

# THE ROAD TO DEVELOPMENT IN Bolivia

Newsletter on the social situation in Bolivia | 2011

## CURRENT SITUATION

General Information	Figures
Number of people living in extreme poverty - 2009	2,670,700
Children of primary school age not attending school - 2008	190,148
13-year-olds who did not complete primary school (8 <sup>th</sup> grade) - 2008	175,643
Adolescents not attending secondary school - 2008	397,678
17-year-olds who did not complete secondary school - 2008	120,440
Children who died before their first birthday - 2008	13,736
Children under three years of age suffering from chronic malnutrition - 2008	158,899
Mothers who gave birth outside the health system - 2009	91,982

## RELEVANT DATA

- Extreme poverty in Bolivia has seen significant reduction in the past five years. The percentage of people in this condition decreased from 38.2% in 2005 to 26.1% in 2009.
- Primary education shows that primary level coverage in the country reached 90% in 2008. Eighth grade completion rate increased in 2008, which meant a reversal of a downward trend found in 2006 and also in 2007. This rate reached 77.3% in that year.
- Secondary education indicators also showed improvement, although they were much lower than those achieved in primary education. Secondary level coverage in 2008 was 54.7%.
- In Bolivia, the infant mortality rate in 2008 was 50 children per 1,000 live births. This means that in 2008, almost 14,000 children died before their first birthday.
- It is estimated that in 2008 there were 158,899 children under 3 years of age suffering from chronic malnutrition in the country.
- There were about 186,900 institutionally attended births in 2009, which means that the percentage of births attended by skilled health personnel in Bolivia was 67%.

The recent years have been a very important period for the improvement of living conditions of Bolivians. Sustained reduction in poverty rates, increased coverage of primary and secondary education, lower infant mortality rates, improvement of the nutritional status of children, as well as increased coverage of institutional deliveries are clear examples of this development.

These advances, in part, are a result of continuity of government policies adopted since the late twentieth century, as well as to new initiatives aimed at achieving the universal exercise of rights recognized by the Constitution. Policies such as conditional and unconditional transfers, a new health model, and the new education law follow these lines. However, the evolution of several indicators of well-being has begun to show deceleration. This phenomenon is not a problem unique to Bolivia, as it affects or has affected other countries that achieved significant improvements in social indicators. This situation reveals a need for new public policy mechanisms, improved participatory processes, increased attention to public service quality, new institutional coordination frameworks (both sector and ter-

ritory-based), as well as new social oversight mechanisms.

The gaps in access to education and health, lack of quality public services, and overall backwardness of certain groups in terms of achievement of better standards of living, are a central theme in the public agenda, as they are all problems that undermine the implementation of basic constitutional statements: universal exercise of rights such as education, health care, non-discrimination, fair income, and jobs.

In short, there is still much work to do to achieve universal exercise of social and economic rights, which, in turn, leads to a strengthened democracy and to the exercise of full citizenship rights by all Bolivians. With this goal in mind, the Analysis Unit for Social and Economic Policy (UDAPE, in Spanish) and the United Nations System in Bolivia publish this newsletter to inform on and share knowledge about the status of the social situation, so as to promote reflection and discussion about ongoing social public policies and supplementation with new necessary interventions to achieve concrete exercise of the citizenship rights enshrined in the new Constitution.



Children in the school UNICEF.

# 1 Reducing Extreme Poverty IMPROVED MATERIAL CONDITIONS FOR THE PEOPLE

In Bolivia, extreme poverty (people lacking income to buy staple foods) has significantly decreased in recent years, particularly since 2007. While in 2005 almost four out of every 10 people were extremely poor, in 2009 only one in four were living in such condition.

