.

In his early years, Jose Luis faced challenges because he was mixing with the wrong crowd and was under the influence of bad friends to the point that he was about to leave his studies (i.e., drop out of school).

*"Fortunately I met Rafael thanks to ChildFund,"* tells Jose Luis now, *"he is more than my sponsor, he became a close friend to me. Every month he sent me letters encouraging me to study and leave the bad influences and friends. Now I feel I am an example for my younger brothers and I can't let them down. I had a second chance."*

Jose Luis is attending night school and works during the day to help support his family. His small income along with the occasional free fruits and vegetables he gets as additional payment from the market where he works allow his family to have food to survive.

*"Before many people wouldn't have given a coin for my future, but now I feel I have a fu-*

