



**Convention on the  
Rights of the Child**

Distr.  
GENERAL

CRC/C/125/Add.2  
16 July 2004

ENGLISH  
Original: SPANISH

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**COMMITTEE ON THE RIGHTS OF THE CHILD**  
**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES**  
**UNDER ARTICLE 44 OF THE CONVENTION**

**Third periodic reports of States parties due in 2002**

**BOLIVIA\* \*\***

[13 November 2002]

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\* For the second periodic report of Bolivia, see document CRC/C/65/Add.1; for its consideration by the Committee on 25 September 1998, see documents CRC/C/SR.485 and 486 and CRC/C/15/Add.95.

\*\* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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## **Introduction**

The present document describes the progress made in Bolivia in implementing the rights of all Bolivian children and adolescents, through measures taken by the Government over the course of the last six years.

This third periodic report was prepared to meet Bolivia's obligations under article 44 of the Convention on the Rights of the Child and covers the period between 1997 and 2002.

The preparation of periodic reports has become an effective tool for follow-up and comprehensive assessment, as the reports sum up the activities carried out by the various organizations and institutions concerned with the development of Bolivian children.

The present report is a joint production of the following public and non-governmental bodies that form the Interinstitutional Commission for Childhood and Adolescence:

- Vice-Ministry of Gender, Generational and Family Affairs;
- Office of the First Lady;
- Ministry of Foreign Affairs and Worship;
- National Institute of Statistics;
- Ministry of Health and Social Security;
- Ministry of Education, Culture and Sport;
- Ministry of Justice and Human Rights;
- Ministry of Labour and Micro-enterprises;
- Ombudsman;
- World Vision International;
- Save the Children Fund;
- Q'haruru.

It was prepared in special cooperation with the office of the United Nations Children's Fund (UNICEF) in Bolivia.

Particular emphasis has been placed on responding to the concerns raised by the Committee on the Rights of the Child in its concluding observations following the consideration of the country reports submitted in 1997 and 1998.

## I. REPLIES TO THE COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS<sup>1</sup>

**“The Committee remains concerned about some discrepancies between domestic legislation and the provisions of the Convention. The Committee also recommends that the State party take all the necessary steps to accelerate the current process of reform.” (11)**

1. From the legal viewpoint, the main achievement of the 1997-2002 Government was the promulgation of the Code for Children and Adolescents in October 1999 (hereinafter “the Code”) as an instrument for the concrete implementation of children’s and adolescents’ rights. International organizations and civil society made very important contributions. Furthermore, the introduction of Basic Health Insurance scheme (Seguro Básico de Salud), which includes early childhood health-care provisions, is a significant milestone in the promotion of public health and the Educational Reform programme has been extended with a view to improving primary education.

2. Three bills were prepared to bridge a number of legal gaps that had been found after the enactment of the Code:

- The first bill amends articles 96 and 98 and article 1 of the transitional provisions of the Code on the applicability of the said articles to the provision of a birth certificate free of charge. The bill has been agreed by the various institutions concerned and is currently before Congress for adoption.
- The second bill, which is concerned with standards for domestic and intercountry adoption, aims at closing gaps in domestic legislation and bringing current standards into line with the Hague Convention.
- The third bill responds to the need to include a chapter on the trafficking, sale and labour exploitation of children in the Penal Code. It has been agreed by the various institutions concerned and is currently before the Senate for adoption.

3. The process of harmonizing legislation is not yet fully completed, pending a number of modifications to the General Labour Act, the Family Code and the Penal Code.

4. While the adoption of the Code, the adaptation of existing legislation and the approval of follow-up measures illustrate important progress in legislation, the great challenge today is the effective implementation of these norms.

**“The Committee remains concerned that disaggregated data and indicators for all areas covered by the Convention were not included ... It recommends that the State party continue reviewing and updating its data collection system, with a view to including all the areas covered by the Convention. Such a system should include all children under 18 years of age and specifically emphasize vulnerable groups of children. In this regard, the Committee encourages the State party to seek technical assistance from UNICEF and other international agencies.” (12)**

5. Progress has been made in the area of data collection and systematization despite the lack of a system to provide extensive information on the population under 18 years of age.

6. The greatest efforts to improve information systems have been made in the areas of health and education.

7. The National Health Information System (SNIS) has been significantly strengthened in the past five years. There are plans to establish a central information system for disease management and control, which would be attached to the Social Policy Support Information System (SISAPS). The latter has been established with the support of UNICEF, the World Bank and the Bolivian office of the United States Agency for International Development (USAID). The Ministry of Education has also made important headway in data collection, and has established a system that provides up-to-date information on education reform developments and the operation of the education system in general.

8. In other sectors, available information is scarce and each project tends to have its own system for data compilation, follow-up and evaluation. This lack of coordination is mainly due to the project-specific requirements established by the international organizations that finance those projects. The same applies to projects carried out by NGOs.

9. The Vice-Ministry of Gender, Generational and Family Affairs and the Office of the First Lady have collaborated in setting up a registry of social service institutions, which keeps records on governmental and non-governmental institutions and churches that work with children, adolescents, the elderly and persons with disabilities. The records contain information on all urban centres and on a number of rural municipalities. It is hoped that the information will facilitate decision-making, and the participating institutions are collaborating in creating a platform to facilitate system implementation. The project was launched in June 2000 and has just been completed. It received financial support from the World Food Programme (WFP), UNICEF and the United Nations Development Programme (UNDP). The registry contains entries on 292 institutions that together run 635 programmes covering nearly 110,000 children and adolescents.

10. The Department of Generational and Family Affairs at the Vice-Ministry of Gender, Generational and Family Affairs (hereinafter: the Vice-Ministry) has a childhood and family documentation and information centre which was established as part of the Inter-American Information Programme on Childhood and the Family run by the Organization of American States (OAS) Inter-American Children's Institute. The centre received little support under the previous Government and its activities are very limited. On the other hand, the Family and Social Services Division of the Department is introducing a process for systematizing adoption-related information.

11. While, before 1997, the then Gender Under-Secretariat supported a number of research projects, current efforts to compile information in the Gender Department are rather limited by comparison.

12. The Local Ombudsmen's offices are introducing systems for registering the cases they deal with, and paying special attention to the standardization of indicators. However, these activities are still in the early stages.

13. Overall the country is short of large-scale systems for systematizing and analysing information. Some work has been done at the National Institute of Statistics and the National Unit for Economic Policy Analysis (UDAPE), but with little disaggregated data on children and adolescents.

14. The shortage of resources means little research is done; the studies that are carried out tend to be supported financially by agencies for international cooperation.

**“The Committee recommends that the State party take all available measures to disseminate the principles and provisions of the Convention, especially in the three national languages other than Spanish (Aymara, Quechua and Guarani).” (13)**

15. Effective dissemination of information, awareness-building and training campaigns are hampered by a lack of resources, although special efforts have been made to disseminate the Convention. Under the UNICEF-supported project to defend the rights of children and adolescents and prevent drug abuse, AD/BOL/97/C-24 (hereinafter: the C-24 project), the Vice-Ministry has had the Convention translated into Aymara, Quechua and Guarani. The Ombudsman’s Office has prepared a special version of the Convention for general distribution. Responsibility for dissemination-related activities generally falls to the offices of the Local Ombudsmen for Children and Youth and to civil society organizations.

**“The Committee encourages the State party to continue with its efforts to provide sensitization programmes and training to all professional groups working with and for children.” (14)**

16. Training is a crucial element of better human-resource allocation, but high staff turnover rates in public entities make it difficult to provide. There is less turnover in judicial institutions.

17. A number of universities have incorporated topics relating to the rights of children and adolescents into the curricula of degree courses. In addition, there are now programmes such as the teacher-training programme specializing in the teaching of socially disadvantaged children, which is run by the Human Development Unit of the Bolivian Episcopal Conference of the Catholic Church.

18. Two private universities have introduced a graduate diploma in childhood and adolescence.

19. Through the C-24 project, the Vice-Ministry has promoted more workshops to disseminate the Code for Children and Adolescents among regional court judges, Juvenile Court judges, people working in the justice system, members of Women and Family Protection Brigades and the police. Although it has not been widely publicized on the radio or television, 6,000 copies of the Code, and 60,000 copies of the version drafted by the National Ombudsman’s Office, have been distributed. The Ministry of Justice has also contributed to these dissemination efforts.

**“The Committee encourages the State party to continue undertaking all appropriate measures ... to continue ensuring that sufficient budgetary allocation is provided to social services for children and that particular attention is paid to the protection of children belonging to vulnerable and marginalized groups.” (15)**

20. There have been improvements on this count in education and health. The reform of the education system has made free primary education more nearly universal, improving access for girls and paying particular attention to the situation in rural areas. Coverage at entry level has also increased.

21. In the area of health, the Basic Health Insurance scheme has improved primary health care services, especially for children under 5 and mothers.

22. In other areas, however, efforts remain scattered and there is a lack of well-defined policies to coordinate State and NGO activities.

**“The Committee recommends that the State party introduce appropriate amendments to the draft code for children and adolescents and raise the minimum legal ages for work and marriage.” (16)**

23. The Code sets the minimum age for employment at 14. It includes a transitional provision to protect children under the age of 14 pending the implementation of State policies that can eradicate the employment of children in this age group. Recent studies on working children have confirmed that a number of children under the age of 14 continue to work in occupations regarded as hazardous.

24. According to the Family Code, boys can marry at the age of 16 and girls at 14, provided they have parental consent. Unstable teenage couples and single teenage mothers are at the greatest risk; some progress has been made in the provision of sexual and reproductive health care to address their needs.

**“The Committee reiterates its recommendation [...] to the State party and further recommends that it increase measures to reduce economic and social disparities, including between rural and urban areas, to prevent discrimination against the most disadvantaged groups of children.” (17)**

25. Regional differences exist, but the most striking disparities are found between rural and urban areas. Disparities in such important indicators as poverty-reduction rates and declines in child mortality are tending to increase, indicating systemic inequalities that disproportionately affect the most vulnerable groups.

26. The situation continues to cause concern and in recent years considerable efforts have been made to remedy it: during the implementation of Bolivia's poverty reduction strategy, which resulted from the National Dialogue 2001, there has been a focus on increased popular participation and a new social indemnity system has been established that funnels resources obtained through debt relief - as part of the Heavily Indebted Poor Countries (HIPC) Debt Initiative - into the poorest communities.

27. Poverty particularly affects rural populations and those living in deprived urban areas, most of whom are also of rural or indigenous origin. In Bolivia, these groups make up the majority of the population. In general, they are the poorest and most deprived segments of the population, and the most frequently subject to discrimination.

28. Given the large proportion of people living in poverty, the number of children who live and grow up in those conditions is also high. Thus many children and adolescents in Bolivia can still be said to be at risk.

29. As previously mentioned, however, progress has been made in education and health and particular emphasis has been placed on improving the situation of poor children, children in rural areas and children who live in poor urban districts. Conversely, only a few isolated efforts have been made to improve living conditions for other groups of children and adolescents at risk.

**“The Committee recommends that further efforts be made to ensure the implementation of the principles of the ‘best interests of the child’ and ‘respect for the views of the child’.” (18)**

30. The Code incorporates the fundamental principles of non-discrimination, best interests of the child and respect for the views of the child set forth in the Convention. The applicability of the Convention has been and is being ensured through the harmonization of domestic laws, proceedings and institutional structures.

31. It is not always possible, however, to put these principles into effect, since they go against traditional ways of relating to children. There have been efforts in recent years to change attitudes, especially where education and the administration of juvenile justice are concerned.

**“The Committee recommends that the State party take all available measures to ensure the immediate registration of the birth of all children [and] encourages the State party to ensure that birth registration procedures are widely made known to the population at large, if necessary in cooperation with non-governmental organizations and with the support of international organizations.” (19)**

32. Article 97 of the Code stipulates that children must be registered with the Civil Registry Office immediately after birth, and a birth certificate must be issued free of charge. The law on this point has been refined by a special Supreme Decree on the dispatch of free birth certificates enacted on 12 April 2002, and a bill amending articles 96 and 98 of the Code (Act Supplementary to Act No. 2026). The term “immediately” has caused problems, as immediate registration is not feasible in many parts of the country, and the alternative of stipulating a time limit is under review.

33. Although the Code stipulates that registration is free of charge, the lack of resources makes it hard to apply this provision. In 1999, a Supreme Decree was enacted to facilitate the registration of children under the age of 7, which somewhat improved the situation. In April 2002, another Supreme Decree was adopted allowing children who were born after 1 January that year to obtain a free birth certificate. Two million bolivianos from State funds

have been allocated for the purpose, and the Government has pledged to apportion the same amount each subsequent year. The National Electoral Court (CNE) has employed 88 additional civil registry staff especially to carry out the registrations.

**“The Committee recommends that the State party take all appropriate measures to prevent and combat ill-treatment and sexual abuse of children within the family, schools and society at large. It suggests, inter alia, the setting up of social programmes to prevent all types of child abuse as well as the rehabilitation of child victims. Law enforcement should be strengthened with respect to such crimes; adequate procedures and mechanisms to deal with complaints of child abuse should be developed.” (20)**

34. The Code establishes a new framework for the protection and care of children and entrusts the offices of the Local Ombudsmen for Children and Youth and the departmental social services with preventing and combating maltreatment and sexual abuse. These entities are not yet fully operational: the scope of their care programmes is limited and the rehabilitation programmes are virtually non-existent. It must be stressed that the process of implementing the Code began only two years ago and is expected to evolve over time. A number of NGOs and church-related organizations work in the field and provide support for State-run programmes under inter-institutional agreements. This has resulted in a proliferation of programmes that are not always well coordinated, partly owing to a lack of clear government policies.

35. Mainly through the offices of the Local Ombudsmen for Children and Youth, a number of complaints mechanisms are being set up and, consequently, a growing complaints culture is taking hold. Means of enforcing punishment for the violation of children’s rights are still lacking, however.

**“While the Committee takes note of existing legislation prohibiting corporal punishment of children, it remains concerned that corporal punishment is still widely used within the family and in schools and institutions ... the Committee recommends that the State party consider the possibility of undertaking educational campaigns.” (21)**

36. While it has not been possible to run many such campaigns to date, the offices of the Local Ombudsmen for Children and Youth are expected to step up such activities under the C-24 project. Besides these, a programme for the prevention of violence in schools, which was launched in 1997 but subsequently discontinued, is currently being reinstated.

**“The Committee ... remains concerned at the lack of adequate protection measures with regard to intercountry adoption [and] encourages the State party to consider acceding to the Hague Convention.” (22)**

37. Considerable progress has been made in the field of intercountry adoption, and in December 2001 Bolivia ratified the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. In Bolivia, intercountry adoption is more common than domestic adoption. There is now a bill on organized crime, trafficking and sale of children and child prostitution which, inter alia, makes illegal adoption an offence.

**“The Committee recommends that the State party take the necessary steps to establish alternatives to institutionalizing children, especially for those living with one of their parents in penitentiary centres. The Committee further recommends that the State party undertake follow-up measures and institute a monitoring and evaluation system to ensure the adequate development of these groups of children.” (23)**

38. Bolivia has no tradition of adoption, and the number of domestic adoptions is relatively low. As a result, children without a family are either abandoned or institutionalized in conditions which are often not the most conducive to their development. There are no adequate follow-up mechanisms. According to the Registry of Social Service Institutions, there are 111 care institutions for homeless children.

