



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
7 November 2022

Original: English

**First regular session 2023**

30 January to 3 February 2023, New York

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for the Plurinational State of Bolivia**

Proposed indicative UNFPA assistance:	\$21 million: \$7 million from regular resources and \$14 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Seventh
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023–2027

## I. Programme rationale

1. The Plurinational State of Bolivia is a diverse, multicultural and geographically complex country, with a population of approximately 12 million,<sup>1</sup> distributed across nine departments and 342 municipalities. An estimated 41.7 per cent of the population belongs to one of the 36 indigenous peoples and Afro-Bolivians.<sup>2</sup> Adolescents and young people aged 10-29 years represent 36.8 per cent of the population, including 19.3 per cent of adolescents aged 10-19.<sup>3</sup> The window of opportunity to reap the demographic dividend is expected to last until 2044,<sup>4</sup> which therefore requires urgent investments in youth health, education, social protection and employment.

2. Over the last years, the country has experienced socio-political instability, with an increased political polarization, undermining its development and peace-reconciliation agenda. Despite being classified as a lower middle-income country, the Plurinational State of Bolivia remains one of the poorest and most unequal countries in the region. The impact of the COVID-19 pandemic slowed down the country's long-lasting economic growth, with a gross domestic product (GDP) decline of 8.7 per cent between 2019 and 2020. During the same period, poverty increased from 37.2 per cent to 39 per cent, while extreme poverty increased from 12.9 per cent to 13.7 per cent.<sup>5</sup> The new National Economic and Social Development Plan (NESDP), 2021-2025, prioritizes post-pandemic economic recovery. Accordingly, between 2020-2021, the country has seen a recovery of 6.1 percentage points in GDP; and a reduction of 2.6 percentage points in extreme and moderate poverty rate.<sup>6</sup> However, persisting intersectional disparities, based on geographic location, ethnicity, age and sex, continue to affect the most vulnerable populations. Indigenous women and girls living in rural areas record a poverty rate (57 per cent) that is twice higher than urban, non-indigenous women (27 per cent). Indigenous/rural and Afro-Bolivian women also attain a lower educational level, with an average of four and 8.2 years of schooling, respectively, compared to 12 years among urban, non-indigenous women.<sup>7</sup>

3. The Plurinational State of Bolivia is a strong supporter of the Programme of Action of the International Conference on Population and Development (ICPD), through 57 voluntary national commitments presented at the ICPD+25 Summit in 2019. The political constitution recognizes the sexual and reproductive health and rights (SRHR) of Bolivian women and men, as well as the universal right to free health care with intercultural perspectives. Maternal and adolescents' sexual and reproductive health (SRH), gender equality and women's empowerment are also embedded in its policy framework, including the national plans to accelerate the reduction of maternal mortality, on adolescent pregnancy prevention, and law 348 for a life free of gender-based violence (GBV). Nonetheless, gaps persist in access to sexual and reproductive health and rights for the furthest left-behind, particularly low-income people, indigenous and Afro-Bolivian women, migrants, (LGBTQI+) populations, and people with disabilities. Among other challenges are the systematic incorporation of comprehensive sexuality education (CSE) in the national curriculum, and access to comprehensive abortion care in line with World Health Organization (WHO) guidelines and the national legal framework. These gaps are largely influenced by conservative views or norms about sexuality.

4. The unmet need for family planning among women aged 15-49 is 23.2 per cent, while the modern contraceptive prevalence rate is 32.4 per cent.<sup>8</sup> Important disparities in unmet need exist between women living in rural and urban areas (28.4 and 20.9 per cent, respectively) and indigenous and non-indigenous women (33.9 and 18.7 per cent). The largest gap is observed among adolescents aged 15-19 years, with an unmet need of 48.1 per cent, between two to 2.5 times higher than that of young people aged 20-24, and those aged 25-29.

<sup>1</sup> National Institute of Statistics, 2022.

<sup>2</sup> National Census of Population and Housing, 2012.

<sup>3</sup> National Institute of Statistics, 2022.

<sup>4</sup> Unit for Analysis of Social and Economic Policies, 2019.

<sup>5</sup> National Institute of Statistics, 2021.

<sup>6</sup> National Institute of Statistics, 2022.

<sup>7</sup> Country Common Analysis (CCA), United Nations (UN) Bolivia, 2022.

<sup>8</sup> Demographic and health survey, 2016.

5. While the total fertility rate declined from 3.5 to 2.9 births per woman during 2008-2016, the age-specific adolescent fertility rate of women aged 15-19 remains high, with 71 births per 1,000 women of the same age range.<sup>9</sup> This figure was higher in rural than urban areas (109 versus 58 per 1,000 women aged 15-19), particularly among indigenous communities, due to lack of access to sexual and reproductive health information and services, and prevailing sexual violence and harmful practices (early forced unions/child marriage). The opportunity cost of unintended adolescent pregnancy and early motherhood in 2019 was estimated at \$373.3 million, equivalent to 0.91 per cent of GDP.<sup>10</sup>

6. The availability of, and access to, contraceptive counselling and methods, including long-acting reversible contraception, needs to be expanded. Although seven modern contraceptive methods are incorporated in the national public health insurance system, their local availability is limited, due to insufficient budget allocation, knowledge/attitudes of health personnel, and the weak supply chain. Despite the high coverage (98 per cent) of the national logistics management system for medicines and supplies (SALMI), limited capacities for forecasting and procurement hamper universal access to contraceptives.