Despite this progress, the available data show, in absolute terms, that in 2009 **there**

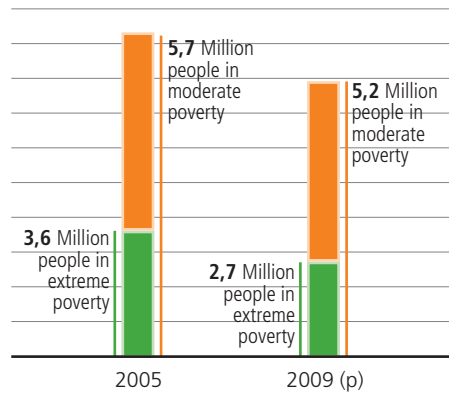
**were still 2.7 million people living in extreme poverty (people who were unable to get income to buy staple foods).**

Regarding moderate poverty (people unable to get income to buy staple foods with combined food products and to pay other expenses), it can be seen that for the first time in the recent history of Bolivia, the absolute

number of poor people decreased (between 2007 and 2009). **Nevertheless, in 2009, 5.2 million Bolivians still lived in moderate poverty.**

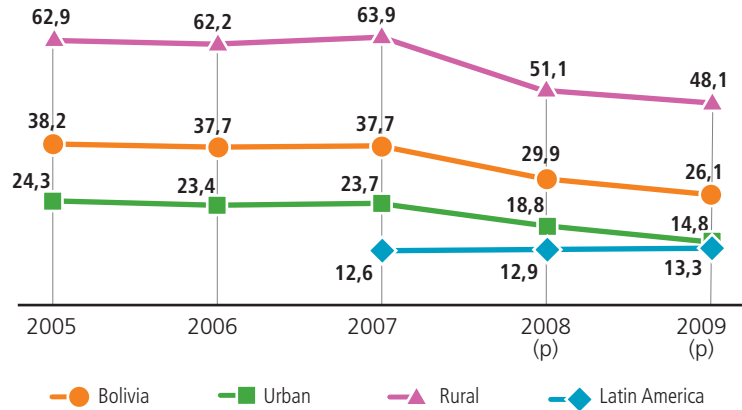
The extreme poverty figures in Bolivia are significantly higher than the Latin American average (only 13% of extreme poverty in the region in 2009, compared to 26% in Bolivia).

► **BOLIVIA: NUMBER OF POOR AND EXTREMELY POOR PEOPLE (IN MILLIONS)**



Source: UDAPE, (2010). (p): preliminary.

► **PERCENTAGE OF PEOPLE LIVING IN EXTREME POVERTY (%)**



Source: UDAPE, (2010). ECLAC, (2010) (p): preliminary

# 2 Primary School FOR ALL CHILDREN

The road to universal primary education, measured by increased access of children to this education level, shows significant progress. In 2008, 90% of children were enrolled in primary school.

Of a total of 1,909,155 primary school age children, 1,719,007 were actually enrolled,

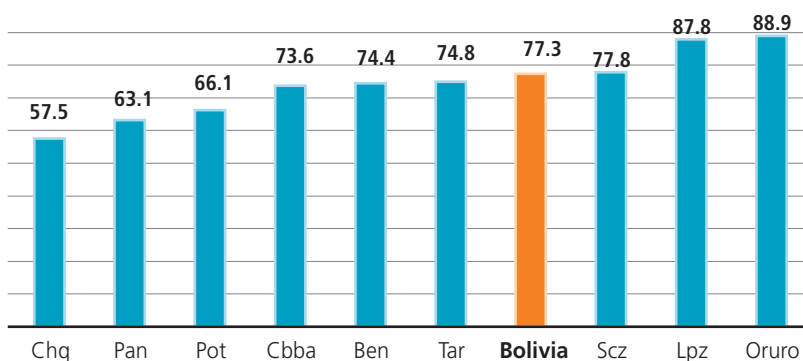
which means **that there were approximately 190,148 children between 6 and 13 years of age who did not attend primary school.**

The 8<sup>th</sup> grade completion rate maintained a positive trend in the country, after a slight decline since 2005. In 2008, this rate reached 77.3%, which means **that around 176,000**

**children completed the 8<sup>th</sup> grade.**

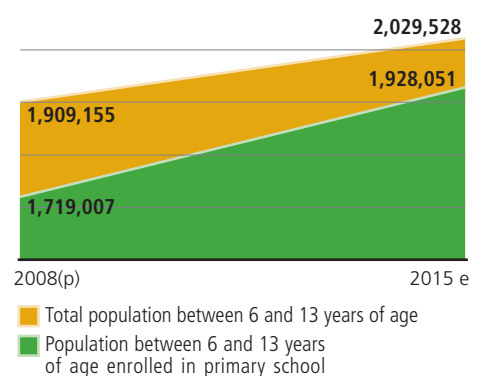
The departments with the highest 8<sup>th</sup> grade completion rates are Oruro (88.9%) and La Paz (87.8), while departments such as Pando (63.1%) and Chuquisaca (57.5%) were far below the national average.