39. Both the National Ombudsman and the press have drawn attention to the problem of children living with a parent in penitentiary institutions. Few measures have been taken to address the problem and achievements have been minimal. Attempts were made to implement the programme “Don’t imprison my children” (“No Encarceles mi Niñez”), but neither the parents nor the children were happy with the forced separation.

**“The Committee recommends that the State party take all appropriate measures ... to ensure access to basic health care and services for all children and that adolescent health policy and programmes are developed, including prevention, care and rehabilitation measures.” (24)**

40. Access to basic health-care services has improved significantly, mainly as a result of the introduction of the Basic Health Insurance scheme, which guarantees free primary health care for children under the age of 5 and mothers and the emphasis on more effective institutional management. However, coverage of these services is not universal and regional differences, rural-urban disparities and differences based on ethnic origin persist. Another salient factor is the mother’s level of education. The widening disparity between child mortality rates in rural and urban areas illustrates the problem. On the other hand, special efforts are being made to give rural populations readier access to health care: special health insurance has been set up for indigenous people, and a programme funded through the HIPC initiative gives vouchers to medical graduates who are willing to work in rural communities. Some progress has been made towards guaranteeing teenagers access to health care, especially sexual and reproductive health, with an emphasis on prevention and treatment.

**“The Committee recommends that the State party adopt legislation to protect all the rights of asylum-seeking and refugee children. It recommends that the State party take appropriate measures to ensure the protection of children living in the Chapare region.” (25 and 26)**

41. There is no armed conflict in Bolivia, although the programme to eradicate coca cultivation in the Chapare region has caused insecurity and human rights violations among the population. In response, the Vice-Ministry has launched a programme of integrated care for

children and adolescents affected by the social conflict in Cochabamba as part of the C-24 project. The programme aims at assessing the damage caused to children and adolescents by this situation and at strengthening the offices of the Local Ombudsmen for Children and Youth which are responsible for protecting children's rights.

**“The Committee encourages the State party to consider seeking international cooperation, as well as conducting bilateral consultations for the clearance of landmines.” (27)**

42. Bolivia has never planted anti-personnel mines. There are landmines in Chilean territory, close to the Bolivian border, and this topic is on the agenda for talks between the two countries.

**“The Committee recommends that the State party undertake research on the issue of children living and/or working on the streets.” (28)**

43. It has not been possible to conduct research on this topic, but existing information has been systematized and some conclusions drawn as a basis for the formulation of a support programme for the care of children and adolescents in the street, which is being run by the Office of the First Lady.

**“[The Committee] recommends that the State party reinforce its legislative framework to protect children fully from all forms of sexual abuse or exploitation, including within the family.” (29)**

44. Little research has been done on this subject. It is possible that many cases of sexual abuse or exploitation of children are due to the fact that in poor sectors of the population parents often entrust their children to the care of relatives or third parties in the hope of improving their prospects. A survey on sexual exploitation carried out in the cities of La Alto, La Paz, Cochabamba and Santa Cruz as part of the National Plan for the Progressive Eradication of Child Labour is about to be finalized. The results of this study are expected to provide an analytical basis for introducing targeted policies and legislative changes.

45. The Code does not specifically address the sale, trafficking and kidnapping of children, saying only that no financial gain may be derived from adoptions, and it makes no provisions for the international return of children. A bill has been prepared to amend the Penal Code so as to make the exploitation and trafficking of children criminal offences.

**“The Committee recommends that the State party envisage undertaking further measures to ensure the full compatibility of the juvenile justice system with the Convention.” (30)**

46. The Code is in conformity with the principles set forth in the Convention. It contains far-reaching provisions that guarantee the rights of children and adolescents in conflict with the law. One important feature is that children are held to a lower level of criminal responsibility than is set out in penal legislation. However, the Code has a number of legal gaps that hinder the effective handling of juvenile offenders.

47. Another major failing is the lack of services to offer socio-educational programmes and establish appropriate probation or parole arrangements, and of juvenile detention centres. These shortcomings are in part due to the fact that these services only came into being with the enactment of the Code, and will be steadily built up in the future.

**“The Committee recommends that the second periodic report and written replies submitted by the State party be made widely available to the public at large [ ] along with the [ ] concluding observations adopted by the Committee.” (31)**

48. With UNICEF support, a document has been published summarizing the country report and the Committee’s concluding observations and recommendations. This has been circulated to public institutions and NGOs working with children and adolescents.

## **II. REPORT TO THE COMMITTEE ON THE RIGHTS OF THE CHILD 1997-2002**

### **A. Bolivia. General overview**

#### **Country features**

49. Bolivia lies at the geographic centre of South America and covers an area of 1,098,581 km<sup>2</sup>. It borders on Brazil, Paraguay, Argentina, Chile and Peru.

50. It consists of three main geographic zones. The Andean region in the east covers 28 per cent of the country. This mountainous region is relatively dry and cold and encloses the high plateau or Altiplano, with an average altitude of 3,750 m above sea level. The Sub-Andean zone in the south and south-east covers 13 per cent of the country and encompasses valleys of varying altitudes with a temperate to hot climate. The low-lying, hot plains region extends across the north, east and south and makes up nearly two thirds of the country.

51. These geographic regions largely correspond to groups of administrative departments:<sup>2</sup> the Altiplano, including La Paz; Oruro and Potosí; the valleys, with Chuquisaca; Cochabamba and Tarija; and the plains, with Santa Cruz, Beni and Pando.

52. The diversity in the geography, climate and natural resources of the three zones is reflected in the country’s cultural diversity. Bolivia has a large indigenous population of Aymaras and Quechuas who traditionally live in the Altiplano and the valleys. Other indigenous communities live in the plains, albeit in smaller numbers. This ethnic diversity shows in the variety of languages spoken. According to the 2001 census, the largest linguistic groups speak Spanish (62 per cent), Quechua (20 per cent) and Aymara (11 per cent). Other languages account for 1 per cent (6 per cent unspecified).<sup>3</sup>

53. According to the latest census, conducted in 2001, Bolivia has a population of 8,274,325 inhabitants; given the country’s size, this makes population density relatively low. Altogether 50.17 per cent of the population are female and 49.83 are male; 49.6 per cent of the population is under 18 years of age, 19.3 per cent are under the age of 6, while 16.4 per cent are between 7 and 12 and 13.9 per cent are between 13 and 18 years of age.

54. Between 1992 and 2001, the population grew at an annual rate of 2.3; the growth rate varies between the different departments. In La Paz, Oruro and Potosí, population growth was below the national average, while it exceeded that average in Santa Cruz and Tarija.<sup>4</sup>

55. Although the Altiplano remains the most populated region of the country, population numbers have dropped in recent years. The population in the valleys has remained stable, while the plains have seen rapid population growth. Currently, economic and population growth are shifting eastwards and the northern regions of Potosí and parts of Cochabamba and Chuquisaca are undergoing a period of stagnation, if not decline.

56. In the Andean region, a number of factors have impeded efforts to improve living conditions, namely excessive subdivision of land as a result of inheritance; a lack of infrastructure, roads and irrigation, and low productivity. The situation is worsening over time and has given rise to migration towards other rural areas and the cities.

57. Bolivia has experienced a period of intense urbanization and today more than two thirds (62 per cent) of all Bolivians live in the cities.<sup>5</sup> The cities are growing faster than the countryside.

58. This rapid city growth, combined with the inability of the cities - in particular the bigger ones - to provide decent living conditions for all inhabitants, has given rise to a series of problems, including violence, abandoned and ill-treated children, drug addiction, prostitution, begging and crime, which have grown alarmingly in recent years. In addition, there is an increasing need for services to cope with the rising population.

59. Over the past decade, Bolivia has enjoyed moderate GDP growth averaging approximately 4 per cent per year amid macroeconomic stability. This growth rate, which has not been sufficiently high to raise living standards, fell to under 1 per cent in 1999 and is expected to rise to 1.5 per cent in 2002.<sup>6</sup> As a result, per capita income has declined and poverty has risen among certain sectors of the population.

**Table 1.1**  
**Macroeconomic indicators**  
**(percentages)**

Period	Average GDP growth	Average inflation rate	Trade balance (millions of US dollars)	Urban unemployment rate*	Direct foreign investment (millions of US dollars)
1981-1985	-2.48	1 237.50	123	n.a.	26
1985-1989	1.68	27.00	-60	9.57	25
1989-1993	3.95	13.02	-180	6.84	87
1993-1997	4.67	8.92	-420	3.91	364
1997-2001	2.25	2.96	-658	7.38	669

*Source:* Central Bank of Bolivia, National Institute of Statistics and others compiled by the Centre for Labour and Agrarian Development Studies.

\* Until 1995 the figures only refer to capital cities; thereafter, to built-up areas.

60. This table shows that for the period 1997-2001 average GDP growth has declined, while the negative trade balance and urban unemployment were on the rise. There has been a strong increase in foreign direct investment (FDI), mainly as a result of the capitalization of a number of large enterprises undertaken by the Government between 1993 and 1997. These funds, however, have failed to create jobs since most investment has been capital-intensive. The official unemployment rate, which hovered around just under 4 per cent before 1997, increased to around 7 per cent by 2001. Some 35 per cent of the total working population are underemployed, and increasing numbers are working on the informal market in largely unproductive, unstable and poorly paid occupations.

### **State policy between 1997 and 2002**

61. Between 1993 and 1997, the Government undertook a series of structural reforms, the most important of which were carried out under the Popular Participation Act, the Administrative Decentralization Act, the reform of the executive and the judiciary, the Education Reform Act and the Capitalization of State Ventures Act. All these reforms were directed towards creating an enabling environment for economic growth, entrenching the rule of law, strengthening the ability of State institutions to devise policies and increasing their efficiency.

62. One of the first steps taken by the new Government in 1997 was to restructure the executive branch through the Executive Power Reorganization Act, which sought to simplify the country's political structure so as to facilitate the management of public affairs. The central Government sets standards and oversees operations; regional governments formulate departmental plans and policies and execute national policies. Locally, the municipalities organize demand and carry out their own and departmental development plans. This restructuring process was of a piece with the Administrative Decentralization and Popular Participation Acts.

63. Other important measures taken since 1997 include the promulgation of the Customs Act, the creation of the Single Funding Directorate and the first steps in the institutionalization of the National Roads Service. Furthermore, the Government has promulgated a law defining the status of public officials; finalized the Public Sector Integrated Financial Management System (SIGMA); established a results-oriented monitoring and evaluation system; and created the Office of the National Ombudsman. The Constitutional Court and the Judicature Council are now operational.

64. The most important laws and policies pertaining to children and adolescents were introduced in connection with the educational reform launched in the period 1993-1997 and the reform of the public health system marked by the creation of the Basic Health Insurance scheme offering free medical care to the under-5s. The old Juvenile Code was superseded by the Code for Children and Adolescents, and work continued on the establishment and strengthening of the Local Ombudsman for Children and Youth offices created in 1996. These offices are a free municipal service providing social and legal protection and defence for children and adolescents and their rights. Furthermore, a number of municipal commissions for children and adolescents have been established in collaboration with civil society organizations. At the level of the prefectures, the newly created departmental social services are responsible for setting

departmental priorities in matters concerning children and adolescents, applying policy and backstopping welfare and socio-educational protection measures for children and adolescents through the establishment of care programmes.

65. The Municipalities Act (No. 2028 of 1999) assigns municipal governments the responsibility of managing sustainable human development, defending and protecting children and adolescents, and organizing and regulating the activities of the Local Ombudsmen for Children and Youth.

66. Courts for Children and Adolescents, which are staffed by multidisciplinary teams, have replaced the earlier Juvenile Courts. Article 4 of the Civil Code has been amended to set the age of majority at 18. The Political Parties Act (No. 1983 of 1999) governs participation in political life, by people aged between 16 and 18, setting them apart as a separate category for the purposes of civic education. The promulgation of the Offences against Sexual Freedom (Protection of Victims) Act (No. 2033 of 1999) amended the Penal Code as it applied to matters such as the rape of children and adolescents. Act No. 2175 of 2001, the Office of the Attorney-General Act, requires specialized judges to be party to judicial proceedings involving juvenile offenders. Regulations on the organization and operation of educational institutions at the pre-school, primary and secondary levels, prohibiting physical, psychological and economic punishment of pupils, were passed in the year 2000.

67. State policy over the period ending on 6 August 2002 was based on four pillars: opportunity, institutional support, equity and dignity. The 1997 and 2000 National Dialogues brought the issue of poverty to the top of the Government's agenda. These meetings resulted in the formulation of Bolivia's poverty reduction strategy, which sets out a national plan of action up to 2015 that could be adopted as State policy. This strategy favours the payment of schoolteachers and health-care personnel and capacity-building at the municipality level in social programmes benefiting women and children. The National Dialogue process has received strong support from international agencies and international cooperation will be possible largely thanks to resources obtained from relief of Bolivia's debts under the HIPC II scheme. The National Dialogue 2000 Act (No. 2235 of June 2001) provides the legal framework for the operation of the system.

68. Measures taken specifically to promote a pro-child strategy are in conformity with the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children. The latter Plan of Action led, in 1992, to the formulation of the Ten-Year Plan of Action for Women and Children: progress towards the targets set out in the Ten-Year Plan has been constantly monitored.<sup>7</sup> Drafting a new action plan based on the outcome of the last special session on children held in May 2002 is thought to be a good idea.

69. The new Government that came to power on 6 August 2002 restructured the executive: Supreme Decree No. 26778 created the Vice-Ministry for Children and Youth Affairs, under the Ministry for Rural, Indigenous, Gender and Family Affairs, to:

(a) Propose policies and standards to improve the level of prevention, protection and comprehensive care available to all children and adolescents;

- (b) Propose social, educational and recreational assistance programmes that affirm freedom, respect, dignity, equity and justice for children and adolescents;
- (c) Ensure compliance with the Code by recommending activities that contribute to its implementation;
- (d) Support the efforts and special-purpose units of departmental and municipal prefects' offices that are designed to provide assistance to children and adolescents.

### **The Code for Children and Adolescents and legislative reforms**

70. The Code for Children and Adolescents, adopted in October 1999 and put into effect in June 2000, is the key to policy on children and adolescents. It was crafted in conformity with the International Convention on the Rights of the Child.<sup>8</sup> The accompanying enabling regulations were established through the adoption of Supreme Decree No. 26086 of 21 February 2001.

71. The Code contains an initial chapter of basic provisions, followed by three volumes. The first volume is concerned with fundamental rights and duties: the right to life and health, to nationality and identity, to freedom and respect for dignity, to education, culture and recreation, to protection at work, and fundamental duties. The second volume relates to prevention, care and protection. The third volume is concerned with legal protection, responsibility, jurisdiction and proceedings.

72. The current Government, seeking always to promote the child's best interests, and given the shortcomings that have been found in the Code, has drafted three bills to remedy the shortcomings:

- The first bill will amend articles 96 and 98 and article 1 of the transitional provisions in the Code, making articles 96 and 98 apply to the issuance of a birth certificate free of charge. The bill has been agreed to by the various institutions concerned and is currently before the House for adoption.
- The second bill, on domestic and intercountry adoption, is designed to close loopholes in domestic legislation and to bring existing standards into conformity with the Hague Convention.
- The third bill will extend the Penal Code to cover organized crime, trafficking and child prostitution. It has been agreed by the various institutions concerned and is currently before the House for adoption.