7. The Plurinational State of Bolivia has the second highest maternal mortality ratio in Latin America and the Caribbean. The latest available figures (160 maternal deaths per 100,000 live births) date back to 2011.<sup>11</sup> The top causes were postpartum haemorrhage (59 per cent), hypertensive disorders (19 per cent) and unsafe abortion (13 per cent). Maternal deaths are a glaring manifestation of intersectional inequalities in the country, as 68.3 per cent of those are attributed to indigenous women, especially in rural areas. These women face geographical, institutional, cultural and economic barriers to access services, aggravated by the COVID-19 pandemic and the health system's fragmentation. Adolescent girls aged 14-19 years account for an important share (14 per cent) of maternal deaths among women aged 14-50 years.

8. The COVID-19 pandemic impacted access to and utilization of maternal care. Between 2019 and 2021, the number of pregnant women who completed four antenatal visits declined by 17.4 percentage points overall, and by 25.8 percentage points among adolescent pregnant mothers aged 15-19.<sup>12</sup> Likewise, in 2019, 80.6 per cent of the births were attended by skilled health personnel, which declined to 73.6 per cent in 2020.<sup>13</sup> The institutional birth rate was 87.7 per cent, while 12.3 per cent of deliveries are still assisted at home,<sup>14</sup> particularly in rural areas, without qualified healthcare providers. In 2021, 149 trained nurse-midwives were deployed in primary health-care facilities with UNFPA support. However, they still face institutional barriers to be recognized and fully integrated in the formal health workforce.

9. Key barriers preventing the Plurinational State of Bolivia from achieving zero preventable maternal deaths by 2030 include: (a) lack of awareness by pregnant women, causing delays in identifying danger signs during pregnancy and labour; (b) a weak public health system, particularly at the primary health care level, with limited coverage of comprehensive sexual and reproductive health services, especially quality emergency obstetric newborn care (EmONC), and timely referral systems in rural areas; (c) limited implementation of intercultural protocols and quality standards in care that compromise demand for service utilization by indigenous women; and (d) inefficient access to and discontinued utilization of modern contraceptives, particularly long-acting reversible contraceptives.

10. Gender-based violence is a persisting problem in a prevailing patriarchal culture and high levels of impunity. In 2016, 74.7 per cent of women aged 15 years or above have suffered intimate partner violence.<sup>15</sup> Furthermore, the Plurinational State of Bolivia reported the sixth highest femicide rate in the Latin America and Caribbean region in 2020 (2 per 100,000 women aged 15-

<sup>9</sup> Demographic and health survey, 2016.

<sup>10</sup> MILENA study, UNFPA, 2021.

<sup>11</sup> National maternal mortality study, Ministry of Health and Sports.

<sup>12</sup> Ministry of Health, National health information system.

<sup>13</sup> Ministry of Health and Sports, National health information system.

<sup>14</sup> Demographic and health survey, 2016.

<sup>15</sup> Survey of prevalence and characteristics of violence against women, National Institute of Statistics, 2016.

49),<sup>16</sup> with 107 reported cases in 2021.<sup>17</sup> Thirty-six per cent of the femicide victims were aged 18-28.<sup>18</sup> Four out of ten women aged 15 years or above experienced sexual violence in their life.<sup>19</sup> In 2021, 2,007 complaints of sexual violence against children and adolescents (0-14 years old) were reported, equivalent to 36 per cent of the total complaints of sexual violence.<sup>20</sup> Although data are limited, gender-based violence (GBV), particularly sexual violence, disproportionately affects women with disabilities, especially those with moderate or severe disabilities.<sup>21</sup> Despite legal and policy advancements, gaps persist in access to and quality-of-protection services for gender-based violence survivors, especially for indigenous and rural women and girls, due to limited budget and national/local prioritization.

11. Child marriage and early unions are the most common form of harmful practices. In 2021, 10,667 girls were married before age 18; of those, 77.2 per cent were legally married to an adult male partner.<sup>22</sup> Social and gender norms tend to naturalize child marriage in rural areas, especially in poor households with low education. Although the country's family code prohibits marriage or free unions before age 18 without parental consent, many parents marry off their adolescent daughters for economic or cultural reasons.

12. The Plurinational State of Bolivia is among the ten countries most vulnerable to the effects of climate change globally. During the last decade, it has experienced approximately 700 floods, 500 hailstorms, 300 droughts and 50 forest fires.<sup>23</sup> Poverty, reduced resilience and limited access to sexual and reproductive health services and rights, especially in areas with high climate change vulnerabilities (Chiquitania and Gran Chaco), particularly affect women, children and indigenous people. The country has a solid institutional framework for emergency risk management.<sup>24</sup> However, coordination, resource allocation, and information management should be improved to enhance climate change adaptation and disaster risk reduction, while ensuring resilient life-saving sexual and reproductive health and gender-based violence services in emergencies and humanitarian contexts.

