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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Bolivia

Reinforcing the maternal and child health programme

Estimated UNFPA contribution:	\$ 2.3 million
Estimated value of the Government's contribution:	\$ 1.8 million
Duration:	Four years
Estimated starting date:	July 1980
Executing Agencies:	World Health Organization/Pan American Health Organization (WHO/PAHO)
Government Co-operating Agency:	Ministry of Public Health

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I. Summary

1. UNFPA proposes to support a maternal and child health project, in the amount of \$2.3 million, for four years, to help the Government of Bolivia reduce morbidity and mortality among mothers and children. The project forms an integral part of the national maternal and child health programme, which is also designed to extend health services to marginal urban areas; encourage community participation in the delivery of health services; and provide food supplements to mothers and children. UNFPA funding will provide international consultants, administrative expenses, sub-contracts for research and development of educational programmes and materials, training, and equipment.

II. Background

2. Bolivia has a population estimated by the United Nations at 5.6 million in 1978. Population density is 5 persons per square kilometre, one of the lowest in Latin America. However, density varies markedly from region to region; for example, the Government estimates that there are 13,000 persons per square kilometre in La Paz, the capital, but only one inhabitant for every two square kilometres in the department of Pando. Thirty-three per cent of the population live in urban areas while, according to Government estimates, 44.7 per cent live in settlements of fewer than 200 inhabitants.

3. According to the World Bank, the per capita gross national product for 1978 was \$510.

4. Average life expectancy at birth is estimated at 51 years. The crude birth rate is about 43 per thousand inhabitants, the crude death rate about 16 per thousand. The estimated annual rate of population growth is 2.6 per cent.

5. About 44 per cent of the population are under 15 years of age, while 45 per cent of Bolivian women are in the reproductive years. The Government estimates maternal mortality at 480 per 100,000 live births in urban areas, but no figures are available for rural areas, where the rate is thought to be considerably higher. The same sources place infant mortality countrywide, at 161 per thousand live births, but 178 per thousand in rural areas. Gastro-intestinal and respiratory infections, compounded by malnutrition, account for approximately 80 per cent of infant deaths. A 1975 Government study indicates that one out of five Bolivian children dies before reaching the age of two; however, given Bolivia's level of socio-economic development and the high fertility rate, the Government believes actual child mortality to be much higher.

6. The Government has not yet formulated an explicit and comprehensive population policy. However, the current (1976-1980) five year plan for economic and social development contains some elements of such a policy, and to some extent its operational plans incorporate demographic variables into general development strategies. In 1978, assisted by UNFPA, the Government established a population group within the Ministry of Planning and Co-ordination to further this process.

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7. The Government has identified the high rates of morbidity and mortality and the uneven distribution of the population, as its principal population concerns. Largely as a result of the 1976 census, which revealed the country's population to be lower by one million than previously estimated, the Government now wishes to increase the population as well as the rate of population growth. It is therefore encouraging immigration and implicitly seeks to maintain current levels of fertility while discouraging emigration and attempting to decrease mortality. Towards achieving these objectives, the Government relies on its plans for economic and social restructuring and on its primary health care programmes, with special priority given to rural areas and to selected urban development zones.

8. UNFPA has provided assistance to Bolivia since 1972. Total cumulative UNFPA expenditures, through 1978, amount to slightly over \$2 million, with \$934,408 budgeted for 1979. UNFPA assisted the Government with its 1976 census (the first since 1950), analyzing and disseminating the census results, strengthening the technical capacity of the National Institute of Statistics, the establishment of a group charged with population-policy formulation, and a study of the role of women and the family in rural society and their integration into rural development projects recently completed by the Ministry of Planning and Co-ordination. UNFPA is currently assisting a Ministry of Labour study of migration patterns and the formulation of a labour migration policy.

9. A UNFPA-supported project aimed at improving and extending maternal and child health care services and promoting family planning began in 1974. A five-year budget for this project, totalling \$1,520,000, was approved by the Governing Council at its twenty-first session in 1976, but the Government decided to suspend project activities in early 1977. Cumulative expenditures for this project amounted to \$568,424.

10. Funding for preparatory activities for the proposed project in maternal and child health was approved in 1979 in the amount of \$240,000, and covered the cost of producing a project document and various manuals, training, evaluating the statistical system, and designing a research study on infant mortality. UNFPA expects to send a needs assessment mission to Bolivia in the second half of 1980.

11. Other multilateral population assistance, reinforcing the proposed health project includes a project funded by the Economic Commission for Latin America (ECLA) to educate, and promote the participation of the rural community in health matters. WHO/PAHO has funded a study of weight gains during pregnancy. The World Bank's extensive programme in urban development includes a substantial component for health promotion activities in marginal urban areas.