73. A review of the General Labour Act and the Penal Code and a reformulation of the Family Code are still pending as part of the harmonization process. In addition, the Ombudsman, SOS-Kinderdorf International, Defence for Children-International (DCI) and UNICEF have presented a joint constitutional reform proposal that sets out to incorporate the principles embodied in the Convention and the Code for Children and Adolescents into the

Constitution. The proposal also envisages the creation of a framework for political, economic and administrative action through which the State and society at large could discharge their responsibilities in recognizing children's and adolescents' rights.

74. As to international agreements, during the past two parliamentary session, between 1999 and 2001, Bolivia ratified the Hague Convention (December 2001) and signed the Optional Protocol to the Convention on the Rights of the Child on the Sale of children, child prostitution and child pornography (November 2001). Accession to ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour and ILO Convention No. 138 concerning Minimum Age for Admission to Employment is pending.

## **B. Conditions for survival**

### **1. The right to a decent standard of living**

75. One of the basic principles of the Convention is the recognition of the dignity and worth of the human person as fundamental and inalienable rights, and the recognition of children's and young people's right to special care. These rights should be promoted through social progress and improvements in the standard of living, within a broad framework of freedom and non-discrimination that ensures that no child is left behind. The measures taken on behalf of children affect not only their development but also the development of society as a whole. Thus the State, the family and the community must all act in the best interests of children and young people to safeguard their inherent right to life and survival.

#### **Poverty and inequality**

76. Bolivia is one of the poorest countries in Latin America, a fact that affects the quality of life of a large proportion of its population. The poverty rate was 59 per cent in 2002,<sup>9</sup> which represented a four-point decrease since 1997.<sup>10</sup> A certain amount of progress is being made, then, but the pace is slow and current poverty levels in Bolivia are considerably above the Latin American average of 36 per cent and indeed equal to the regional average of 20 years ago.<sup>11</sup>

77. In absolute terms, around 5 million people are poor, out of a total population of some 8.3 million. Of those, some 2.5 million are under 18 and around 500,000 under 5.<sup>12</sup>

78. Given the difficulties of earning adequate incomes and the still limited access to basic services, a large portion of Bolivia's population never manages to attain decent living standards, while the skills shortage, in its turn, affects the country's growth and development potential. As a result, a large percentage of the country's inhabitants enjoy only limited basic economic and social rights. This applies to the most vulnerable groups in particular, including children and young people, women and indigenous people. Although reducing poverty was one of the most important policies adopted by the present Government, it is unlikely, given the observable trends and the country's economic situation, that the target of a 50 per cent reduction in the number of people living in extreme poverty and poverty can be reached during the period 1990 to 2015.<sup>13</sup>

**Table 2.1**  
**GDP per capita and human development index (HDI), 1995-2001**

	1995	1996	1997	1998	1999	2000	2001
GDP per capita (US\$ per inhabitant)	903.9	973.8	1 019.3	1 059.0	1 019.2	964.7	940.3
HDI	0.628		0.652		0.648		
HDI rank			112		104		

*Source:* Compiled from data from UDAPE and UNDP, 1999 and 2001.

79. As can be seen from the table, poverty in terms of per capita GDP has increased, yet Bolivia's human development index (HDI) and world ranking have improved; this testifies to the efforts the country has made in recent years, particularly in health and education.

80. Poverty exists in varying degrees and affects different human groups in different ways. In Bolivia, there are persistent gaps between regions, rural and urban areas and ethnic groups.

81. As shown in the following table, 59 per cent of the population were living below the poverty line in 2001 and 24 per cent in extreme poverty. More than 80 per cent of those in rural areas were poor and nearly 60 per cent were living in extreme poverty.

**Table 2.2**  
**Poverty and extreme poverty by area of residence, 2001**  
**(poverty-line method)**

Area	Poverty rate (per cent)	Extreme poverty rate (per cent)
Overall	59	24
Urban	47	22
Rural	82	59

*Source:* Compiled from UDAPE, 2001.

82. Given that the majority of the rural population is indigenous, there is clearly a strong correlation between membership of an indigenous group and social exclusion and poverty. A similar pattern can be observed within urban marginalized and poor sectors of the population, the majority of whom are of rural or indigenous origin. In the same way, among the non-poor, 80 per cent speak Spanish as their mother tongue and 17 per cent Aymara or Quechua, but the proportions are reversed as poverty increases.<sup>14</sup>

83. According to UNDP,<sup>15</sup> 31 per cent of the poor population is concentrated in the Altiplano, 47 per cent in the valleys and 22 per cent on the plains. Extreme poverty is concentrated in rural townships in the central Altiplano, notably in the north of Potosí, Chuquisaca and La Paz. These areas have a scattered population, limited access to basic services and population centres, and low levels of agricultural productivity.

84. There is a difference between urban and rural poverty-reduction rates: levels of extreme poverty in cities fell from 34 per cent to 31 per cent between 1997 and 1999, but remained unchanged, at 59 per cent, in rural areas.<sup>16</sup> In respect of one particularly important indicator, infant mortality, the rural-urban divide is widening.<sup>17</sup> This means that growth is not merely slow but unequal, i.e. there are limits to the application of the principles of universal access to goods and services and of non-exclusion.

85. In conclusion, despite the efforts that have been made, improvements are still slow to make themselves felt, the gaps reflecting inequality continue to widen and, for broad sectors of the population, enjoyment of the right to a decent life is limited. The principles of universality and non-discrimination in the enjoyment of rights, too, have only limited application, since the exclusion processes that are at work affect some regions of the country in particular, especially rural areas and urban marginal zones and indigenous groups. Within such groups, children and young people are particularly vulnerable.

## **2. The right to health**

86. Good health and proper nutrition form the basis of a healthy, active life. It is therefore important to break the generational cycle of poor nutrition and health and ensure that all children start life in safe, healthy conditions, through the provision of primary health-care services and the promotion of a healthy lifestyle for young people and adults.

### **Health and health care; universal primary care**

87. The rights to life and health are enshrined in the Code (art. 13). These rights must be upheld by the State through the provision of universal, equal access to the services of promotion, prevention, protection and recovery of health, and the provision, free of charge, of services, medicines, etc., to those who lack adequate resources (art. 14).

88. Bolivia has stepped up its efforts to improve conditions of access to health, particularly for mothers and the under-5s.

89. A national mother and child benefit scheme (now the Basic Health Insurance scheme) was introduced in 1996 with the objective of improving the provision and quality of basic health services, particularly for children and mothers. State health and welfare centres are obliged to provide such services free of charge, as are NGO and church health centres that have signed agreements with the municipalities.

90. This policy was retained in the programme adopted by the Government in 1997, which includes reform of the health sector and the strategic health plan (PES). The grass-roots participation and administrative decentralization introduced by the previous Government form the structural framework for coordination of the national, departmental and municipal components.

91. The objective of the strategic health plan is to build a health system with universal access based on primary health services and family medicine, which will help cut maternal and infant mortality rates and keep the main infectious diseases under better control. It includes an economic and financial model administered by the Ministry of Health and Social Security using

national resources and international cooperation. Other components are the Basic Health Insurance scheme, an epidemiological shield, institutional strengthening, a health professional and human resources training programme, reform of short-term social security and the promotion of healthy municipalities.

92. Basic health insurance is a State policy implemented as part of the plan and offering a package of primary health-care services. The number of these services has increased, from 32 in 1997 to their current level of 92; the budget has doubled and the number of consultations has tripled. Its introduction has made it possible to expand basic coverage for mothers and children, and indeed for the population as a whole, and overall coverage now stands at 68 per cent.<sup>18</sup>

93. The epidemiological shield has aided in the prevention, control and treatment of Chagas' disease, malaria and tuberculosis, Bolivia's three main endemic diseases. The extended immunization programme has concentrated on increasing vaccination coverage and its operations have been funded entirely from the State Treasury.

### **Infant and child mortality**

94. Rates of infant mortality (first year of life) and child mortality (under-5s) are still high in Bolivia and the latter accounts for 50 per cent of total expected deaths for the population as a whole.<sup>19</sup> Infant mortality rates are also high by comparison with regional (Latin American) rates. Child mortality in Bolivia in 1999 was 79 per thousand live births, whereas the regional average was 39 per thousand.<sup>20</sup>

95. Over time, however, Bolivia's infant mortality rates can be seen to be gradually declining. The following table shows trends since 1983.

**Table 2.3**

**Trends in infant and child mortality over three five-year periods and projections to 2000 and 2002**

Rates per 1 000 live births	1983-1988	1988-1993	1993-1998	Projection 2000	Projection 2002
Infant mortality	89	75	67	55	50
Child mortality	131	116	92	79	72

*Source:* MSPS, 2000.

96. These rates are decreasing more rapidly than the regional rates; the rate of decline was 2.5 per cent up to 1990, but 4.3 per cent between 1990 and 1999. Even so, this has not proved sufficient to meet the World Summit for Children goals. If present trends continue, the infant mortality target will be reached in 2002 and the child mortality target by 2003.<sup>21</sup>

97. There are significant differences in infant mortality between urban and rural areas. Generally speaking, the rural rate is above 80 per thousand live births, except in the departments of Santa Cruz, Tarija, Beni and Pando. The departments with the highest rates in urban areas are La Paz, Oruro and Potosí, but nowhere does the rate exceed 80 per thousand live births.<sup>22</sup>

98. Nevertheless, although the targets have not been achieved, the underlying conditions for doing so have improved. Immunization and access to oral rehydration therapy (ORT) are the most significant factors in the reduction of infant and child mortality, along with treatment of pneumonia and diarrhoea, which is provided under the Basic Health Insurance scheme. Another contributory factor has been the Programme of Care for the Under-Sixes, run by the Ministry for the Presidency, which includes promotion of vaccination and a healthy lifestyle, early detection of illness and family training.

99. Difficulties remain, however. Despite major efforts to promote health services with free care for the under-5s, demand is still low because the population at large is unaware of the benefits available under the Basic Health Insurance scheme. In rural areas the problem is exacerbated not only by the physical difficulty of access to services in isolated and remote areas, but also for cultural reasons. An “indigenous insurance” scheme<sup>23</sup> is being put in place, therefore, which works with kallawayas<sup>24</sup> and combines traditional and Western medicine. Another reason services are underused is that people tend to go to secondary or tertiary, rather than primary, health centres, particularly in urban areas and departmental capitals.

### Morbidity

100. Care provision in respect of morbidity attributable to pneumonia and diarrhoea has expanded steadily since 1997. The pneumonia coverage targets have been reached and exceeded, although the same does not apply to acute diarrhoeal diseases (see table below).

**Table 2.4**  
**HIPC targets, 1999-2001 [sic]**  
**(percentages)**

Year		Indicator	
		Coverage of pneumonia in under-5s	Coverage of acute diarrhoeal disease in under-5s
1996	Target	25	25
	Outcome	39	21
1997	Target	43	25
	Outcome	68	26
1998	Target	50	36
	Outcome	69	29
1999	Target	60	46
	Outcome	76	31
2000	Target	70	45
	Outcome	93	54
2001	Target	70	47
	Outcome	100	43

Source: Health-sector reform.

101. The Strategy of Comprehensive Care for Common Childhood Illnesses (AIEPI) was incorporated into the Basic Health Insurance scheme as a key component of care for the under-5s, in an attempt to sharply reduce infant mortality and raise the quality of care; the strategy covers diarrhoea, pneumonia, malaria, measles and malnutrition. It is now applied in some 60 per cent of primary care facilities nationwide, although the original target had been 80 per cent by 2000.<sup>25</sup>

102. The Basic Health Insurance scheme and the launch of the health-sector reform have been significant factors in the improvement of these conditions. According to Bolivia's poverty-reduction strategy paper,<sup>26</sup> the insurance scheme has had a remarkable impact, particularly as regards increased provision for hospital births, treatment of diarrhoea and pneumonia, and immunization. The automatic allocation of 6.8 per cent of municipal budgets towards basic health insurance, and the contributions from prefectures and central Government, have been instrumental in the development of the scheme, ensuring its long-term sustainability. Problems have arisen, however, with the municipalities' handling of these resources, as many of them fail to make the appropriate disbursements.

103. One of the main obstacles to the sector's development is the shortage of human resources, as reflected in limited coverage in rural areas. Generally speaking, equipment is scarce and staff are poorly trained. Lack of training among administrative staff makes it difficult to improve the efficiency of management and blunts the impact of the various components of the Strategic Health Plan. There is a general lack of coordination, duplication of functions and limited treatment capacity among service providers, all of which undermines efficiency. Neonatal mortality in hospital births is high, for example. The number of deaths at the first level of care is also high, which implies a need to improve treatment capacity at that level.<sup>27</sup> As to coverage, the target is 60 per cent treatment, out of total pneumonia cases expected. In Oruro, Cochabamba and La Paz, however, the figure is no higher than 33 per cent.<sup>28</sup> There is also a cultural dimension, in that health workers in general show little respect for the poor; even more so when they are women or peasants.

104. The greatest impediments to the implementation of the epidemiological shield have had to do with finance. Funds for the Chagas disease programme, for example, became available only in the second half of 2000, which held up the purchase of equipment and vehicles for the field work. The malaria programme has funding for two departments, Beni and Pando, which have the highest prevalence rates. There have also been problems with the tuberculosis prevention and treatment programme because the departmental health services did not consider it a priority, despite the high prevalence of TB; the programme was launched after the Ministry of Public Health and Social Security intervened.

### **Universal primary health care**

105. There was no overall increase in the number of primary health-care establishments during the period.

**Table 2.5****Primary health-care establishments 1997-2000  
(percentages)**

Year	State	Social security	NGO	Church	Private
Health units					
1997	90	1	7	2	0
2000	90	2	5	2	1
Health centres					
1997	60	1	19	6	4
2000	58	12	18	6	6

*Source:* SNIS.

106. On the other hand, access to services has improved, particularly as regards primary care. The average number of consultations per child under 5<sup>29</sup> in departmental health facilities rose from 1.1 to 1.6<sup>30</sup> between 1997 and 2000.

107. As can be seen from the table below, first and repeat consultations for under-5s increased by two percentage points between 1997 and 2000; State facilities provided the majority of these, accounting for around two thirds of consultations, while the remainder were with NGOs, social security, churches and private establishments.

**Table 2.6****First and repeat consultations for under-5s, 1997-2000  
(percentages)**

Year	State	NGO	Social security	Private
1997	65	20	13	2
1999	64	19	15	1
2000	67	17	14	2

*Source:* SNIS.

108. The most significant expansion, however, has been in the monitoring of the growth and development of under-5s, both overall and within primary care: between 1997 and 2000, coverage increased from 44 per cent to 60 per cent.<sup>31</sup> These checks-ups are particularly important as they are an entry point to the package of preventive and promotional care and, in certain cases, to the treatment of prevalent diseases and nutritional rehabilitation. Recommendations are made on age-appropriate diet and nutrition and forms of early stimulus, prophylactic micronutrients and antiparasitics are administered, and vaccination status is monitored.

**Vaccination**

109. Particular attention has also been paid to the control of immunizable diseases.

110. Coverage of children under 1 year for the third dose of polio and DPT has improved, as can be seen from the table below.