13. In recent years there has been growing migration flow, particularly from Venezuela. The number of Venezuelan migrants and refugees nearly doubled from 10,000 to 19,000 between 2020 and 2021.<sup>25</sup> Of those, 68 per cent are on irregular migratory status, which restricts their rights to access health and protection services.<sup>26</sup> Women and girls aged 18-35, who represent 67.2 per cent of Venezuelan migrants,<sup>27</sup> face high vulnerabilities to adolescent pregnancies, sexual exploitation or other types of violence. An estimated 45.8 per cent of Venezuelan refugees and migrants surveyed in the Plurinational State of Bolivia reportedly suffered discrimination or exclusion.<sup>28</sup>

14. Availability of quality disaggregated data is a critical challenge, due to outdated and limited national surveys and administrative records, which produce significant data gaps on the situation of the furthest left-behind populations, particularly in relation to the three transformative results. These gaps undermine the monitoring of the 2030 Agenda, the Sustainable Development Goals (SDGs), the Montevideo Consensus on Population and Development, and ICPD goals. The new 2021 statistics law may enable the strengthening of the national statistics system, supported by the population and housing census and other surveys, to fill these gaps.

15. The UNFPA country programme, 2023-2027, is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for the Plurinational State of Bolivia, 2023-2027, and the national priorities defined in the NESDP, 2021-2025. It will contribute to the three UNSDCF priority areas: (a) equality and well-being; (b) inclusive and sustainable development

<sup>16</sup> Economic Commission for Latin America and the Caribbean (ECLAC).

<sup>17</sup> Office of the Attorney General.

<sup>18</sup> A study on characteristics of femicides and judicial responses in 9 cities and El Alto, UNFPA Bolivia, 2021.

<sup>19</sup> Survey of prevalence and characteristics of violence against women, National Institute of Statistics, 2016.

<sup>20</sup> Office of the Attorney General.

<sup>21</sup> Office of the Ombudsperson, 2014.

<sup>22</sup> The civil registry service, SERECI, 2021.

<sup>23</sup> Common Country Analysis (CCA), UN Bolivia, 2022.

<sup>24</sup> Ministry of Development Planning, Capacity for Disaster Risk Reduction Initiative 2021.

<sup>25</sup> International Organization for Migration, 2021.

<sup>26</sup> Inter-agency Coordination Platform for Refugees and Migrants from Venezuela, 2022.

<sup>27</sup> International Organization for Migration, 2021.

<sup>28</sup> Inter-agency Coordination Platform for Refugees and Migrants from Venezuela, 2022.

model; and (c) governance and social cohesion. UNFPA will build on its comparative advantages, particularly its recognized technical expertise in sexual and reproductive health and rights, using intercultural and gender-transformative approaches, gender-based violence multisectoral prevention and response, particularly sexual violence against girls, and data and population dynamics.

16. The final country programme evaluation, 2018-2022, highlighted the following lessons learned: (a) evidence-based policy dialogue supported the strengthened implementation of public policies in sexual and reproductive health and gender-based violence; (b) the decentralized UNFPA presence represented a comparative advantage for reaching the furthest left behind; (c) programmatic focus on maternal mortality and gender-based violence increased the impact and visibility of UNFPA as a specialized technical agency; (d) strategic and operational adaptations to a challenging environment during the COVID-19 pandemic, including the use of digital innovations, led to tangible results in evidence-generation, institutional capacity development, and continuity of sexual and reproductive health and gender-based violence services; and (e) strategic partnerships with civil society organizations (CSOs), including women and youth, enhanced the UNFPA response to the needs of the most vulnerable populations.

## **II. Programme priorities and partnerships**

17. The new country programme was designed within the larger UNSDCF process through a series of consultations with multi-stakeholders at local and national levels, including the governments, civil society organizations working with the furthest left behind, and bilateral/multilateral organizations. It is aligned with the NESDP 2021-2025; the 2030 Agenda and the Sustainable Development Goals (SDGs) 3, 5, 10, 13, 16 and 17; the Montevideo Consensus, the ICPD Programme of Action and the ICPD+25 voluntary national commitments; and the UNFPA Strategic Plan, 2022-2025.

18. The programme vision is that by 2027, women, adolescents, girls, particularly those living in rural and peri-urban areas, indigenous communities, and other furthest left-behind populations (Afro-Bolivians, migrants, people with disabilities), can fully exercise their sexual and reproductive rights with bodily autonomy, in an enabling environment that promotes equal opportunities and a life free of violence. Recognizing maternal mortality as the most pronounced manifestation of inequalities in the Plurinational State of Bolivia, the programme focuses on reducing preventable maternal deaths, as an entry point and accelerator for achieving the other two transformative results. UNFPA will adopt a comprehensive approach to improve availability, accessibility, affordability and utilization of quality, rights-based sexual and reproductive health care and services, including contraceptives. Family planning interventions will not only contribute to preventing unintended pregnancies, but also to reducing preventable maternal deaths, primarily among indigenous adolescents and women. Through the empowerment of women, adolescents and girls, the programme will enhance the autonomy of women and adolescent girls, contributing to scaling up demand for services.

19. Human rights, gender, generational, intercultural and intersectional approaches will be applied to address the structural inequalities that leave people behind. Transforming discriminatory gender and social norms, linked to communication for behavioural change, will be both a prioritized output and a cross-cutting strategy, to improve access to maternal health and family planning services, especially among rural indigenous women and adolescents, contributing to the prevention of adolescent pregnancy, gender-based violence, and child marriages/unions.