► **8<sup>TH</sup> GRADE COMPLETION RATE - 2008 (p)**



Source: UDAPE, (2010). (p): preliminary.

► **NUMBER OF ENROLLED STUDENTS OF PRIMARY SCHOOL AGE AND ESTIMATIONS FOR 2015**



Source: SIE, (2010), UDAPE (2010). e: estimated, (p) preliminary

### 3 Universal Secondary Education THE NEW CHALLENGE

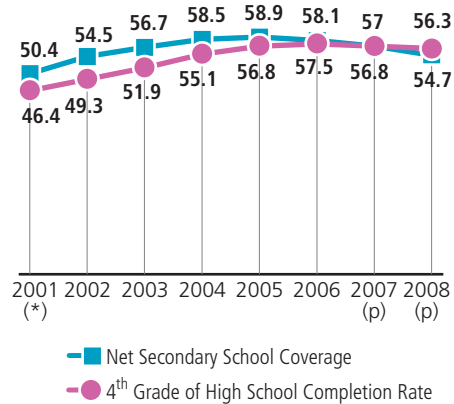
In Bolivia, the coverage and completion rate of secondary education show a growing trend; however, these indicators are lower than those of primary education. In 2008, the percentage of adolescents between 14 and 17 years enrolled in school was 55%

and the high school completion rate, at 4<sup>th</sup> grade, was 56%.

Of a total of 877,214 youth of secondary school age, 479,536 were enrolled, which means **there were 397,678 young people (45%) between 14 and 17 years of age who did not attend school.**

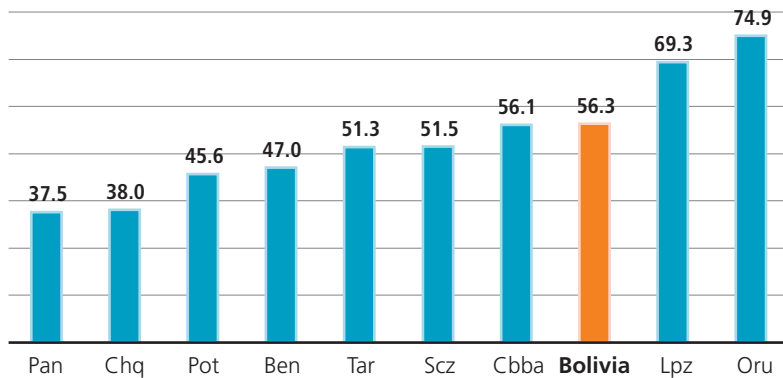
Comparisons among Bolivian departments reveal that the highest rates of high school completion were achieved in the departments of La Paz and Oruro, while departments such as Pando and Chuquisaca were below a completion rate of 40%.

#### SECONDARY SCHOOL COVERAGE AND COMPLETION RATE



Source: UDAPE (2010). (\*) Recalculated by UDAPE. (p): preliminary

#### 4<sup>TH</sup> GRADE OF HIGH SCHOOL COMPLETION RATE – 2008 (p)



Source: UDAPE (2010). (p): preliminary.

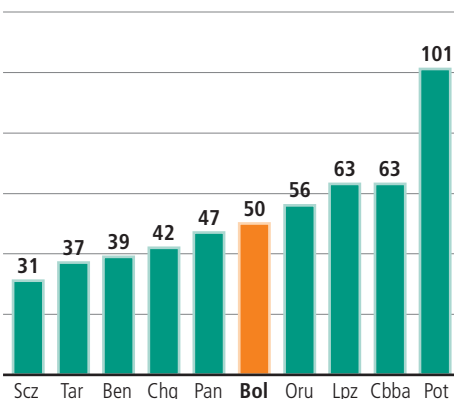
### 4 Preventing Infant Mortality A DUTY FOR ALL

Bolivia still is in the second to last position in terms of infant mortality in Latin America, only ahead of Haiti. Despite this, infant mortality indicators have improved in the past 20 years in the country.

In 1989, out of every 1,000 live births, 82 children died before their first birthday. In 2008, this figure dropped to 50. This means that **in 2008 almost 14,000 children died before reaching one year of age.**

At departmental level, in 2008, Potosí, La Paz, and Cochabamba departments reported the highest mortality rates (over 60,000), while Santa Cruz and Tarija had better performance in this area, with less than 38 deaths per 1,000 live births.