**Table 2.7**  
**Coverage of children under 1 year for polio-3 and DPT-3**  
**(percentages)**

Year	Polio	DPT
1997	84	87
2000	85	91

*Source:* SNIS.

111. Generally speaking, vaccination coverage targets for the period have also been met, as can be seen from the table below.

**Table 2.8**  
**HIPC targets, 1999-2001**  
**(percentages)**

Year		Indicator				
		Fully vaccinated children under 1 year (average BCG, polio, DPT-3, measles)	Polio-3 coverage	DPT-3 coverage	One-dose BCG coverage	Measles coverage
1996	Target	78	76	76	83	75
	Outcome	78	71	71	86	82
1997	Target	80	79	78	86	76
	Outcome	79	78	78	87	73
1998	Target	82	80	79	87	80
	Outcome	80	76	77	88	80
1999	Target	83	81	80	88	83
	Outcome	86	81	85	96	84
2000	Target	84	82	81	89	85
	Outcome	92	82	89	95	100
2001	Target	87	83	87	93	85
	Outcome	87	84	92	93	81

*Source:* SNIS, 2000.

112. As the following table shows, there were no cases of neonatal tetanus in 2000, although cases of measles, whooping cough, diphtheria and TB still occur. Tighter precautions against measles were introduced following an epidemic in 1998.

**Table 2.9**  
**Epidemiological surveillance, 1991-2000**  
**(absolute figures)**

Year	Cases				
	Measles	Whooping cough	Neonatal tetanus	Diphtheria	TB
1991	2 108	37	48	2	11 223
1992	4 037	284	42	12	9 520
1993	3 391	251	21	16	8 614
1994	1 448	292	17	17	9 392
1995	76	36	20	5	9 551
1996	7	43	14	1	10 012
1997	7	138	14	3	9 853
1998	1 004	44	9	8	10 123
1999	1 441	27	3	1	9 272
2000	122	10	0	22	7 584

*Source:* SNIS.

113. The following table gives figures for 2000 showing variations in vaccination coverage between regions, between urban and rural areas and according to the mother's educational background. The mother's educational background is clearly the most important factor, outweighing both regional and town/country variations.

**Table 2.10**  
**Vaccinations, children aged 12-23 months, 2000**

Factor	Vaccinations in children aged 12-23 months (percentages)				
	BCG	DPT-3	Polio-3	Measles	All
Region					
Altiplano	92.0	75.6	57.2	76.5	48.1
Valleys	93.6	66.3	55.0	78.4	48.8
Plains	91.5	74.4	61.9	85.2	55.8
Area of residence					
Urban	96.4	75.2	57.8	82.4	52.1
Rural	88.3	68.0	56.7	75.2	47.5
Mother's education					
None	80.2	63.7	47.5	74.9	38.0
Primary	89.4	62.9	53.7	73.9	44.8
Secondary and higher	98.2	83.1	64.1	86.0	58.9
Other				67.4	18.7

*Source:* MICS, 2000.

114. Immunization campaigns have played a major part in the achievement of these results, but it is important to ensure the sustainability of primary care services using State Treasury funds and the latest generation of vaccines.

115. The Programme of Care for the Under-Sixes has also played a significant role, with activities to promote vaccination and a healthy lifestyle, early detection of illness and family training. Sixty-six per cent of the children covered by the Programme have completed the vaccination cycle, especially in rural areas; 66 per cent are covered by the Basic Health Insurance scheme and 60 per cent of children referred to the Programme following detection of an illness have been treated in health units.<sup>32</sup>

116. Various regions are prey to endemic diseases such as Chagas' disease, malaria and TB. Chagas' causes 13 per cent of deaths of persons aged between 15 and 75, and the areas of transmission cover 60 per cent of the country. Malaria is also highly prevalent, affecting 9 inhabitants per thousand in 2000. TB has been declining since 1990, but its prevalence rate is still one of the highest in the region (107 per 1,000 in 2000).<sup>33</sup>

117. As a result of action taken under the epidemiological shield programme in 1999 and 2000, anti-Chagas spraying of dwellings has been stepped up considerably, there has been a fall of 8 per thousand in the annual rate of parasitosis and a 10 per cent rise in the number of TB cases detected and treated. For the greatest impact, it is important to develop basic water and sanitation services in parallel with these programmes. Implementation of the programmes requires external resources if they are to be sustainable.<sup>34</sup>

118. The following table shows the increase in anti-Chagas spraying of dwellings; these campaigns have met and passed the targets set.

**Table 2.11**  
**HIPC targets, 1997-2001**  
**(percentages)**

Year		Indicator
		Chagas' prevention: percentage of dwellings sprayed (from 2000 onward, target refers to "percentage of dwellings sprayed per year in relation to cumulative UDAPE")
1997	Target	14
	Outcome	5
1998	Target	25
	Outcome	2
1999	Target	17
	Outcome	19
2000	Target	22
	Outcome	36
2001	Target	27
	Outcome	59

*Source:* SNIS, 2000.

### **Nutrition and access to water**

119. Children's nutrition affects their vulnerability to disease and death, and also their potential for psychomotor development.

120. The Goals for Children include a 50 per cent reduction in general malnutrition over 10 years; by 1998, Bolivia had achieved 30 per cent of that target.<sup>35</sup>

121. Chronic malnutrition is considered to be a risk factor that accounts for 28 per cent of mortality among the under-5s.<sup>36</sup> Chronic malnutrition rates remain high, although they have declined, while acute malnutrition is holding relatively steady at low levels. The department with the worst record of malnutrition is Potosí.

122. The rate of general malnutrition (weight for age) in under-3s is 9.5 per cent. In Potosí it is 16 per cent and in Tarija 5 per cent, the lowest rate. The Altiplano and the valleys are the worst-affected regions. By 1998, 71 per cent of the target set had been met.

123. The overall rate of chronic malnutrition (height for age) is 26 per cent. The worst-affected department is Potosí (49 per cent) and the worst-affected region is the Altiplano. By 1998, the rate of chronic malnutrition had been cut by 33 per cent and 66 per cent of the target had been met.<sup>37</sup>

124. The highest levels of malnutrition are to be found in rural areas. Moreover, it has been demonstrated that the lower the mother's educational standard, the greater the malnutrition among under-3s.

125. The Programme of Care for the Under-Sixes aims to prevent malnutrition through balanced diet, growth support and monitoring, and nutrition education for families. The results show appropriate growth among a high percentage of the children involved and successful prevention of chronic malnutrition.

126. In 1996, 13 years after the launch of its anti-goitre programme, Bolivia obtained international certification of elimination of iodine deficiency as a public health problem. On 1998 figures,<sup>38</sup> the consumption of iodized salt is 96 per cent in urban areas and 94 per cent in rural areas. Iodized salt is now also being fortified with fluoride to prevent caries and a fortified-salt quality control system has been introduced to guarantee product quality.

127. With regard to vitamin A deficiency, a study was conducted in 1991 that showed prevalent low rates in certain rural areas, particularly the Altiplano and the valleys. Deficiencies were found in 48 per cent of under-6s. Vitamin A supplements are now being given to children aged 6 months to 4 years and to newly-delivered women. These are supplied through the Basic Health Insurance scheme and it is hoped that coverage of these groups will increase to more than 60 per cent. No new study has been done to determine the extent to which this target has been met.

128. The availability of housing with drinking water, whether from a State or private supplier, increased from 71 per cent to 85 per cent between 1997 and 2000. There are still differences between urban areas (93 per cent in 2000) and rural areas (69 per cent).<sup>39</sup> The programmes

responsible for improving access to basic sanitation services are the Rural Basic Sanitation Programme (PROSABAR) and the Water and Sanitation Programme for Small Municipalities (PROAGUAS).

129. PROSABAR provided nearly 100,000 people with drinking water, 8,000 with sanitation and 5,000 with latrines. It also permitted the transfer of 452 water projects to municipalities and undertook community development initiatives in 290 communities. The Basic Urban Sanitation Programme (PROSUB) carried out some US\$ 23 million-worth of water and drainage projects in settlements of over 5,000 residents, out of a total of US\$ 87.5 million earmarked for projects of this kind.<sup>40</sup>

### **Primary antenatal and post-natal care; maternal mortality**

130. Under article 15 of the Code, the State has a responsibility to provide maternity coverage through health units giving free antenatal and post-natal care, including specialist medical treatment, medicines, additional examinations and nutrition supplements. These services are also to be provided to pregnant women in prison.

131. The percentage of pregnant women who have four antenatal check-ups<sup>41</sup> increased from 29 per cent in 1999 to 33 per cent in 2000. As can be seen from the following table, the proportion of hospital deliveries also increased, from 39 per cent in 1997 to 54 per cent in 2001.<sup>42</sup>

**Table 2.12**  
**HIPC targets 1999-2001**  
**(percentages)**

Year		Indicator
		Proportion of professionally-assisted births
1996	Target	30
	Outcome	33
1997	Target	45
	Outcome	39
1998	Target	56
	Outcome	43
1999	Target	63
	Outcome	47
2000	Target	49
	Outcome	52
2001	Target	52
	Outcome	54

*Source:* SNIS, 2000.

132. The prevalence rate of anaemia in pregnant women is 27 per cent and in women of child-bearing age 28 per cent. These were the rates noted by the 1998 ENDSA and will form the baseline values for future surveys.

133. The available information on maternal mortality comes from the 1994 National Demographic and Health Survey (ENDSA) and shows that the number of cases went down between 1989 and 1994, falling from 416 to 390 per 100,000 live births; this represents a reduction of only 6 per cent, which is a serious setback in efforts to reach the target of 50 per cent.

134. Haemorrhage is the leading cause of maternal mortality; abortion appears to account for no more than 10 per cent, while eclampsia, which can be prevented through antenatal checks, comes in second place. According to estimates for 2000, 40 per cent of pregnancies present complications of some kind and 15 per cent, serious complications that threaten the mother's life.

135. In order to improve maternity care, a system of referral and counter-referral is being developed to provide follow-up for patients with complications. However, emergency obstetric treatment is hampered by, for example, the lack of decent transport and communications systems. Many women find it difficult to take decisions in an emergency because they are used to their families deciding for them. There is also a perception that the care provided is neither appropriate nor timely, basically because no account is taken of cultural factors. In addition, women in rural areas in particular do not have access to post-natal care, which increases the risk of complications and death. The number of professionally-assisted births is increasing, but ignorance of the importance of antenatal care persists.

136. Thanks to the Basic Health Insurance scheme, people's access to such services has improved and the 314 municipalities have signed agreements implementing it. International cooperation projects are under way throughout the country: the National Reproductive Health Project, the Health Sector Reform Project and the Maternal and Neonatal Health Project. The Sexual and Reproductive Health Programme is now getting under way and the National Sexual and Reproductive Health Forum is responsible for inter-agency and intersectoral coordination.

137. Another major problem is the high rate of neonatal mortality, which reflects the shortcomings in care provision for newborns. Nationally, 40 per cent of deaths in under-5s occur within the first month of life, as a result of preventable complications, and 57 per cent of total deaths within the first month occur within the first week of life. The highest rates are to be found in La Paz, Potosí, Cochabamba and Chuquisaca (35-45 per thousand live births). The lowest rates occur in Tarija, Santa Cruz and Beni/Pando (15-20 per thousand live births).<sup>43</sup>

### **Training and information for carers on child health and nutrition; breastfeeding**

138. Under article 17 of the Code, the State, State and private institutions, and employers, have a duty to facilitate breastfeeding, even when mothers are deprived of their liberty. This is frequently not done.

139. The 1998 Demographic and Health Survey (ENDSA) found that 69 per cent of children aged under 2 months were breastfed; it is believed that greater facilitation of breastfeeding may help reduce mortality, since it has been found that there is a 23 per cent risk of death in babies aged under 2 months who have stopped breastfeeding. Between the 1994 and 1998 surveys, exclusive breastfeeding of children aged under 2 months increased from 46 per cent to 54 per cent but there are no subsequent data showing the current situation.

140. The Strategy of Comprehensive Care for Common Childhood Illnesses (AIEPI) has emphasized breastfeeding and the importance of continuing up to the age of 2, producing information for mothers both on breastfeeding and on nutrition for the under-5s. There are activities in training centres and information is put out in radio spots and in the form of a poster for mothers. A draft bill on the sale of breast-milk substitutes has been prepared in order to promote natural breastfeeding and regulate the marketing of substitutes.

141. The breastfeeding and nutrition initiatives have also been publicized through the 14 “baby-friendly” hospitals.

142. The Programme of Care for the Under-Sixes has also done important work in this area, emphasizing family life, the promotion and enjoyment of children’s rights, family and community training, detection, referral and monitoring of victims of child abuse and involvement in the births-registration campaign (78 per cent of the children treated have a birth certificate).

143. A Children’s and Adolescents’ Week was held in 1998 and 1999 to publicize the rights of these groups. Parents attended the events, which were supported by the prefectures and municipalities, and leaflets and other information were distributed.

### **Sexual and reproductive health; teenage pregnancies**

144. At the national level, knowledge of contraceptive methods is relatively widespread among Bolivian men and women. Nearly 90 per cent of women of child-bearing age and of men aged 15 to 64 have heard of at least one method, thanks largely to the various campaigns that have been carried out. There is also the National Sexual and Reproductive Health Programme, which has been incorporated into the Basic Health Insurance scheme; and the education reform provides for sex education, an area that has made progress with curriculum development and training.

145. Coverage in terms of use of family planning methods, based on numbers of women attending antenatal check-ups,<sup>44</sup> has increased from 38 per cent to 46 per cent.

146. Adolescence is a critical stage, given the physical and personality changes that occur. Morbidity and mortality are not high during this period, and where they occur it is mainly as a result of accidents. This age group is more at risk from sexually transmitted diseases, alcoholism and nicotine addiction, and unwanted pregnancies. Adolescent pregnancies and maternity are related to poverty and associated with malnutrition and risk during pregnancy and delivery. There is not a wide range of initiatives for adolescents, but some efforts have been made to improve the situation.

147. Supreme Decree No. 25290, on Young People’s Obligations and Rights, was promulgated; the National Programme for Adolescents and Young People, 1998-2002, was also launched, which includes health-promotion strategies for adolescents and their social networks - parents, peer-groups and teachers. There are also Adolescent Health Committees at the departmental and local levels, which provide sexual and reproductive health services.

148. Initiatives were also launched between 1994 and 1996 to prevent the use of controlled substances and promote sexual and reproductive health. Comprehensive provision for adolescents was introduced in eight of the nine departments in 1998 and a care network is gradually being built up that includes comprehensive targeted care provision for this sector. There are care standards and protocols, as well as a quality initiative called “Youth-Friendly Health Services”, which focuses on young people, mounting events at the national and departmental levels, and conducting educational activities through the Lilac Tent (*Carpa Lila*) and the Caravan of Suns and Dreams (*Caravana de soles y sueños*).

### Prevalence of HIV/AIDS

149. AIDS is an incipient epidemic. Studies of its prevalence among sex workers in Bolivia give an incidence of less than 1 per cent. The official rate of accumulated prevalence up to 1998 was 0.6 per 100,000 inhabitants; this figure is low but is increasing, and has very probably been under-recorded.

**Table 2.13**

**Epidemiological surveillance, 1991-2000  
(in absolute figures)**

Year	No. of cases AIDS
1991	17
1992	18
1993	20
1994	14
1995	9
1996	3
1997	8
1998	6
1999	225 <sup>45</sup>
2000	14

*Source:* SNIS.