20. The programme will integrate humanitarian preparedness and response, ensuring complementarity between humanitarian, development and peace-responsive actions. Emphasis will be placed on access to timely, geographically accurate subnational population estimates, and expanding access of the most vulnerable women and girls to essential and life-saving sexual and reproductive health and gender-based violence services, in the contexts of heightened climate change effects and human mobility. As part of the United Nations inter-agency platform for refugees and migrants from Venezuela, UNFPA will support these populations with life-saving gender-based violence information, prevention and services, including case management,

psychosocial support, and clinical management of rape in bordering areas, by strengthening local capacities and coordination for integrated sexual and reproductive health and gender-based violence services.

21. The programme will employ the following four accelerators: (a) leaving non one behind, as the imperative to the human rights-based approach, using an intersectional lens to address multiple vulnerabilities, and disaggregated data to monitor key indicators; (b) partnerships and South-South and triangular cooperation to promote sharing of technical know-how in key areas (census and midwifery education) and good practices (positive masculinities for gender-based violence prevention); (c) data and evidence generation and use, especially to leverage UNFPA advocacy actions; and (d) innovation, including information and communication technology, to promote right-holders' participation, particularly women, adolescents and girls, in public policy-making.

22. The programme will use the full range of engagement modalities, particularly evidence-based advocacy and policy dialogue, capacity development and partnerships to elevate the normative role of UNFPA. This ambitious programmatic vision requires leveraging multi-stakeholder partnerships, including governmental and non-governmental actors at national/subnational levels, other United Nations organizations, parliamentarians (youth or sexual and reproductive rights-related commissions), academia and civil society platforms. The subnational presence of UNFPA will facilitate strengthened partnerships with community-based organizations and leaders (indigenous women and youth advocates), working with the furthest left behind populations.

23. The country's decentralized, autonomous government's structure requires a strengthened territorial approach to achieve impact. UNFPA will prioritize interventions at the subnational level in targeted municipalities, in six departments: La Paz, Chuquisaca, Potosí, Cochabamba, Pando, and Beni. These zones were selected based on the following criteria: (a) concentrated presence of the furthest-behind populations in achieving the three transformative results, particularly reduction of preventable maternal deaths; (b) existing multidimensional vulnerabilities, including extreme poverty and climate change effects; (c) cost-effectiveness and potential for scaling up good practices at the regional or national levels; and (d) territorial synergies with other United Nations organizations.

**A. Output 1. Strengthened national and subnational laws, policies, sectoral or multisectoral plans to increase universal coverage and access to sexual and reproductive health and rights, and prevention of gender-based violence and harmful practices, particularly child marriage and early unions, with participatory accountability mechanisms, focusing on women, adolescents and young girls, especially indigenous and rural, people with disabilities and other furthest left-behind populations**

24. This output will contribute to the three strategic plan outcomes and UNDSCF outcomes 1.4 (strengthened and articulated systems, programmes and social policies); and 3.1 (strengthened capacities for the design and management of public policies) by strengthening an enabling policy environment that expands coverage and access to maternal health, family planning and gender-based violence services in development and humanitarian settings, contributing to post-COVID-19 recovery efforts. UNFPA will support continued monitoring and implementation of United Nations treaty bodies' recommendations (Convention on the Elimination of All Forms of Discrimination against Women), working closely with national and subnational governments to enhance the design and implementation of sexual and reproductive health and gender-based violence-related policies, through stronger participatory social accountability.

25. *Key strategic interventions* include evidence-based advocacy and policy dialogue, and knowledge management to: (a) strengthen the capacities of national and subnational governments to increase and monitor budget allocations and incorporate the comprehensive package of sexual and reproductive health services within the universal health coverage system; (b) strengthen the capacities of the Ministry of Development Planning and other institutions to position the three

transformative results within the NESDP, 2021-2025, and sectoral, multisectoral, and local development plans, focusing on interculturality, using the evidence on costs of inaction generated over the last cycle; (c) strengthen the capacities of the Ministry of Health, the Ministry of Education, the Ministry of Justice, and subnational governments in the design and/or update, implementation, monitoring and evaluation of evidence-based laws, policies and plans, particularly in the areas of sexual and reproductive health, focusing on maternal mortality reduction, prevention of adolescent pregnancy, gender-based violence and child marriages/unions; (d) enhance the incorporation of gender, human rights-based and intercultural approaches into the comprehensive sexuality education curricula; (e) scale up midwifery care through improved regulations, education, workforce insertion and service provision, as per International Confederation of Midwives and UNFPA guidelines; and (f) strengthen the capacities of civil society and community-based organizations, particularly youth, indigenous, people with disabilities and Afro-Bolivians, to foster participatory social accountability mechanisms that monitor public policies and international commitments, including the Montevideo Consensus and ICPD+25 voluntary national commitments, and ensure quality sexual and reproductive health and gender-based violence services; and (g) promote the incorporation of sexual and reproductive health and rights, and gender-based violence in national and subnational climate change adaptation/disaster-risk reduction policies, strategies and plans, in coordination with the humanitarian country team and the protection cluster.