12. The United States Agency for International Development (USAID) provides funds for a study of migrant lactating mothers, a diagnostic study of maternal and child anaemia, and a \$2.2 million programme for the vaccination and nutrition of mothers and children. In conjunction with the Co-operative for American Relief Everywhere (CARE), USAID also supports a supplementary food project.

13. Non-governmental population-related assistance has been provided by: the Church World Service's Family Life and Population Programme, Family Planning International Assistance, the International Planned Parenthood Federation, and World Neighbors.

III. The project

14. The overall objective of the project is to improve the health of the Bolivian population by reducing morbidity and mortality among mothers and children.

15. The project's immediate objectives are to: extend the coverage of maternal and child health services, by increasing the number of health establishments offering these services from the current 138 to 622 by 1984; strengthen the supervisory, administrative, programming, and evaluation capacity of the Ministry of Public Health; undertake research on infant mortality, results of which can be used to improve the programming of maternal and child health; strengthen data collection, so as to provide the maternal and child health programme with the information necessary for making decisions on programming, control, and evaluation; train maternal and child health care personnel, at various levels; develop population communication and education in rural and marginal urban areas, to increase demand for services, as well as the use of services already available.

16. To achieve these objectives, the project will engage in the following activities:

- furnish medical and health establishments with 258 sets of basic medical equipment and 258 sets of maternal and infant-care equipment, as well as four radiant heaters for newborns and thirty incubators. The project will also supply kits for 1,000 midwives, for 1,000 auxiliary nurses, and for 700 health promoters, as well as assorted equipment for the extension of the vaccination programme;

- reinforce the statistical system necessary to cover maternal and child health services. A mini-computer will be provided to process this information, as well as the results of the research described below;

- carry out research, following a design drawn up during the preparatory stage of the project, on, for example, the incidence and causes of infant mortality and its interrelationship with cultural factors;

- provide Bolivians with fellowships for study abroad in the areas of population communication, maternal and child health care, perinatal public health, and demography;

- provide 30 courses a year to train community health personnel, such as auxiliary nurses, midwives, and health promoters, towards extending health services to rural areas;

- organize seminars on maternal and child health for administrators;

- carry out an annual review of supervisory and evaluation activities, at the national, regional and local levels; and

- develop and implement a graduated series of activities designed to inform, motivate and educate the population in maternal and child health matters.

17. The Maternal and Child Health Division of the Ministry of Public Health, operating also at the regional and local levels, will have overall responsibility for the project. The project will involve all three levels of the Division's infrastructure - central regional, and local. The first consists of a director, a co-ordinator, and six section chiefs (maternal health, infant health, child health, social services, nursing and biological statistics). The regional administration is organized into eleven units composed of physicians, nurses, and social workers. The units provide medical services in urban, marginal urban, and rural medical and health stations, and also perform supervisory functions. At the local level, physicians, nurses, auxiliary nurses, empirical midwives, health promoters, and personnel from other Government departments provide services in general health stations; some also participate in training midwives and organizing health education at the community level.

18. UNFPA's contribution will support international consultants in public health medicine (one physician and one nurse) and in health communication. Other components to be funded include travel costs for supervisory personnel and salaries of health promoters; sub-contracts for research and for design; educational programmes and materials; training; expendable and non-expendable equipment; and miscellaneous costs. In addition, UNFPA will help defray the cost of renting temporary space for the Division of Maternal and Child Health, until its headquarters, currently being built with World Bank and Government funds, become available.

19. The expenditure components of UNFPA funding, by category and year, are as follows:

	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>Total</u>
	\$	\$	\$	\$	\$	\$
Internaional						
advisers	63 300	114 550	50 765	-	-	228 615
Local personnel	68 450	162 160	186 646	211 331	106 864	735 451
Sub-contracts	82 700	138 200	69 500	76 500	42 100	409 000
Training	89 100	117 600	113 200	98 600	-	418 500
Equipment	369 019	17 700	12 900	14 200	-	106 850
Miscellaneous	<u>17 400</u>	<u>26 700</u>	<u>25 550</u>	<u>25 200</u>	<u>12 000</u>	<u>106 850</u>
	689 969	576 910	458 561	425 831	160 964	2 312 235

IV. Recommendation

20. The Executive Director recommends that the Governing Council:

(a) Approve the project in Bolivia in the amount of \$2.3 million for four years; and

(b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Bolivia and the Executing Agency.