150. The presence of sexually transmitted diseases (STD) such as syphilis and gonorrhoea, however, is considered to be high (74 per 100,000 inhabitants for gonorrhoea, 55 for syphilis) and constitutes a public health problem. The risks are greater for the poor population, especially in rural areas, in view of the lack of information and the absence of health services.<sup>46</sup>

151. In order to prevent these diseases, sexual health components have been included in the Basic Health Insurance scheme. The National Programme for Sexually Transmitted Diseases (STD/AIDS) operates a series of disease prevention and control activities and applies a prevention model with three basic components: diagnosis and treatment of STD; information, education and communication activities; and promotion of condom use. It needs to expand its activities, particularly among high-risk groups, by means of information and communication campaigns, for which it needs additional resources.

152. In conclusion, considerable progress has been made in access to enjoyment of children's right to health, in particular through the introduction of primary health services for mothers and children under 5, and the stress laid on improving the institutional management of the services. Universal coverage has not, however, been achieved and differences remain between regions, urban and rural areas and different ethnic groups. The growing gap in infant mortality between rural and urban areas illustrates this problem.

153. Special efforts are being made to bring health services to the inhabitants of rural areas; an indigenous health insurance system has been developed and there is a programme with HIPC funding which gives vouchers to medical graduates who wish to work in the countryside. Some progress has been made in ensuring adolescents' right to health. Generally speaking, progress is being made in increasing fairness and in introducing the principle of the best interests of the child into policies, particularly for the under-5s.

### **3. Social security**

154. The population of Bolivia does not have wide social security coverage since the majority of the economically active population works in the informal sector. It is, however, planned to integrate social security into the Basic Health Insurance scheme, thus increasing the coverage and efficiency of primary health care.

155. Working adolescents have the right to apply for social security but are unaware of the fact. The Local Ombudsmen's offices do not offer advice and no other machinery exists to do so.

156. Since 1898, the General Labour Act has required childcare centres to be provided where women work in enterprises and institutions, but few businesses actually have them.

### **4. Children and adolescents with disabilities**

157. The Code stipulates that all children or adolescents with disabilities have the right to special care and attention (art. 20) and the State is required to draw up and coordinate prevention, protection, treatment and rehabilitation programmes for these children (arts. 21 and 22). The State must also ensure that all children or adolescents with particular learning difficulties are given special tuition incorporated into the standard school arrangements (art. 115.3).

158. The problem of disability is one of those least studied in Bolivia and there is little information on its extent and characteristics. On the basis of international parameters provided by the World Health Organization (WHO), it is calculated that 10 per cent of the population suffers from some degree of disability, which means that Bolivia has approximately 412,000 children and adolescents with disabilities.

159. The Disabled Persons Act No. 1678 was adopted in 1995; the national and departmental committees established under this Act are compiling information in most departments but the information has not yet been systematized. The Ministry of Labour has drafted a bill on disabled adolescent workers.

160. A number of institutions run programmes for the disabled under the aegis of the Ministry of Health. For example, La Paz has three centres which provide care for physical and mental disabilities. The education reform team is working on experimental educational establishments which have been in operation since 1997 and now number 300 throughout Bolivia. The office for curriculum development at the Ministry of Education has a unit devoted to special education. It is also possible that pregnancy monitoring and improvements in delivery and post-partum conditions brought about by the Basic Health Insurance scheme are having a preventive effect.

### **C. Education, recreation and cultural activities**

161. The Convention promotes the creation of a just world in which all children can acquire the best possible foundation for their future lives, receive a good basic education and have opportunities to develop their abilities in a safe and stimulating environment. Education as a human right is fundamental to reducing poverty and child labour and to promoting development and democracy. This is why it is particularly important to stress access to good, free and compulsory primary education and expand access to secondary education, eliminating disparities between sexes, social groups and between urban and rural areas.

#### **1. Access to good education**

162. The most important measures adopted by Bolivia to guarantee the right of the child to education can be found in article 177 of the Constitution, which provides that education is the highest function of the State and that freedom of education under the supervision of the State is guaranteed; it stipulates that State education is free and is provided on the basis of a unified and democratic school system; primary education is compulsory.

163. The Educational Reform Act (July 1994) sets out a series of measures to ensure the sound and continuous training of human resources and improve the quality of education by extending its coverage and making it relevant to the needs of the community, making it easier for students to remain in the system, offering preferential attention to the most deprived sectors, guaranteeing equal rights for men and women and establishing an intercultural, participatory education system.

164. Since 1998 a series of decrees on personnel administration, temporary contracts and the functions of the school boards have been approved. In 2001, Ministerial Resolution No. 162/01 approved the Regulations for educational establishments; the Measurement of Educational Quality System (SIMECAL) was designed; administrative regulations were established for public school services; the Educational Reform programme was adapted to work with the new decentralized administrative structure.

165. The measure which most explicitly guarantees compliance with the general principles of the Convention is the Code, which stipulates in article 112 that children and adolescents have the right to be educated and to attend and remain in school on equal terms, the right to be respected by their teachers and to challenge their school marks, the right to organize and take part in student bodies and to participate as a representative or to be represented on the appropriate school committee.

166. The concern to reduce obvious inequalities, particularly between urban and rural areas, is expressed in article 116 of the Code which states that prefectures and municipalities must take steps to ensure that children and adolescents in rural areas have the best possible access to education.

**The educational reform: towards responsible and inclusive management**

167. The most important current change in Bolivian education is the Educational Reform programme, launched in 1995, which has been extended since then with courses not only in Spanish but also in indigenous languages.

168. This reform is being progressively extended to an increasingly large number of primary schools - the so-called educational units or hubs in transformation - which are given new materials, improved infrastructure and an educational adviser sent by the Ministry to direct the process of improving teaching.<sup>47</sup>

169. By the year 2000, Bolivia had 1,279 hubs:

**Table 3.1**  
**Number of hubs in transformation, 1996-2000**

Year	No. of hubs
1996	351
1997	851
1998	888
1999	1 144
2000	1 279

*Source:* Office of the Deputy Minister for Initial, Primary and Secondary Education (VEIPS).

170. The hubs include a total of 9,279 schools accounting for 72 per cent of primary schools in Bolivia, 18 per cent of which were in urban areas and 82 per cent in rural areas in the year 2000.<sup>48</sup> The next table shows the large increase between 1997 and 2000, which was much larger in rural than in urban areas.

**Table 3.2**  
**Increase in the number of schools in the transformation programme**  
**(base year 1997, percentages)**  
**1997-2000**

Year	1997	1998	1999	2000
Urban area	0	12.0	25.0	34.9
Rural area	0	15.3	66.8	87.9
Total	0	14.5	56.8	75.3

*Source:* Produced from VEIPS data.

171. Despite this increase in schools - greater in the countryside than in the cities - the proportional increase in pupils covered by the programme has been much greater in the cities than in the countryside, as can be seen from the following table; the reason is that in urban areas schools are bigger and can accommodate larger numbers of pupils.

**Table 3.3**

**Increase in the number of pupils under the curriculum transformation programme (base year 1997, percentages)**

**1997-2000**

Year	1997	1998	1999	2000
Urban area	0	83.3	180.6	319.9
Rural area	0	56.3	139.1	272.0
Total	0	69.7	159.6	295.8

*Source:* Produced from VEIPS data.

172. In 2000 there were 690,000 pupils enrolled in schools under the transformation programme, accounting for 42 per cent of primary level enrolment in Bolivia. Of these, 53 per cent attended urban schools and 47 per cent, rural schools.<sup>49</sup>

173. It is estimated that 1,007,700 pupils were enrolled in the transformation programme in 2001; this represents an increase of 46 per cent compared with the year 2000.<sup>50</sup>

174. The reform is being implemented through the Educational Reform programme, in the context of the Popular Participation and Administrative Decentralization Acts. The Strategic Plan for 1999-2002 has been transformed into annual operational plans and annual assessments are made of the progress of the Reform and the Strategic Plan. Major improvements have been made to the curriculum with the cross-cutting issues of citizenship, gender, ill-treatment and human rights.

175. The Educational Reform Act establishes two cycles at the secondary level. The "technology" cycle teaches first-grade technical skills and knowledge. It lasts for two years and leads to the basic technical diploma which enables a boy or girl to enter the labour market or to continue to the next cycle.

176. In the second, "differentiated" cycle, there are two options. The "technical methods" option leads to the technical baccalaureate and the possibility of continuing with technical training at a higher level. The second option is science with humanities, leading to a baccalaureate in the humanities and the possibility of higher-level education in these subjects. These arrangements are important, since they provide levels of training which open up working opportunities for teenagers who do not go on to higher education.

177. The reform process will be initiated at this level in 2003 and will also be extended to the initial level.

178. A first draft of a reform programme for higher education has been drawn up, based on the establishment of the Fund for Quality Improvement in Higher Education. The consolidation of the national accreditation system for technical education has begun and the legal framework underpinning the development of science and technology has been made official by the Science, Technology and Innovation Act.

### **Competence and quality in education: the assessments**

179. Assessments of children have been carried out; in general, language and mathematics assessments by UNESCO in the third and fourth primary grades show the quality of education in Bolivia to be below the Latin American average.

180. This question is central to the educational reform process since good teachers are essential if the quality of education is to be improved. It has, however, been difficult to make any progress in this regard because of opposition from the teachers' unions to certain aspects of the reform.

181. Major progress is nevertheless being made. According to the Ministry of Education, 20,000 teachers have been trained in the last two years after receiving a voucher to stimulate their participation in the programme.

182. Of the teachers working with the new curriculum, 57 per cent are in the first primary cycle and 43 per cent in the second. They constitute 56 per cent of all primary teachers in Bolivia.<sup>51</sup>

183. Despite the efforts of the reform programme, the quality of teachers is still poor. This is partly due to the fact that teachers feel that their earnings are low, in a roster-based pay structure determined more by seniority than by performance. This system does not encourage constant refreshment of skills or stimulate better job performance.<sup>52</sup>

184. A system of incentives has been introduced to encourage teachers to stay in poor rural areas; a management voucher is granted to teachers who complete 200 class days in the year. During the financial year 2000, US\$ 2.36 million and US\$ 5.14 million were spent respectively on each of these programmes. Another major advance during the year was the incorporation of nearly 300 new educational advisers.<sup>53</sup>

185. Progress has been made in regulating the system; regulations governing administrative careers and the teacher-training system have been passed. The adoption of the register of educational establishments, the consolidation of the various sources of information and the new data obtained in tests by SIMECAL are improving planning and assessment within the education system. In order to improve and facilitate decision-making, the educational information system (SIE) compiles administrative registers for approximately 14,800 educational establishments.

186. It is hoped that the quality of education will also improve as infrastructure is upgraded. Financing is available through the National Social and Productive Investment Fund (FPS) for municipalities that wish to upgrade their school infrastructure and make educational improvements, but the municipalities must put up matching funds.

187. This process of assessment - of pupils' academic progress, of teachers' performance<sup>54</sup> and of the progress of the reform programme and Strategic Plan - is an integral part of the popular participation and decentralization processes. Institutionally, these take the form of a system headed at the national level by the Ministry of Education, Culture and Sport, supported by the National Education Council, a coordinating and supervisory body, and regional and local bodies. At the local level there are the hub and district school committees, and at the level of the departments, the departmental education councils.

188. The legislation also affects private schools, to which the educational reform curriculum should also apply but has not yet done so. The district directors (Bolivia has 274 education districts) are responsible for overseeing private education at the pre-school, primary and secondary levels, but they generally confine themselves to checking the enrolment charges and monthly payments collected by these institutions.

### **Eradication of illiteracy**

189. The National Dialogue highlighted the importance of eradicating illiteracy by putting all children into school, and this is why initial and primary education are so important. This is one of the reasons why efforts are being made to achieve comprehensive school enrolment for children under 18.

190. According to the National Statistical Institute, illiteracy dropped from 20 per cent to 14 per cent between 1992 and 2000: from 12 per cent to 7 per cent among men and from 28 per cent to 20 per cent among women. In rural areas the decrease was from 36 per cent to 29 per cent, and in urban areas, from 9 per cent to 6 per cent. Both in rural areas and among women the decrease was considerable, but current levels are still very high, particularly among older groups. The National Literacy Plan for Life and Production enabled 160,000 people, including young people and adolescents and with men and women in almost equal proportions, to become literate between 1999 and 2001. Also under the plan, four farming technical education centres were established for young people and adults in the departments of Potosí and Chiquisaca.

### **Early education**

191. The Code stipulates in article 115.4 that it is a State obligation to establish, staff and maintain pre-school centres to cater for girls and boys between 4 and 6 years old. The Ministry of Education runs early learning courses in what is referred to as the initial cycle, for children 5 to 6 years old.

192. Between 1997 and 2000 there was a 17 per cent increase in the number of educational establishments with an initial level - an increase of 17 per cent in urban areas and 15 per cent in rural areas. The total number of pupils rose from 182,000 in 1997 to 200,000 in the year 2000, with a ratio of boys to girls of 51 to 49.

193. This extension of the initial level is being backed by the Office of the Vice-Minister for Alternative Education which, since May 2000, has been coordinating a project with OAS support for the construction and application of innovative educational materials for the under-6s.

194. The Programme of Care for the Under-Sixes is an essential part of early education, with activities to improve children's motor skills, language handling and creativity. The cognitive and psychosocial achievements of children in the Programme are observed to be superior to those of children who have not attended. Of these children, 78 per cent have achieved optimum overall development for their age and their educational achievement is comparable to that of children attending the initial level.

195. The Programme was set up in April 1997 as the result of the merging of three projects: the Comprehensive Child Care Programme (PIDI), mainly active in urban areas, the Comprehensive Development Centre (CIDI), which operated in rural areas, and the National Child Care Programme (PRONAM). The three projects attached equal importance to comprehensive childcare and initial education as a basis for the Educational Reform programme, in view of the decisive importance to a child's future development of care during the early years. Sixty-one per cent of Bolivian children live in poverty and are at major risk of malnutrition, illness, abandonment and ill-treatment, and not getting a proper start in life. The Programme of Care for the Under-Sixes sets out to provide a proper initial education, nutrition and health, teach teachers and mothers more about comprehensive childcare, strengthen families and encourage them and the community to become agents of their own development.

196. Approximately 100,000 children passed through the Programme from its inception up to the year 2000; 57,000 families have benefited and nearly 3,300 family or community centres have been built or renovated. Agreements have been signed with 8 prefectures and 186 municipal governments, and work is currently in progress with 35 NGOs to improve the quality of services rendered. Services are currently provided to 65,000 children, by more than 7,000 education workers of both sexes in 3,000 centres throughout Bolivia. At present the Programme reaches approximately 7 per cent of all Bolivian children of the appropriate age group.

197. The World Bank considers that the programme has been successful in reaching children in poor communities. As stated earlier, however, problems in obtaining more international financing may jeopardize its existence.

198. There are also the Wawa-Wasis and Kallpa Wawas supported by UNICEF under its Programme for the Andean Region (PROANDES), working on initial education, nutrition and health. They focus on early stimulus and training education workers, and do much for children's overall development. The method they use is to train the parents of the under-3s and to have direct contact with the 3-to-6-year-olds. In 1999, 84 centres were functioning and catering for 2,300 children.