**B. Output 2. Strengthened national and subnational capacities to provide universal coverage and access to high-quality sexual and reproductive health and gender-based violence services and information within an equity-based approach that prioritizes the furthest left-behind populations in development, humanitarian and peace-responsive contexts**

26. This output will contribute to the three strategic plan outcomes and the UNDSF outcomes 1.1 (improved health conditions and access to quality healthcare services); 1.2 (vulnerable populations exercising their right to education); and 1.3 (reducing violence against women, children and adolescents). It will do so by strengthening capacities to enhance coverage and access to the comprehensive sexual and reproductive health services package (maternal health, contraception, comprehensive sexuality education, comprehensive abortion care in line with WHO guidelines and the national legal framework and gender-based violence) to accelerate the three transformative results for all, without discrimination.

27. *Key strategic interventions* include: (a) evidence-based policy dialogue and capacity development of the Ministry of Health and Sports to: (i) strengthen the primary health-care system to ensure continuous availability and quality of basic and comprehensive emergency obstetric and neonatal care, including timely referral systems in indigenous and rural communities, and increased availability of contraceptives, particularly long-acting reversible contraception; (ii) enhance the implementation of intercultural and quality care standards, to expand access to sexual and reproductive health services for indigenous and rural women; (iii) scale up nurse-midwives' deployment in the public health system, to ensure safe deliveries and increase modern contraceptive use; and (iv) strengthen national and subnational capacities for forecasting and procurement of contraceptives, ensuring their availability at the 'last mile'; (b) capacity development of key actors, including those in humanitarian settings, particularly: health personnel in responsive, age-appropriate, culturally sensitive, inclusive and accessible sexual and reproductive health services and counselling for women, adolescents and youth, especially those from indigenous and/or rural areas and people with disabilities; and service providers and institutions to ensure timely and quality comprehensive gender-based violence care, particularly sexual violence, through enhanced design and implementation of protocols and guidelines; (c) knowledge management, advocacy and technical assistance to the Ministry of Education and subnational governments to strengthen implementation of comprehensive sexuality education in and out-of-schools, through students' counselling offices or other innovative strategies to reach the furthest left-behind adolescents and youth; and (d) advocacy and capacity development of civil society and community-based organizations, particularly of women, adolescents and youth, to increase demand for their sexual and reproductive health and rights, and a life free of violence.

**C. Output 3. Strengthened national and subnational capacities of key actors and institutions to address discriminatory gender and social norms to enable women, adolescents and girls from the furthest left-behind populations to fully exercise their sexual and reproductive rights, including bodily autonomy and the right to a life free from violence**

28. This output will contribute to the three strategic plan outcomes and UNSDCF outcomes 1.3 (Bolivian State and society reduce violence against women, children and adolescents) and 3.3 (strengthened social cohesion, constructive and peaceful transformation of conflicts and fight against violence and discrimination). It will do so by strengthening the capacities of national and subnational institutions and actors to transform discriminatory social and gender norms, rooted in hegemonic masculinities, which impede the achievement of the three transformative results. UNFPA will adopt a socioecological approach (individual, family, community, institutional and social/State levels) to support increased bodily autonomy of girls, adolescents and young women, particularly those living in indigenous communities or rural areas and/or people with disabilities. Raising communities' awareness of the negative effects of discriminatory gender and social norms will contribute to increased demand by these populations for continued use of modern contraceptives and other sexual and reproductive health and rights services.

29. *Key strategic interventions* include: (a) capacity development of national and subnational institutions to tackle harmful or discriminatory gender and social norms in the provision of health, education and protection services, including in humanitarian or emergency settings; (b) technical assistance for the development of innovative strategies that strengthen the capacities, competencies and agency of girls, adolescents and indigenous or rural women to protect themselves from violence or adolescent pregnancies, and increase their bodily autonomy; (c) advocacy and capacity development of civil society, community-based organizations, youth or social movements, especially adolescents and youth from indigenous or Afro-Bolivian populations, to build their leadership and demand their rights; (d) partnerships, advocacy and technical assistance to municipal governments to support the transformation of discriminatory gender and social norms, by identifying and scaling up good practices and innovations, including positive masculinity approaches; (e) strategic partnerships with other United Nations organizations, the Government, civil society organizations, the media, the private sector, and academia to develop and implement gender-transformative communication strategies to prevent maternal deaths, gender-based violence, sexual or digital violence, and early/forced marriages, among others.

**D. Output 4. Strengthened national and subnational capacities and information management systems for the generation of timely and spatially defined disaggregated data and evidence for the design, implementation and monitoring of public policies that reach the furthest left-behind populations and account for population changes and other megatrends, particularly climate change and migration**

30. This output will contribute to the three strategic plan outcomes and UNSDCF outcome 3.1 (strengthened capacities for the design and management of public policies) by strengthening the national statistics and data system to facilitate the timely generation, dissemination and use of high-quality disaggregated data by key stratifiers (age, ethnicity, gender, migration, disability status), considering population dynamics and other megatrends (climate change and migration). Efforts also aim to leverage the power of data to gain greater insight into trends and causes of maternal mortality, social and gender norms, and gender-based violence.