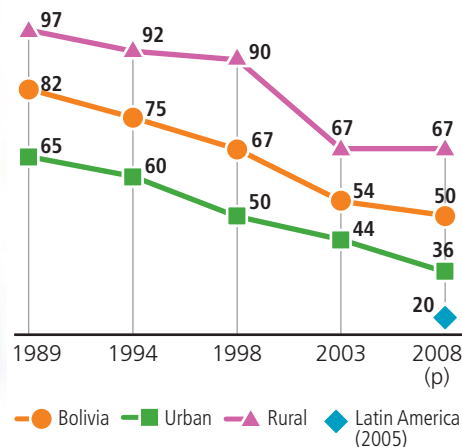
#### INFANT MORTALITY RATE – 2008 (FOR 1,000 LIVE BIRTHS)



Source: UDAPE, (2010).



#### INFANT MORTALITY RATE (FOR 1,000 LIVE BIRTHS)



Source: INE (2010); ECLAC (2010), (p): preliminary

## 5 Malnutrition ACHIEVING ADEQUATE NUTRITION FOR CHILDREN

The nutritional status of children in Bolivia has improved in recent years. In 1989, 38 out of every 100 children under the age of three were suffering from chronic malnutrition, which meant that they had insufficient height for their age. By 2008, this figure fell to 20 out of every 100. Chronic malnutrition is the most serious type of malnutrition, since it affects the pros-

pects of physical and mental development of children.

**It is estimated that in 2008 there were about 159,000 children less than three years of age suffering from chronic malnutrition.**

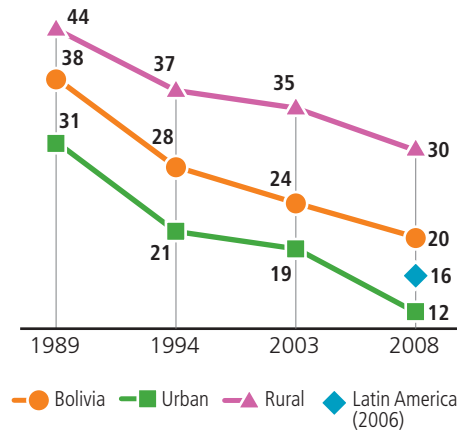
Comparisons among departments show that Beni, Santa Cruz, Tarija, and Pando had rates

of chronic malnutrition under 13%, while Potosi (38.5%), Oruro (28.5%), and Chuquisaca (26.3%) had percentages above 25%.

By comparing these figures, we conclude that Bolivia is behind the rest of Latin America, since, on average, only 16% of children suffer from chronic malnutrition in the region.



### ▶ INFANT CHRONIC MALNUTRITION RATE (PERCENTAGE AMONG CHILDREN UNDER 3 YEARS OF AGE)



Source: UDAPE, (2010). ECLAC, (2010).

## 6 Maternal Health FOR THE HEALTH OF ALL MOTHERS

In Bolivia, for every 100,000 live births in 2003, 229 mothers died from complications during pregnancy or childbirth, (according to the latest data available for that year)<sup>1</sup>. Bolivia is far from achieving the Latin American maternal mortality levels, where the regional average was 130 maternal deaths per 100,000 live births in 2005.

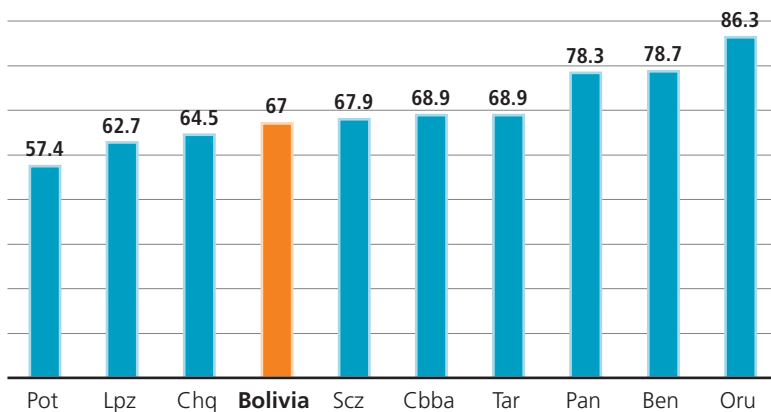
In terms of delivery attendance provided by qualified personnel, Bolivia shows a positive trend and a 2-percent growth compared to 2008 (from 65% to 67% between 2008 and 2009, respectively).