### Free and compulsory primary education: capacity of the system to retain and include children

199. According to the Code, article 15.1, the State has the obligation to ensure free primary education, to include those who did not have access to education at the appropriate age, and to see to their school education, particularly in rural areas. The minimum age of entrants to primary first grade is 6 and the maximum 9 (Regulations for educational establishments, article 39).

200. The following table shows the percentages of children attending primary school in the year 2000. At the national level there are relatively equal numbers of boys and girls. Among the regions, the Altiplano is the least balanced (83.7 per cent girls and 85.7 per cent boys), and there is also an imbalance in rural areas (82.9 per cent girls and 86.8 per cent boys).

**Table 3.4**

#### Percentage of children of primary school age (6 to 14) attending primary school, 2000

Characteristic	Attendance boys	Attendance girls	Attendance total
Bolivia	88.2	86.6	87.4
Region:			
Altiplano	87.7	83.7	85.7
Valleys	87.0	87.8	87.4
Plain	90.2	89.8	90.0
Area of residence:			
Urban	89.2	89.2	89.2
Rural	86.8	82.9	84.8

*Source:* MICS, 2000.

201. Bolivia is approaching the goal of universal access to primary education, as can be seen in the following table.

**Table 3.5**

#### Gross rates of school enrolment (public and private sectors), 2000

Year	Primary			Secondary		
	Female	Male	Total	Female	Male	Total
2000	106.1	109.2	108.1	61.7	66.8	64.8

*Source:* VEIPS.

202. The medium-term challenge for Bolivia is to cut down school dropout and improve the quality of education; it is therefore important to implement all aspects of the Educational Reform programme.

**Table 3.6****Gross rate of school enrolment, female enrolment and dropout rate, 1990-1999**

Gross rate of enrolment (public-private)	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	69.8	71.8	72.4	74.4	76.0	77.6	78.5	83.3	80.8	80.1
Pre-school (1 year)	31.5	32.7	34.5	35.4	36.1	36.9	38.1	44.3	44.9	42.0
Primary	94.5	97.0	96.9	99.2	101.1	103.3	103.6	108.6	104.2	102.7
Secondary	38.0	39.2	40.8	43.0	44.1	45.3	46.9	50.3	50.2	52.2
Female enrolment in primary (percentage growth)		5.7	2.2	5.3	4.2	4.4	4.3	5.2	1.5	1.0
Primary dropout rate	6.2	5.8	6.8	13.1	13.0	8.2	8.2	9.0	7.5	6.0
Secondary dropout rate	10.1	8.3	5.1	12.6	12.6	11.6	12.0	13.1	11.0	9.4

*Source:* EBRP, 2000.

203. The difference between gross and net rates relates to the high repeat and dropout indices. Late entry is one of the most noticeable features of the Bolivian education system and in conjunction with early dropout and repeated classes results in a large number of individuals leaving the system without completing their education. This is why only two thirds of primary pupils complete sixth grade.<sup>55</sup> The dropout problem is taken into account in the National Dialogue Act and resources have been allocated for resolving it, but no machinery has been developed to use them. The Information and Analysis Unit at the Ministry of Education, Culture and Sport is studying these questions.

204. It is important to introduce new methods of reducing dropout and ensuring that pupils remain in school. The Programme to Support and Reinforce School Attendance for Children at Risk is an effort in this direction and is being implemented in La Paz, Cochabamba and El Alto by departmental social services with funds from the National Treasury. This is the continuation of work done by the Schools Programme for Working Children (PENNT) up to 2001.<sup>56</sup>

### **Secondary and higher education**

205. The growth of secondary education is basically driven by new schools being constantly created through natural increase.<sup>57</sup> The Regulations for educational establishments stipulate in article 4 that "A newly created educational establishment shall gradually attain its proposed level within the number of years remaining for it to do so." Demand has increased but rural areas do not have sufficient secondary schools to satisfy it; this means that for many families the opportunity for their children to attain a higher level of education is a factor in the decision to migrate to a larger population centre.

206. Gross enrolment in secondary school increased from 50.3 per cent in 1997 to 52.2 per cent in 1999 (table 3.6), and reached 64.8 per cent in 2000, as can be seen from

table 3.5, although this is still low. The increase has been accompanied by a higher rate of enrolment of girls than boys, although, as can be seen from the same table, the proportion of girls at secondary school is approximately 5 per cent less than that of boys.

207. Only 15 per cent of the population of secondary school age complete secondary education and only 5 per cent subsequently obtain a university degree.<sup>58</sup> It should also be mentioned, as can be seen from table 3.2, that the dropout rate from secondary school has tended to decrease since 1994, though it is still high.

208. Secondary education in the State system is free of charge. Pupils enter the first year of secondary school at a minimum age of 14 and a maximum of 17 (Regulations for educational establishments).

209. There are no large-scale financial assistance schemes for needy children or adolescents, although the Schools Programme for Working Children drawn up in 2001 represented an effort in that direction which is now being carried on by the Programme to Support and Reinforce School Attendance for Children at Risk which is run by departmental social services with funding from the National Treasury.

210. There are no career guidance services.

### **Disabled children**

211. The Educational Reform Act provides in article 24 for what it calls alternative education, aimed at making access to education possible for those who have not started or not completed their formal education for reasons of age, or exceptional physical and mental conditions. It takes the forms of continuing education, adult education and special education, the latter two being the most relevant to children and adolescents.

212. Adult education is intended for students over 15 years of age who were unable to start or complete their primary or secondary education. Article 85 of the Regulations for educational establishments states that special education for students who do not have major difficulties is to be ensured by incorporating them into normal educational establishments under the permanent guidance of properly qualified staff. Generally speaking, however, the teachers have no training in special education; they are therefore being trained at experimental educational establishments which as part of the educational reform process, take in children who do not have serious intellectual, physical, mental or emotional development problems. Such programmes have been initiated at 300 experimental educational establishments.

### **2. School discipline and participation: access to information**

213. There are a number of regulations relating to discipline and pupil follow-up. The Regulations for educational establishments (art. 21) prohibit all types of corporal, psychological and financial punishment, the expulsion of pregnant girls, the imposition of tasks as a disciplinary measure and the humiliation of a pupil who has made a mistake. In proven cases of theft, physical or sexual aggression, the sale or consumption of alcoholic beverages or drugs and possession of weapons, the pupil must be referred to the nearest Local Ombudsman's office.

The Code sets out the right of children and adolescents to challenge their school marks and to organize and participate in student groups. These rules, like all those concerning education, apply to both public and private schools.

214. Systems of supervision are internal to the school and are the responsibility of the director, who may also receive complaints from parents. Independent mechanisms have been established for this purpose; these are the Local Ombudsmen's offices and the departmental social services, but they intervene rarely since few cases are submitted to them and those are generally resolved within the school. There is little pupil participation in student organizations.

215. The above shows that a new concept of school discipline is emerging which not only implies greater respect for pupils but also stimulates them to express themselves and participate. This represents important progress in theory which has not amounted to much in practice. Nine out of 10 children have been scolded, insulted or ridiculed in front of the others at least once, and 5 out of every 10 have been hit. Despite the reform, 50 per cent of teachers associate discipline with punishment and 27 per cent take ill-treatment and punishment to be forms of discipline.<sup>59</sup> Pupils themselves recognize the virtues of punishment in many cases. This relates back to the question of violence, which it is intended to address in the future when the project on preventing violence in school is revived.

216. Access to information has increased generally as a result of the impact of communications media but there is no State policy in this field to respond to the needs of children and adolescents. A major advance under by the Educational Reform programme has been the introduction of school libraries, which are supplied to a large extent from the output and publication of works by Bolivian authors.

### **3. Rest, leisure and cultural activities**

217. Guarantees of rest and leisure, play and recreational activities and freedom to participate in cultural and political life can be found in the Educational Reform Act and in article 123 of the Code.

218. These activities are generally confined to schools and do not involve the family or the community.

219. The budgets specifically earmarked for these activities are minimal, and activities tend to be sporadic events organized by the town hall or the school.

220. In conclusion, major progress has been made in securing the right of children and adolescents to development through education. Children attending primary school benefit most from this process and a sustained effort has been made to improve access in rural areas and to introduce an intercultural and gender-based approach. The gender difference is lessening, in rural areas too.

221. The greatest challenge now is to improve the quality of education and use new methods in school curricula to reduce the dropout rate and ensure that children remain in school. The coverage of the initial cycle has been extended. The sustainability of the early education

Programme of Care for the Under-Sixes, which depends on external resources to function, is not ensured. The extension of the reform to the secondary and initial cycles as from 2003 will make it possible to build on the process already begun.

222. An important step forward in the period 1997-2002 has been the extension and entrenchment of the Educational Reform programme. In accordance with the principles of non-discrimination, the best interests of the child and respect for the child's views, the programme has introduced new ideas into educational philosophy and into standards and regulations, resulting in an improvement in the management of the system, the quality of the teaching staff and more participation by ordinary citizens. The new curriculum has progressively incorporated the cross-cutting issues of citizenship, gender, ill-treatment and human rights.

223. Prevailing Bolivian culture, however, still puts obstacles in the way of the right of children and adolescents to express themselves freely, develop in non-violent, participatory conditions and grow up practising their culture. Access to information has increased more because of the arrival of a globalized society than as a result of specific policies in this area.

#### **D. The right of children and adolescents to be cared for and protected**

224. The Convention recognizes the family as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, and that it should be afforded the necessary protection and assistance so that it can fully assume its responsibilities. It recognizes that the child should grow up in a family environment in an atmosphere of love and understanding as a preparation to living an individual life in society in peace, dignity, tolerance, equality and solidarity. Social and economic pressures, however, limit the ability of parents to provide their children with a safe and formative environment and it is therefore essential to create conditions to ensure that children are protected from being abandoned, ill-treated, exploited and subjected to violence.

##### **1. Name and nationality**

225. The right to a name and a nationality establishes a principle of citizenship, permitting children to identify themselves as members of a family and a society, to be recognized as such by others and thus to be recognized as equal before the law.

226. The Bolivian Constitution stipulates that: "The following persons are Bolivians by origin: those born in the territory of the Republic ... [and] those born in a foreign country of a Bolivian father or mother, by the sole act of taking up residence in national territory or of registering at a consulate" (art. 36). Children adopted by foreigners keep their Bolivian nationality notwithstanding the acquisition of the nationality of their adoptive parents (article 92 of the Code). There are therefore no cases of stateless children in Bolivia, nor are there refugees or asylum-seekers.

227. Article 97 of the Code stipulates that a child must be officially registered immediately after birth, and be issued with the pertinent certificate free of charge. The provisions relating to this issue have been improved by a special Supreme Decree on the issue of free birth certificates,

promulgated on 12 April 2002, and a bill extending articles 96 to 98 of the Code (Supplement to the Civil Registration Act for the issue of a free birth certificate). The term “immediately” in the Code has led to problems and the alternative of specifying a longer period is under review, since immediate registration is not feasible in many parts of the country.

228. A large proportion of the population have no birth certificates: according to the National Electoral Court there are 778,000 such cases throughout Bolivia. According to UNICEF, 20 per cent of these individuals are between 0 and 14 years of age and 42 per cent of them are under 1 year old.<sup>60</sup>

229. The absence of registration and a birth certificate is due to cultural and economic factors and to ignorance of the importance of this document. The cultural factor is particularly prevalent in rural areas, where children are registered when they have survived to the age of 2 or 3. The economic factor is very important because of the costs incurred in the formality. Problems also exist when children are not recognized by their fathers. Moreover, the registry officials' lack of training leads them to make mistakes in registration which can only be corrected by means of a court case.

230. Although the Code stipulates that registration should be free, lack of resources makes it difficult to apply this provision. In 1999 a Supreme Decree was promulgated to facilitate the registration of children under 7 years old, and considerable progress was thereby made. Another Supreme Decree was adopted in April 2002 enabling children born as from January of that year to obtain a free birth certificate. A 2 million bolivar contribution from the National Treasury has been allocated together with a commitment that this item will be included every year, and the National Electoral Court has recruited 88 officials especially for registration.

231. Amendments to the Code and the Registration Act to improve the situation are pending in Parliament, as are amendments concerning abandoned children and children of unmarried mothers. The intention is that these judicial procedures should become administrative formalities so that they can be expedited. The proposal has been approved by the Senate but approval by the House is still pending. These amendments provide for moves to stir up public opinion and make people aware of the need and importance of registering a child's birth and training registry staff properly.

232. As regards the data used to identify the child which appear in the registration of birth, article 96 of the Code stipulates that the child has the right to a personal, individual name, to two family names - the father's and the mother's - to a nationality, to know who his or her biological parents are and to be informed about his or her family background. If the identity of one or both parents is unknown, the child is registered with conventional family names (art. 98). Article 97 stipulates that the child has the right to a name which will not give grounds for discrimination under any circumstances. Children who have been totally abandoned and whose parents are unknown are registered with conventional family names.

## **2. Protection of the family**

### **Parental responsibility**

233. The rules to ensure respect for the responsibility of parents or legal guardians are set out in the Family Code, promulgated in 1972, which regulates questions of family structures, equality among the members of family, support of the family group, protection of property, etc.

234. There is little in terms of advisory services for families, training for parents and campaigns to raise parental awareness. Information on child development and care is basically passed on within the family.

235. Some efforts have nevertheless been made in this regard in health and education. The Basic Health Insurance scheme provides mothers with information on childcare and nutrition. Reproductive health programmes also exist and pass on information, particularly about responsible parenthood.

236. The most ambitious programme which works directly with parents is the Programme of Care for the Under-Sixes, to which reference has already been made; there are also the Wawa-Wasis which form part of UNICEF's PROANDES programme. The Catholic Church and NGOs also carry out some activities.

237. As regards parental responsibility, the Family Code sets out the obligation of parents to provide their children with upkeep, food, education, clothes and medical care. Something similar is found in the Code (art. 32) which refers to the parental obligation to provide children with sustenance, security, protection and education.

238. Parental authority is exercised equally by the mother or the father, and the right of either to resort to the competent legal authority to resolve differences in the event of disagreement is ensured (article 31 of the Code).

239. Little is done to provide appropriate assistance to parents and guardians in carrying out their responsibilities. Poverty imposes limits on the full assumption of responsibilities by parents, and there are also limits to the resources available for programmes to support poverty-stricken parents.

### **Separation from the parents**

240. The Code reflects the current trend not to separate children from their parents except in extreme cases (arts. 29, 33 and 34). In the latter event efforts are made to place the child with a foster family (art. 27); placement in an institution is the last option to be considered.

241. Article 29 of the Code states that a child may not be separated from his or her parents on grounds of lack of financial resources and makes it compulsory in such cases for the family to register in prefectural, municipal or non-governmental programmes for family support and encouragement. Such programmes, however, are practically non-existent.

242. In the event of the separation of the spouses, the Constitution lays down in article 196 that the situation of the children shall be determined by taking into account the best care for them and their moral and material interests. The Family Code stipulates that the father or mother who loses the child as the result of the separation has the right to maintain the relationship, oversee the child's upbringing and so on. The child's opinion shall be respected when the judge deems that it is given freely (Code, art. 103).

243. The procedure applicable when the parents do not fulfil their responsibilities also takes into account the best interests of the child and is set out in the Code in articles 274 to 296. These articles establish the form in which the application must be submitted, precautionary measures to protect the child, the form of court proceedings and the application of penalties.