31. *Key strategic interventions* include: advocacy, capacity development, strategic partnerships, and South-South and triangular cooperation to: (a) support the National Institute of Statistics in the implementation of a quality population and housing census and the post-census maternal mortality survey, in collaboration with the Economic Commission for Latin America and the Caribbean (ECLAC), other United Nations organizations, and the Inter-American Development Bank (IADB); (b) strengthen the implementation of the demographic and health survey, the survey on violence against women, and other relevant surveys, to promote the generation of



disaggregated data that make the furthest left-behind populations visible; (c) improve the quality and coverage of administrative records by strengthening civil records and vital statistics, particularly maternal death surveillance and response systems; (d) strengthen national and subnational capacities for generation, analysis and use of sociodemographic data for evidence-based public policies, and planning, monitoring and evaluation of programmes, both in development and humanitarian settings, using innovative methodologies (i.e., small area estimations and georeferenced mapping); (e) strengthen national capacities (government, CSOs, academia) to analyse, visualize and monitor the situation of the furthest left-behind populations, considering megatrends and emerging programmatic needs (demographic dividend, migration, and climate change); and (f) strengthen national capacities to generate and use quality data from the national statistics system and periodically follow up on the 2030 Agenda and the SDGs, the Montevideo Consensus, the ICPD Programme of Action, and the ICPD+25 voluntary national commitments.

### III. Programme and risk management

32. The programme will be implemented through various partners, including national and subnational governments, and multiple stakeholders. UNFPA will facilitate participatory joint planning, implementation and monitoring of workplans with key partners, using the harmonized approach to cash transfers and other tools. Coordination with other United Nations organizations through result groups, especially UNICEF, UN-Women and PAHO will be central to achieving the joint results of the UNSDCF, 2023-2027, while positioning the three transformative results. The ongoing United Nations multi-country initiative in Gran Chaco provides a unique opportunity for programmatic synergies among UNFPA and other United Nations organizations in the Plurinational State of Bolivia, Argentina and Paraguay. UNFPA will strengthen partnerships with the private sector to incorporate the ICPD Programme of Action in the corporate social responsibility agenda, and prototype innovations for potential scale-up (low-cost technology for cervical cancer screening).

33. UNFPA will continue its efforts to mobilize resources, through enhanced partnerships with bilateral donors and cooperation agencies, based on demonstrated capacity to deliver results. Moreover, it will strengthen national and subnational capacities to leverage domestic resources and create a sustainable co-financing ecosystem, by brokering innovative partnerships and evidence-based advocacy. UNFPA will further the strategic shift from funding to financing, by prospecting emerging donors/partners (international financing institutions), innovative public-private platforms, or South-South and triangular cooperation, and by tapping into global initiatives (UNFPA Supplies) and local partnerships (Federation of Municipal Associations) for joint advocacy. An emerging tripartite partnership between UNFPA, the Government and IADB will leverage technical expertise/resources for the next population and housing census and the scaling-up of quality midwifery services.

34. The country office structure will be realigned with the new programme strategic priorities, strengthening internal capacities in: (a) decentralized advocacy and technical capacities to reach the furthest left-behind populations; (b) evidence-based advocacy and partnerships; (c) communication for social/behavioural change; (d) financing for/increased investments in sexual and reproductive rights; (e) a triple nexus approach and climate change adaptation; and (f) result-based management. To leverage external expertise, the country office will proactively mobilize national and/or regional centres of excellence, South-South and triangular cooperation, and youth volunteerism, especially from the furthest left-behind populations.

35. *Key programmatic risks* include: (a) increased social instability and political polarization; (b) the socioeconomic impacts of the COVID-19 pandemic and reduced domestic resources; (c) persistent conservative views that hamper sexual and reproductive health and rights and gender equality; and (d) heightened climate change effects and growing migratory flows. To mitigate these risks, UNFPA will: (a) reinforce the One United Nations voice, highlighting the United Nations collective contributions to sustainable development and peace; (b) foster horizontal dialogues through multi-stakeholder platforms, including parliamentarians, civil society and community-based organizations, and other United Nations organizations, to counter conservatism; (c) reinforce evidence-based advocacy for increased investments in the three

transformative results; and (d) strengthen national and subnational emergency preparedness and disaster-risk reduction, through resilient sexual and reproductive health and gender-based violence services.

36. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of the managers at UNFPA with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

37. UNFPA and the Plurinational State of Bolivia, through the Ministry of Development Planning, will oversee the implementation of the country programme, following procedures agreed on in the UNSDCF guidance and with its national steering committee, UNFPA policies and procedures, results-based management principles and standards, and the jointly agreed monitoring and evaluation plan.

38. The monitoring and evaluation plan of the country programme is aligned with UNFPA Strategic Plan, 2022-2025, and the UNSDCF monitoring and evaluation plan, as well as relevant indicators of the NESDP, 2021-2025. At the United Nations level, the country office will provide information to the global inter-agency platforms, such as UNInfo, to monitor and report progress on United Nations joint workplans.

39. The monitoring and evaluation plan includes field monitoring visits, biannual reviews with implementing partners, a joint midterm country programme review, periodic financial performance reviews, thematic and programmatic evaluations, annual progress reports, risk assessment/ mitigation actions, and knowledge management.