In Bolivia, 186,903 births were attended institutionally during 2009. This means that **approximately 91,982 Bolivian mothers**

**did not give birth within the health care system.**

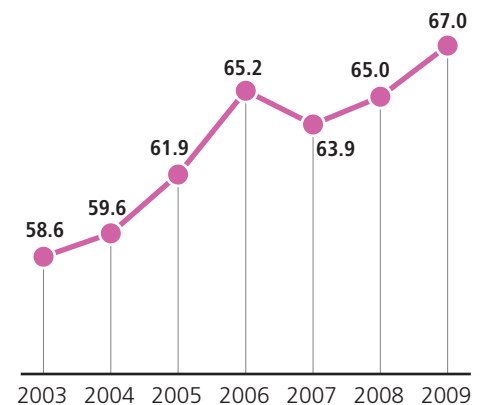
Of all departments, only Oruro, Beni, and Pando have institutional delivery coverage rates higher than 78%. On the other end, Potosi and La Paz have an institutional delivery coverage rate below 65%.

### ▶ INSTITUTIONAL DELIVERY COVERAGE - 2009



Source: UDAPE, (2010).

### ▶ INSTITUTIONAL DELIVERY COVERAGE (%)



Source: UDAPE, (2010).

1. The maternal mortality rate for 2008 was estimated at 310 per 100,000 live births. However, the data have been observed due to problems of statistical significance in the Demographic and Health Survey of the National Institute of Statistics and the Ministry of Health and Sport.

## 7 Drinking Water A RIGHT FOR ALL

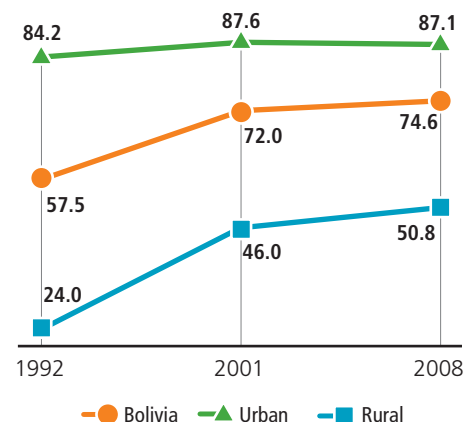
Access to drinking water by Bolivian families represents one of the most important rights for achieving well-being. Developments in this area for 2008 show that 74.6% of the population had access to this service.

Progress made in water coverage, was mainly a result of significant access improvements in rural areas. In 1992, only one in four households had clean water, while in 2008 half of the rural population had access to this service.

**In absolute figures, in 2008, approximately 2,547,000 people had no access to drinking water,** which reveals the magnitude of the effort yet to be made by the country on this issue.



### DEVELOPMENT IN DRINKING WATER ACCESS (%)



Source: UDAPE (2010) based on reports by the Vice Ministry of Drinking Water and Basic Sanitation

### STATISTICAL DATA ON BOLIVIA (SUMMARY)

Indicator	Bolivia	Chuquisaca	La Paz	Cochabamba	Oruro	Potosi	Tarija	Santa Cruz	Beni	Pando
Extreme poverty percentage (%) - 2001	40.4	61.5	42.4	39.0	46.3	66.7	32.8	25.1	41.0	34.7
Net primary school coverage (%) - 2008	90.0	84.3	90.1	92.0	93.5	90.3	85.3	88.9	96.3	96.8
Completion rate through 8 <sup>th</sup> grade (%) - 2008	77.3	57.5	87.8	73.6	88.9	66.1	74.8	77.8	74.4	63.1
Net secondary school coverage (%) - 2008	54.7	36.5	63.4	52.5	70.1	45.9	51.1	53.5	52.9	40.2
Completion rate through 4 <sup>th</sup> grade of high school - 2008	56.3	38.0	69.3	56.1	74.9	45.6	51.3	51.5	47	37.5
Infant mortality rate per 1,000 live births (%) - 2008	50	42	63	63	56	101	37	31	39	47
Percentage of chronic malnutrition in children under 3 years of age (%) - 2008	20.3	26.3	20.6	24.0	28.5	38.5	11.0	7.1	12.1	10.3
Maternal mortality ratio per 100,000 live births (%) - 2000	235	140	326	142	224	354	124	207	267	n/a
Institutional delivery coverage (%) - 2009	67.0	64.5	62.7	68.4	86.3	57.4	70.9	68.0	77.8	78.3

Source: UDAPE, (2010). SIE, (2010).