244. Judicial review is a very important aspect of the Code and a safeguard for parents and children, because it transfers guardianship from the family courts to the juvenile courts. The special judge gives immediate protection to orphaned children and also penalizes ill-treatment with the loss, suspension or annulment of parental authority, which can only be imposed after the parents have been heard in the proceedings, awarding protection, guardianship or adoption by third parties in exceptional cases. According to the terms of the Code, if children are to be separated from one or both parents, the latter must nevertheless always know their whereabouts, and the children must be informed of where their parents are. It is difficult to obtain information on such matters because identities tend to be withheld and safeguarded.

245. When the parents are deprived of their liberty and there are no family members to look after the child or adolescent, he or she is placed in a home, except for children under 6 who remain with their mothers (art. 30). In 1999, there were 1,000 children living in prisons with their parents, 85 per cent of them under 6 years old. The poverty of the prisoners, the impossibility of finding relatives to look after the children and the lack of alternative care to ensure that they are not abandoned are some of the circumstances that give rise to this situation.

246. A number of studies of such children<sup>61</sup> reveal a generally low level of development, stemming from lack of access to education, health and recreation services. Associated with this is the high level of risk incurred in growing up and developing in daily contact with adults whose behaviour is criminal and sometimes violent and dangerous, taking the form of sexual abuse, exploitation or the use of children for illicit purposes, such as drug or alcohol trafficking. The Ombudsman has drawn attention to these situations and a programme called "Don't imprison my children" has been drawn up; it has been difficult to apply, however, since it has encountered resistance to forced separation from both children and parents.

### **Family reunion**

247. The Constitution guarantees freedom of movement and there are no obstacles to Bolivian children entering the country. Similarly, there are no restrictions on children leaving the country with their parents unless the latter have criminal problems and have had to file bond. If there is disagreement between the parents and one of them requests that the child should not leave the country, a problem is created and the child's departure must be authorized by a competent authority. If the parents live in a country other than where the child resides, the State has no mechanisms to maintain the child-parent relationship and it is up to the family to deal with the situation.

248. This is a complex and highly delicate issue. The law provides for the legal departure of children but makes no clear or express reference to their return to their country of origin and the consequence is the de facto separation of parents and children. Their physical or legal return or repatriation thus becomes impossible, except by diplomatic means, if the family court orders repatriation and sets legal proceedings in train through the Foreign Ministry, but this is a lengthy process. This is a major shortcoming in the law and although the principle is established in the Convention, there are no domestic mechanisms to implement it.

249. Illicit transfers of minors, to which there is no specific reference in the Code, may also occur. Bolivia has nevertheless signed the Inter-American Convention on the International Return of Children, of which few national authorities are aware. Bolivia's ratification of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography also provides an important means of facilitating the procedures in question. Little information is available on this issue. The DNI study,<sup>62</sup> for example, refers to sexual exploitation and various types of trafficking which, disguised as adoptions and abductions, may be behind these illicit transfers. These laws are before Congress for consideration.

### **Payment of child support**

250. Since 1831, Bolivian legislation has ensured family assistance for children when they are separated from their parents or when the parents separate. The payment of child support is a matter for the family, although the award of child support from parents or relatives in the event of ill-treatment comes under the jurisdiction of the juvenile courts; progress here is very tentative. There are no major cases in which, because of ill-treatment, parental authority has been suspended or annulled and where the expert defence has filed an application in the family court. The family courts do very little; it is the Local Ombudsmen's offices which deal with such cases of family assistance, which accounted for 8 per cent of all the cases handled by them in 2001.

251. When the parents or other persons with financial responsibility for the child avoid paying child support, the court may use legal means to compel them to comply by issuing an enforcement order. When a settlement is the means used, recourse is had to the Public Prosecutor or the Local Ombudsmen's offices - normally the former since no costs are involved, although it is less effective since the Public Prosecutor's decision is not enforceable.

252. Progress has been made in family matters, since proceedings have now been expedited as a result of more aggressive action by the Local Ombudsmen's offices which facilitate the process. As from 2001 information on family assistance cases has been systematized.

253. The birth certificate is not an obstacle to obtaining child support; the first problem to be resolved is rather to ensure that the father recognizes the child.

### **Children deprived of their family environment**

254. Children can be deprived of their family environment directly by being orphaned, abandoned or taken away from their parents in response to neglect or maltreatment. Others have been in conflict with the law.

255. Little information is available on abandoned or orphaned children.<sup>63</sup> In 1992 there were 8,500 abandoned or orphaned children living in children's homes. Parents' decisions to entrust their children to the care of relatives, friends, acquaintances or third parties are also a form of abandonment, often related to poverty, early pregnancy, prostitution or family disintegration. According to Domic, 65 per cent of children in institutions come from families of this kind. It also appears that poverty and family disintegration have exacerbated the problem of child abandonment in recent years, though it is also possible that the problem has merely become more visible.

256. An estimated 1.8 per cent of the population under 18 is orphaned. This comes partially as a result of high maternal mortality, particularly among the poorest segments of the population, which leaves children orphaned at a very young age.

257. The Code for Children and Adolescents guarantees protection for children who are temporarily or permanently deprived of their family environment by means of placement in "alternative families" (art. 37). Children are placed in foster care, assigned a legal guardian or put up for adoption, and all such decisions require a ruling from the Juvenile Court. Pursuant to articles 38 and 39 of the Code, the child or adolescent concerned must first be consulted and his or her view is a determining factor in the court's decision.

258. There are two types of guardianship. The ordinary kind is exercised by people designated by the Juvenile Court. Superior guardianship is vested by the State, is not transferable, and is exercised by the departmental social services which are responsible for shelters (Code, art. 55). Placement of a child in a shelter is an exceptional and temporary measure and does not constitute deprivation of liberty (art. 40). The situation must be monitored by the departmental social services and the Local Ombudsmen's offices (art. 49) which are, in turn, supervised by the Commission for Childhood and Adolescence (art. 176).

259. Registration, monitoring and accreditation of public and private care facilities for children and adolescents falls to the departmental social services (art. 180), while the Local Ombudsman for Children and Youth must "be apprised of the situation of children in public and private institutions and take the administrative decisions necessary for the protection of their rights" (art. 196.5).

260. The Juvenile Court is authorized to carry out weekly inspections of establishments set up for the protection and care of children and adolescents and take whatever measures may be considered necessary (art. 269).

261. Departmental social services and Local Ombudsmen's offices do part of what they are supposed to; the commissions for children and adolescents in most municipalities are non-functional and juvenile judges generally do not have the time to undertake weekly visits.

262. On behalf of the National Ombudsman, Jorge Domic<sup>64</sup> carried out an extensive study, published in late 2000, of children in homes under the responsibility of the departmental social services and the extent to which the Code was (or was not) being complied with.

263. The study contains data on nearly 2,500 children and adolescents, representing 41 per cent of the 6,000 institutionalized children in seven major Bolivian cities. One third of the 32 children's homes examined were operated by the departmental social services directly, and two thirds, by delegated authorities. The institutions surveyed included 22 half-way houses for juvenile offenders, 8 boarding schools for poor children in rural areas and 2 centres for adolescent workers. No information was available on 30 per cent of the inmates: of the remaining 70 per cent most, it was found, had been taken in either to protect them from physical or moral harm, because they were orphaned or due to the parents' failure to discharge their parental responsibilities; rather fewer were there because of family poverty. Some children are institutionalized for "vagrancy", which is not provided for in the Code, and some for family poverty, which again is not a legitimate reason for internment. Other important findings of the study are as follows.

264. Institutionalized children come from a variety of backgrounds. There are no educational programmes or other measures that take account of the children's problems. There are no special-purpose centres for juvenile offenders (apart from one in Cochabamba). Some inmates have been ill-treated, but there are no specialized care programmes.

265. There are substantial differences in the quantity and quality of human and financial resources available to directly and indirectly operated institutions. The budgets of directly run institutions do not cover the minimum necessary to maintain infrastructure and equipment, so proper health, development, protection and a favourable environment cannot be guaranteed. The situation in centres operated by delegated authorities is better.

266. Staff salaries are generally low and not always paid on time. Frequent staff turnover, which mainly comes as a result of political change, makes it difficult for the children to establish the bonds of affection that would assist their emotional development. Over the past year, only 46 per cent of staff in children's homes had access to training activities, which generally consist of what other institutions can offer.

267. Much of the departmental social services' budget goes towards supplying the homes with food. In most homes there are more children than there is food available, and the food issued per child per day does not cover minimum basic nutritional needs. In the past year, 37 per cent of all homes received no new clothing and have therefore taken to collecting used clothing. On the other hand there are periodic health inspections, which mainly target children under the age of 12, in 78 per cent of the homes. There is no budget for buying medicines. Thirty one per cent of all institutions are visited regularly by a dentist, but only 22 per cent have conducted assessments of children's social and emotional development.

268. Twelve per cent of the children studied are orphaned or abandoned, and most of those who have families have severed most or all ties; only 18 per cent maintain contact. This loss of affective bonds results in affective deprivation, and abandonment and ill-treatment impede adjustment and destabilize the personality, causing behavioural disorders.

269. Seventy per cent of the children are permanently interned. Although there should be a judicial decision, and transfer to the care of third parties is prohibited, these provisions are not complied with. Only 15 per cent of the children were placed in institutions by judicial decision; in the remaining cases the decision was taken by the departmental social services.

270. There is insufficient data on levels of education. Only 47 per cent of inmates have school enrolment records; information on repeat years is also incomplete. Only 50 per cent of the children are enrolled in the appropriate school grade. Only 52 per cent have birth certificates, and little is done to promote respect for culture, language and customs. Only 11 homes offer a degree of privacy and in only 25 per cent of homes do children have furniture for their personal use.

271. The study, which shows that the rights of institutionalized children are being violated in many respects and that legal safeguards for their protection and rehabilitation are disregarded, led the Ombudsman to issue, on 7 December 2000, resolution No. RD/LP/00078/2000/DH drawing attention to the situation. Recent information from the departmental social services in La Paz suggests that, as a result of additional funds allocated for food, clothing, better infrastructure and staff, conditions in children's homes have improved.

### **Domestic adoption**

272. Pursuant to article 63 of the Code, "the Juvenile Court alone is competent to grant adoption applications by issuing a judicial order, provided that the arrangement is shown to be genuinely beneficial to the adoptee and the grounds for adoption are legitimate". Adoption is based on the best interests of the adoptee and is irrevocable (art. 57). Pursuant to article 58, the adoptee is granted the status of a natural child of the adoptive parents, with all the corresponding rights and duties set forth in legislation. While the former Juvenile Code confined outright adoption to children between 0 and 6 years of age, the Code extends this possibility to children between 0 and 18 years of age.<sup>65</sup> Under the old Juvenile Code, adoption of children between the ages of 6 and 18 was simple and revocable.

273. Ties with the biological family are dissolved by adoption (art. 59). To help children cope with the emotional and psychological consequences of adapting to a new home, efforts are made to avoid separating siblings, taking into consideration matters such as degree of relatedness, bonds of affection and cultural origins.

274. The Code dedicates two sections to adoption, one in volume 1, title II, Right to a Family, and one in volume 3, title III, Proceedings for Domestic and Intercountry Adoptions. Adoption begins with the preparatory phase of application, admission and the hearing at which the child is assigned to the prospective adoptive parents. This is followed by the hearing at which the child is officially delivered to the adoptive parents, the pre-adoptive phase, consent, ratification and ruling.

275. A number of requirements apply to both domestic and intercountry adoption. The adoptee must be under 18 years of age, and there must be a court ruling annulling the biological parents' parental authority, confirming the candidate's status as an orphan and establishing that there are no family ties (art. 62.1 and 2).

276. Article 60 of the Code requires the departmental social services to check that the people who need to give their consent on adoption do so in a lucid state and without being pressured, that they have received no payment or compensation, and that they are aware of the legal, social and psychological consequences of their action. Article 61, on teenage parents, says that when

consenting to the adoption of their child, parents who have not reached the age of legal capacity must appear before the Juvenile Court accompanied by their parents or legal guardians, who must also state their opinions. If either or both teenage parents withhold their consent the court will not grant the adoption even if the parents or legal guardians object.

277. The court must check that the prospective adoptee has been duly advised and informed of the effects of the adoption. The child must be heard in person, and his or her views taken into account. The official in charge of the body in whose care the child was must also be heard (art. 62.3, 4 and 5).

278. The most important safeguards relate to the absolute confidentiality of adoption proceedings, the registration of the child in the register of births as the child of the adoptive parents, and the omission from the birth certificate of any mention of the child's previous background. Officials may not derive any material or financial gain from adoption proceedings, and professional associations are encouraged to set minimal fees since adoption is considered beneficial to society as a whole. (Articles 72, 73 and 75 of the Code.)

279. Certain requirements also apply to adoptive parents. They must be at least 25 years of age and no older than 50, and at least 15 years older than the candidate for adoption. They can be single, married or living in de facto unions. They must be in good health and have no criminal record. They must take a course for adoptive parents and earn a favourable rating in the multidisciplinary assessment they must undergo (art. 82).

280. The departmental social services must periodically follow up on the adoption and submit six-monthly reports over a period of two years.

281. Every adoptee has the right to be informed of the background to his or her adoption and details of his or her biological family. It is the duty of the adoptive parents to provide such information (art. 78).

282. While legislation covers a wide range of adoption-related issues, illegal adoption and trafficking in children continue to be a concern. Recently, the press and the activities of the Ombudsman have drawn much attention to this problem.

283. Owing to the cultural taboos that surround adoptive children, there are few applications for domestic adoption in Bolivia and the possibilities for foster placement, guardianship and adoption are limited. Bolivians are, for example, more reluctant to accept children assigned to them by a court than people in other countries. There is no mechanism for raising awareness of the issue or preparing parents for adoption, and follow-up is patchy.

284. By 1999, 97 children had been adopted through the departmental social services. While 78 per cent of these adoptions came about by court order, for the remaining cases the means were not specified. Although the majority of children's homes undertake some type of follow-up, it is unknown whether they submit reports to the Juvenile Court judge every six months.<sup>66</sup>

### **Intercountry adoption**

285. Article 84 of the Code defines intercountry adoption as adoption involving foreign applicants residing abroad or Bolivian nationals who are either domiciled or habitually resident abroad, with a prospective adoptee who is a Bolivian national resident in Bolivia. Article 85 of the Code states that intercountry adoption is an exceptional measure that occurs, in the best interests of the child, if and only if all means of finding the child a substitute home in Bolivia have been exhausted. The requirements to be met by the prospective adoptive parents are similar to those for domestic adoptions; in the case of intercountry adoption, the adoptive parents must also provide proof of financial solvency (art. 91). There must be post-adoption follow-up with half-yearly reports submitted to the Juvenile Court and to the governmental institution indicated in the adoption order.

286. The Code tightens up on intercountry adoption agencies through bilateral agreements between States, governed by domestic legislation and subject to the requirements of the relevant international agreements, declarations, conventions and other legal instruments which Bolivia has ratified. Intercountry adoptions can only proceed if there are agreements ratified by Parliament between Bolivia and the adoptive parents' home State. In such agreements, each State designates a central authority to deal with intercountry adoptions and the corresponding follow-up procedures. In Bolivia, this task falls to the Vice-Ministry of Gender, Generational and Family Affairs (hereinafter: "the Vice-Ministry"), which operates through duly accredited bodies. Information on these bodies is officially made known to the Bolivian State.