40. UNFPA will conduct a final country programme evaluation, which will inform the design of the next country programme and contribute to the final UNSDCF evaluation. Capacity-building sessions will be organized with national/local counterparts and country office staff to build their capacities to apply results-based management in planning, monitoring, evaluation and reporting. Furthermore, UNFPA will contribute to strengthening national capacities to monitor and report on progress toward the 2030 Agenda and Goals (voluntary national reports), the Montevideo Consensus, the ICPD Programme of Action, and the ICPD+25 voluntary national commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR THE PLURINATIONAL STATE OF BOLIVIA (2023-2027)

<b>NATIONAL PRIORITY:</b> National Economic and Social Development Plan, 2021-2025: Targets 5.1, 7.2, 7.3, 10.4.				
<b>UNSDCF OUTCOME(S):</b> 1.4. The Plurinational State of Bolivia strengthens and articulates the different systems, programmes and social policies aimed at the population in situations of extreme vulnerability. 3.1. The Plurinational State of Bolivia strengthens its capacities for the design and management of public policies, and the development of information systems, and consolidates the autonomous model with the development of competencies and territorial coordination and articulation.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> <li>The country has updated laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: No (2022); Target: Yes (2025)</i></li> </ul>	<b>Output 1:</b> Strengthened national and subnational laws, policies, sectoral or multisectoral plans to increase universal coverage and access to sexual and reproductive health and rights, and prevention of gender-based violence and harmful practices, particularly child marriage and early unions, with participatory accountability mechanisms, focusing on women, adolescent and young girls, especially indigenous and rural, people with disabilities and other furthest left-behind populations	<ul style="list-style-type: none"> <li>Number of national and subnational policies, plans and norms, developed, updated or implemented with UNFPA technical support that increase the coverage, access and quality of sexual and reproductive health and gender-based violence prevention and care following international recommendations/commitments Development context: <i>Baseline: 4 (2022); Target: 10 (2027)</i> Humanitarian/Emergency: <i>Baseline: 0 (2022); Target: 4 (2027)</i></li> <li>Percentage of prioritized autonomous municipal governments that allocate budget for contraceptive security and/or provision of essential sexual and reproductive health and gender-based violence services <i>Baseline: 33% (2022); Target: 70% (2027)</i></li> <li>Technical norms/regulations updated, with UNFPA support, to recognize the roles and competencies of nurse-midwives within the formal health workforce <i>Baseline: No (2022); Target: Yes (2027)</i></li> <li>Number of accountability mechanisms of civil society organizations (women, youth, indigenous, Afro-Bolivians, persons with disabilities), that monitor the development and implementation of policies and norms on sexual and reproductive health and gender-based violence and other harmful practices, with UNFPA technical support <i>Baseline: 0 (2022); Target: 5 (2027)</i></li> </ul>	Ministry of Justice; Ministry of Education; Ministry of Health and Sports; Public Prosecutor's Office; the judicial branch; Police; Ombudsman; departmental and municipal governments; other United Nations organizations; civil society organizations; community organizations; academia	\$3.8 million (\$0.9 million from regular resources and \$2.9 million from other resources)
<b>NATIONAL PRIORITY:</b> National Economic and Social Development Plan, 2021-2025: Targets 5.1, 6.3, 7.2, 7.3, 10.4.				
<b>UNSDCF OUTCOME(S):</b> 1.1. The population, particularly the most vulnerable, improve their health conditions and accesses quality health-care services with coordinated and efficient management of the health system, which guarantees their well-being. 1.2. Girls, boys, adolescents, youth and adults, with an emphasis on vulnerable populations, exercise their right to education in a multinational educational system that ensures equity, quality, cultural and technological relevance, as well as the participation of the educational community. 1.3. The Plurinational State of Bolivia and society significantly reduce violence against women, children and adolescents.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF outcome indicator(s) and related UNFPA Strategic Plan outcome indicator(s):</u>	<b>Output 2:</b> Strengthened national and subnational capacities to provide	<ul style="list-style-type: none"> <li>Percentage of prioritized subnational governments that enhance the implementation of basic and comprehensive emergency obstetric and newborn care within an intercultural approach in their health services</li> </ul>	Ministry of Health and Sports, Ministry of Justice; Ministry of	\$8.2 million (\$2.8 million from regular