## **“Living Together, Sowing Peace” (Convivir, Sembrar Paz) Initiative Launches New Animated Series Campaign: A Tribe Just like Us!**

A few months ago, the first Bolivian spaceship to the moon, named after Bolivian soccer star Marco Antonio Etcheverry, suffered a malfunction and fell on an unidentifiable part of the world. The three stranded astronauts walked for days only to find no one else until they dropped off due to fatigue. Upon awakening, the astronauts realized they were surrounded by a tribe of strange people who, nevertheless, were similar to them. The *tribans* welcomed them and gave them food and drink. Although the unlucky space travelers did not speak their language, they somehow felt at home.



The *tribans* were hospitable, playful, helpful, exuberant, witty, mischievous, and simple ... yet, they were also very political, passionate, stubborn, grumpy, and even unruly... So, the astronauts realized that seeing the tribe was just like looking at themselves in a mirror. The *tribans*' behaviors and customs were very similar to those of Bolivians. In fact, the tribe seemed a can of concentrated elements from which a “good Bolivian juice” could be obtained. Months later, only one of the astronauts returned to the country. He proudly announced to the media that he had experienced something more valuable than reaching the moon: he had been able to better understand *his own* people. The other two astronauts joined the tribe. One of them married a *triban* woman and the other formed a political party.

**Follow the adventures of the tribe at:  
[www.sembrarpaz.nu.org.bo](http://www.sembrarpaz.nu.org.bo)**

## **REFERENCES**

### ▶ Extreme poverty:

The nationwide indicator can be obtained periodically on the basis of household surveys. However, the representativeness of the estimates is insufficient to disaggregate indicators for smaller geographic areas such as department, province, and municipality. The calculation of this indicator for departmental and municipal levels was performed by UDAPE, INE, and the World Bank, from consumer spending estimates. This was done by combining data from the 2001 Census and three household surveys (1999, 2000, and 2001). This methodology cannot be replicated annually and data are only available for 2001.

### ▶ Primary and secondary education:

Data on nationwide, departmental, and municipal levels are obtained from administrative records available from the Ministry of Education Information System and population projection from the National Institute of Statistics.

### ▶ Infant mortality

Infant mortality rate is estimated by both direct and indirect methods. The 2001 Census is one of the sources to measure the indicator by indirect method and the National Demographic and Health Survey (ENDSA) provides historical information on births to esti-

mate the indicator by means of a direct method.

### ▶ Child Malnutrition

This indicator is calculated on the basis of ENSA. It measures and shows the nutritional status of children under three years of age and provides a more accurate assessment of their condition.

### ▶ Maternal mortality ratio and coverage of institutional deliveries

The number of maternal deaths was calculated on the basis of ENSA. The 2002 Post Census Maternal Mortality Survey was taken into account for departmental disaggregation. This survey collected information on maternal deaths which occurred in the year 2000. This information is not comparable to that obtained by means of ENSA.

Institutional delivery is the childbirth that occurs within healthcare facilities or outside of those (i.e. at home), but is attended by skilled health care personnel (doctor, nurse and/or nurse auxiliary). It does not include home childbirth attended by midwives, although they may have been trained by health care personnel.

### ▶ Drinking Water

Information based on the sixth Millennium Development Goals Progress Report by UDAPE, 2010.

This newsletter is a joint effort by the Analysis Unit for Social and Economic Policy (UDAPE, in Spanish) and the United Nations Program for Development (UNDP). Its goal is to disseminate information on social indicators to promote and prioritize development topics in the national agenda. The ultimate goal of this initiative is to contribute toward achieving poverty reduction, access to education and health, gender equality, basic services, and protection of the environment.

Information contained in this publication is based on official data from the Government of Bolivia and/or data provided by international organizations in the case of comparative information from the Latin American region.



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