<ul style="list-style-type: none"> <li>Maternal deaths per 100 000 live births <i>Baseline: 160;</i> <i>Target: 100</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel <i>Baseline: 73.6%;</i> <i>Target: 90%</i></li> </ul>	<p>universal coverage and access to high-quality sexual and reproductive health and gender-based violence services and information within an equity-based approach that prioritizes the furthest left-behind populations in development, humanitarian and peace-responsive contexts</p>	<p>networks, including timely referral systems in indigenous communities and rural areas <i>Baseline: 25% (2022); Target: 70% (2027)</i></p> <ul style="list-style-type: none"> <li>Percentage of prioritized municipal governments that are supported by UNFPA in forecasting or procurement of contraceptive supplies, based on SALMI-SIAL information <i>Baseline: 66.6% (2022); Target: 85% (2027)</i></li> <li>Number of prioritized subnational governments that operationalize in-school comprehensive sexuality education, following international guidelines or implement out-of-school comprehensive sexuality education initiatives <i>Baseline: (in school): 4 (2022); Target: 12 (2027)</i> <i>Baseline: (out-of-school): 0 (2022); Target: 8 (2027)</i></li> <li>Percentage prioritized subnational governments that implement the essential services package for gender-based violence survivors, focusing on the furthest left-behind women and adolescents, including in humanitarian contexts <i>Baseline: 16.6% (2022); Target: 60% (2027)</i></li> <li>Minimum standards on gender-based violence/sexual and reproductive health services in emergencies are integrated in humanitarian preparedness and response frameworks, with UNFPA technical support <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Education; Public Prosecutor’s Office; the Judicial Branch; the police; departmental and municipal governments; civil society and community organizations; academia; cooperation agencies; other United Nations organizations</p>	<p>resources and \$5.4 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> National Economic and Social Development Plan, 2021-2025: Targets 5.1, 6.3, 7.2, 7.3, 10.4.</p>				
<p><b>UNSDCF OUTCOME(S):</b> 1.3. The Plurinational State of Bolivia and society significantly reduce violence against women, children, and adolescents. 3.3. The Plurinational State of Bolivia and society strengthen social cohesion, the constructive and peaceful transformation of conflicts and fight against all forms of violence and discrimination.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicator and related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to (a) physical, (b) sexual or (c) psychological violence in the previous 12 months, by age and place of occurrence <i>(a) Baseline: 20.7%;</i> <i>Target: 16%</i> <i>(b) Baseline: 15.3%;</i> <i>Target: 12%</i></li> </ul>	<p><u>Output 3:</u> Strengthened national and subnational capacities of key actors and institutions to address discriminatory gender and social norms to enable women, adolescents and girls from the furthest left-behind populations to fully exercise their sexual and reproductive rights, including bodily autonomy and the right to a life free from violence</p>	<ul style="list-style-type: none"> <li>Percentage of participants (public servants, representatives of social organizations, indigenous and other communities) in UNFPA training initiatives in prioritized municipalities that have a favourable perception to the change of social and gender norms <i>Baseline: 0 (2022); Target: 60% (2027)</i></li> <li>Proportion of prioritized autonomous municipal governments that incorporate in their plans and/or budgets actions aimed at transforming discriminatory social and gender norms, supported by UNFPA <i>Baseline: 0 (2022); Target: 50% (2027)</i></li> <li>Number of social organizations from furthest left-behind populations that implement initiatives to promote social and gender norms’ transformation, with UNFPA support, based on the social norm empowerment package <i>Baseline: 0 (2022); Target: 15 (2027)</i></li> </ul>	<p>Ministry of Justice; Ministry of Health and Sports; Ministry of Education; Vice Ministry of Communication; departmental and municipal governments; civil society and community organizations</p>	<p>\$4.5 million (\$0.5 million from regular resources and \$4.0 million from other resources)</p>

(c) <i>Baseline: 39%;</i> <i>Target: 16%</i>		<ul style="list-style-type: none"> <li>Existence of a multisectoral national or subnational mechanisms to address discriminatory gender and social norms related to the three transformative results <i>Baseline: No (2022); Target: Yes (2027)</i></li> </ul>		
<b>NATIONAL PRIORITY:</b> National Economic and Social Development Plan, 2021-2025: Targets 5.1, 6.3, 7.2, 7.3, 10.4				
<b>UNSDCF OUTCOME:</b> 3.1. The Plurinational State of Bolivia strengthens its capacities for the design and management of public policies, and the development of information systems, and consolidates the autonomous model with the development of competencies and territorial coordination and articulation.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> <li>Proportion of SDG indicators that are produced by the national statistical system with complete disaggregation <i>Baseline: 14%; Target: 20%</i></li> </ul> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> <li>The country has conducted at least one population and housing census during the last 10 years <i>Baseline: No; Target: Yes</i></li> </ul>	<u>Output 4:</u> Strengthened national and subnational capacities and information management systems for the generation of timely and spatially defined disaggregated data and evidence for the design, implementation and monitoring of public policies that reach the furthest left-behind populations and account for population changes and other megatrends, particularly climate change and migration	<ul style="list-style-type: none"> <li>Population and housing census implemented with UNFPA technical assistance, in compliance with international principles and standards and visualizing the furthest left-behind populations <i>Baseline: No (2023); Target: Yes (2027)</i></li> <li>Number of national and subnational administrative records (vital statistics, epidemiological surveillance of maternal deaths, gender-based violence) that comply with the official statistics' quality assurance framework, with UNFPA technical support. <i>Baseline: 0 (2023); Target: 2 (2027)</i></li> <li>Number of research studies supported by UNFPA, related to population change and megatrends that make visible intersectional inequalities affecting the furthest left-behind populations <i>Baseline: 0 (2023); Target: 8 (2027)</i></li> <li>Number of national surveys supported by UNFPA, related to maternal mortality, adolescent pregnancy/fertility, gender-based violence and early unions that visualize the situation of the sexual and reproductive health and rights of the furthest left-behind populations through disaggregated data <i>Baseline: 0 (2023); Target: 2 (2027)</i></li> </ul>	Ministry of Development Planning; Ministry of Justice; Ministry of Health and Sports; Public Prosecutor's Office; INE; Ombudsman's Office for Children and Adolescents; ECLAC/Latin America and Caribbean Demographic Centre and other United Nations organizations; the international financial institutions; academia; civil society organizations	\$3.5 million (\$1.8 million from regular resources and \$1.7 million from other resources)  Programme coordination and assistance: \$1 million from regular resources