287. In order to ensure that adoptions are legal and children enjoy all the rights granted them by the Code, Bolivia examines the consistency of legislation in the receiving State with its domestic legislation. Bilateral adoption agreements have been concluded with Spain and Italy. Thus far, no adoption has been completed pursuant to the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, since this only took effect in Bolivia on 1 July 2002. One of the principal achievements of the Code consists in guaranteeing that all adoptions take place within a legal framework and in the best interests of the child.

288. While domestic adoption is rare, a number of adoption applications have been received from abroad and the experience with intercountry adoption is generally positive. According to data compiled by the Family Unit at the Vice-Ministry's Division of Generational and Family Affairs, 621 intercountry adoptions were completed between 1996 and 2000, with an almost equal proportion of boys and girls. The receiving States were the United States, Canada and a number of European countries.

### **Street children**

289. Children deprived of their family environment are not necessarily placed in institutions or adopted.<sup>67</sup> They live in the streets, having temporarily or permanently severed ties with their families. Most are between 6 and 19 years of age. They develop - sometimes illegal - survival strategies and band together in groups or gangs ("pandillas"). They mostly have no near relatives; they may have been abandoned or driven from their homes by poverty, violence and so forth.

290. Little information is available on their exact numbers, as the very circumstances in which they live make it difficult to record them. A few qualitative studies reveal low levels of education, high levels of poverty and considerable regression in physical and psychosocial development. The lives they lead render them vulnerable to inhalant, drug and alcohol abuse and often drive them into prostitution and violent behaviour, so they are constantly subject to repression, isolation and rejection. This is a complex issue and there are no policies for dealing with it. Most of the work with street children has been carried out by NGOs and organizations attached to the Church. Information provided by the Office of the First Lady indicates that most organizations that work with street children are beginning to shift their focus towards preventive measures, such as family support and tutoring.

291. Under its National Plan of Action, the Office of the First Lady has launched a support programme for street children in La Paz, El Alto and Cochabamba, seeking to improve the nutritional status of 3,000 such children, offer greater access to health and preventive care programmes for 5,000, and boost school enrolment and vocational training programmes. The Office has backing from the World Food Programme (WFP) and other organizations.

292. In conclusion, considerable efforts have been made to increase birth registrations and issue birth certificates. Treasury funds have been made available to provide children born after 1 January 2002 with birth certificates free of charge.

293. The economic crisis and widespread poverty have made it increasingly difficult for families to look after their children and satisfy their needs. This is largely the reason why there are street children; then there are orphans and abandoned children as well. While children's homes, many of them run by NGOs and private bodies, offer a partial response, there is no policy or service capable of tackling the problem as a whole since the issue is complex and linked to structural problems.

294. The Code has had the benefit of extending the upper age limit for outright adoption to 18 and making intercountry adoption safer through bilateral agreements. Nevertheless, in order to prevent illegal adoptions, machinery must be improved and adjusted. Legislation emphasizes the best interests of the child, respect for the child's views and non-discrimination, but in practice these principles are only partly applied.

### **3. Protection against various forms of exploitation and ill-treatment**

295. Children are entitled to be protected from ill-treatment, exploitation and violence, and mechanisms must be established to guarantee the enjoyment of those rights.

#### **Ill-treatment and violence**

296. Article 108 of the Code defines ill-treatment as any violent infringement of the rights of children and adolescents, even if inflicted as a disciplinary or educational measure, that harms them or impairs their physical, mental or emotional health.

297. The Code stipulates that society at large is responsible for upholding the dignity of the child; for protecting him or her from inhumane or violent treatment; and for bringing cases of

suspected or confirmed ill-treatment to the attention of the authorities. Pursuant to articles 106 and 107 of the Code, children must be the first to receive protection or be rescued in situations of danger. Articles 158 and 159 concern preventive measures and the obligation of the State and society to prevent situations that may threaten children's safety. It was with this in mind that the Government established the offices of the Local Ombudsmen for Children and Youth and the departmental social services.

298. Both the departmental social services and the Local Ombudsmen are mandated to protect children from ill-treatment (arts. 180 and 196). Health-care and education professionals and institutions in particular have the obligation to protect and take care of children at risk of further ill-treatment and must inform the Juvenile Court of any such cases within 48 hours. Doctors must issue the relevant medical certificates free of charge to facilitate the filing of a complaint (art. 111).

299. The Code authorizes the Local Ombudsmen to order protective action for children whose rights are threatened (art. 208): temporary counselling, support and escorting services, and referral to assistance programmes and medical and psychological care.

300. The Juvenile Court can order an aggressor removed from the family home and refer him or her to a psychiatric treatment centre. It can issue restraining orders for places that are frequented by the victim; entrust the child or adolescent to the care of a relative or guardian; or place the child in a foster home or a care institution. If the ill-treatment is repeated and serious, the case is referred to the criminal justice system (art. 210). Article 212 stipulates that no mediation or conciliation must take place in cases involving ill-treatment, nor in cases of suspension or withdrawal of parental authority.

301. There has been little research on this topic. One study, on a sample of 4,500 children in La Paz, Oruro and Cochabamba, was published by Defense for Children International (DCI) in 1991. In 1997, the then Under-Secretariat of Generational Affairs carried out a study<sup>68</sup> on how children in La Paz, El Alto, Santa Cruz and Cochabamba perceived their rights. The study was backed by UNICEF and the European Economic Community. The results revealed that in 87 per cent of cases of ill-treatment the perpetrator was the father; that 43 per cent of the children questioned had been subject to punishment that could be classified as ill-treatment syndrome; that 7 out of 10 children had been subject to psychological punishment and 6 out of 10 had received corporal punishment. According to DCI, almost 20 per cent of the punishments had been inflicted when the parents returned from work, 14 per cent in the context of marital disputes and another 14 per cent under the influence of alcohol. Three in every 10 children questioned had suffered sexual assault or rape.

302. Ill-treatment does not occur only in the family; it is also common in schools, at work and ultimately in all environments where children are present, since it is the expression of an intolerant, authoritarian culture centred on the adult, who establishes asymmetric relationships of power and interprets discipline to mean punishment. Such situations make up almost 50 per cent of the cases brought before the Local Ombudsmen. Though people are reluctant to report such incidents, there is also a growing complaints culture among the population. Under the Family or Domestic Violence Act passed in December 1995, the Women and Family Protection Units also

receive complaints of ill-treatment and violence. The Vice-Ministry has promoted the strengthening of the Local Ombudsmen's offices and training in addressing the issue of child abuse and providing appropriate care and treatment.

303. The plan to combat child abuse over the period 2003-2007, produced by the Vice-Ministry, calls for research on the subject and will affect the issue.

304. There are also NGOs working in the field of rehabilitation.

### **Working children and adolescents**

305. The Code defines a working minor as one who carries out productive activities or provides services against any form of payment or income. Minors who perform work not within a formal employer-employee relationship, but instead in the context of the family or the community to satisfy their own or their family's basic needs, are also considered workers, even if they obtain no economic reward (art. 124). Pursuant to article 126 of the Code, the minimum age for entry into employment is 14. Articles 125 and 126 establish that all adolescents have the right to employment that does not endanger their physical or mental health or morals; to protection at the workplace; and to comprehensive education and vocational training. The Code prohibits children from engaging in dangerous and unhealthy work and work that is harmful to their physical and mental well-being. Article 135 lists, among the kinds of work not allowed, any situated in rooms where pornographic performances take place, work in adult entertainment centres and work in advertising, film and video productions that demean them.

306. Minors may not be paid less than the national minimum wage (art. 129); they must be given all the benefits established by law (art. 130); they may not be relocated for the purpose of work without their parents' consent and may not be taken outside the country (arts. 127 and 128). The Local Ombudsmen's offices are responsible for monitoring compliance with the above provisions and protecting minors from economic exploitation (art. 126).

307. The maximum working day for a minor is eight hours, with two days off per week. Minors may not work at night, and are entitled to 15 working days' annual leave. If they have not yet completed primary or secondary education, they must be allowed time to attend classes (arts. 142, 147, 145 and 146). Those who work within the context of a formal employer-employee relationship have the right to organize and join unions (art. 137).

308. Articles 149 to 152 and articles 153 to 156 of the Code regulate the situation of self-employed minors and of those who work within the family respectively.

309. While child labour is not a new phenomenon in Bolivia, since children and adolescents have always participated in domestic chores and other work,<sup>69</sup> it has been growing since the 1980s. Today, Bolivia has an estimated 800,000 working children, representing 21 per cent of the total economically active population - a much higher proportion, according to ILO, than in other countries in the region. Approximately 30 per cent of working children and adolescents live in urban areas. Some 8,000 children, many of them under 13, are employed during the harvest season in Santa Cruz and 5,000 in Tarija.

310. The high proportion (70 per cent) of child and adolescent workers in rural areas goes with a setting where work has a specific cultural significance and is considered part of children's preparation for life. It is one way in which they become part of society and contributes to the survival of rural families. It does, however, make it difficult for children to attend school.

311. Studies reveal that employment conditions for minors are often marked by violence, abuse and discrimination, long working hours, low wages and a lack of social security. Many working children have no papers and limited access to school and health services, and are exposed to disease. An estimated 56 per cent have never attended school or have dropped out.

312. Some children are engaged in work that is regarded as hazardous and exploitative. This is the case for children working during the sugar harvest, in the mining industry, chestnut-picking and rubber-tapping. A growing number of children work in the garment industry, but very little information is available on this group. Girls in particular are often engaged in prostitution and in making pornography.

313. Since information on working children is scarce, the rules that apply are often inappropriate, inadequate and in some cases contrary to the children's needs. The formulation and implementation of the National Plan for the Progressive Eradication of Child Labour 2000-2010 is an attempt to address the issue. The Plan specifically targets child workers in the sugar, chestnut-picking and mining industries, children in domestic employment and those being sexually exploited. The programme receives ILO support pursuant to ILO Conventions No. 182 and No. 138.<sup>70</sup>

314. The Ministry of Labour is hopeful that the Plan will help to eradicate child labour by 2010. The Plan provides for efforts to get a better idea of the magnitude and characteristics of child labour, to stem the deterioration in critical aspects of child labour, to pave the way for an integrated approach to the problem, and to lay the groundwork for sustainable development in the medium and long term. A framework will be established to rationalize the roles of institutions, since there are several working, largely uncoordinated, in the field, and this has made for squandered effort and overlapping of resources. There are NGOs which focus primarily on education and technical capacity-building, comprehensive training and health- and nutrition-related services. The Catholic Church operates over 200 centres, homes, community kitchens and programmes for socially disadvantaged children, including working children, offering some 500 services. The Protestant and Evangelical Churches also run a number of programmes.

315. The Plan is currently being disseminated nationwide; the National Commission for the Eradication of the Worst Forms of Child Labour has been strengthened and departmental commissions are being established. Eight are already in operation, and the one in Cochabamba will be by early August.

316. A major accomplishment in this connection is a variety of studies that are currently being finalized. ILO financed two, on the sugar harvest and the mining industry; a study on children in domestic employment is being undertaken by the Save the Children Fund.

317. The Ministry of Labour is the national counterpart for this undertaking. The financing required is US\$ 90 million, which has still to be found.

318. Another undertaking in this area is the Schools Programme for Working Children (PENNT). This began as a proposal from the Vice-Ministry to the Inter-American Development Bank (IDB) to bring 2,000 working children under the age of 12 in the central region (La Paz, Cochabamba and Santa Cruz) back into the school system, in cooperation with NGOs. Administrative torpor combined with the excessive requirements imposed by the Inter-American Development Bank to stop the programme going forward, and it was halted in 2001. It is now being revived as the School Support Programme for Children at Risk. The programme receives State funding and is run by the departmental social services.

### **Sexual exploitation**

319. The sexual exploitation of children is not well researched and is generally considered to be linked to child prostitution and the production of pornography.

320. The Code guarantees children protection from sexual exploitation and authorizes the Local Ombudsmen for Children and Youth to intervene and uphold the child's best interests where his or her rights conflict with those of their parents or guardians. If necessary, the Ombudsmen can bring criminal proceedings; in such cases no mediation or conciliation procedure is followed (arts. 196.10 and 212). The Juvenile Court is competent to receive complaints and prescribe measures for the treatment, protection and care of the child (art. 269).

321. Another important development from the legal standpoint has been the ratification of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography in 2001. After the ratification, a bill was prepared to supplement the Penal Code, making the commercial sexual exploitation of and trafficking in children criminal offences.

322. Under the Programme on the Progressive Eradication of Child Labour, a study of child sexual exploitation was conducted in La Paz, El Alto, Cochabamba and Santa Cruz and will be published in the near future. There are no systematic campaigns to alert the general public to these issues, but the media play an important role in drawing attention to them, albeit in a somewhat sensationalist fashion.

### **Sale, trafficking and kidnapping**

323. The Code only prohibits material or financial benefit being obtained from adoption; it makes no specific provision for sale, trafficking or kidnapping. As mentioned previously, this leaves a gap in legislation allowing for the international return of children. The inter-ministerial commission established to examine these issues is not yet operational.

324. Defense for Children International has carried out a study<sup>71</sup> involving 442 children and adolescents in La Paz, El Alto, Oruru, Cochabamba, Santa Cruz and Sucre on trafficking for the purpose of labour exploitation. The economic downturn, disproportional poverty among women and children, and premature entry into employment are the principal reasons for exploitative employment situations. Children aged between 11 and 15 are particularly affected. In general, women take jobs as domestic workers, but also become involved in the trafficking and sexual

exploitation of virgin girls. Some organ trafficking goes on under the guise of illegal adoption. Minors are also smuggled into Argentina, where they work in garment factories under prison-like conditions.

325. Much trafficking in children is prompted by the children's own parents, who seek to ease family hardship by allowing their children to be taken to the cities, especially to La Paz, Cochabamba and Santa Cruz. Some children in rural areas are recruited by travelling middlemen, while others are abducted from their homes, from school or while they are herding livestock.

326. In 1997, 332 cases of child abduction were reported to the National Organization for Juveniles, Women and the Family (ONAMFA); many of these children never returned home. Approximately 50 children and adolescents are reported missing each year in the three cities of central Bolivia alone.

### **Children in conflict with the law**

327. The problem of juvenile offenders is cause for great concern and a series of relevant provisions are contained in the Code. Bolivia has ratified a number of international instruments relating to juvenile justice. At the national level, the Code for Children and Adolescents governs proceedings involving juvenile offenders, guaranteeing each child equal access to justice through a special-purpose justice system. This means that minors are recognized as people with rights of their own, and their best interests must prevail in all proceedings. Consideration is given to the habits and customs of children belonging to ethnic minorities or indigenous groups and they may seek counsel from the relevant authorities of the community to which they belong (arts. 213 and 214).

328. The offices of the Local Ombudsmen for Children and Youth, the departmental social services, the Judicial Police and the Family Protection Units all work with children in conflict with the law. According to registers kept by the offices of the Local Ombudsmen, they received 191 cases involving juvenile offenders in 2001.

329. The Code has made for a great advance in the treatment of children in conflict with the law compared with the Juvenile Code that was previously in effect. In the past, the administration of justice fell to an administrative agency, the National Organization for Minor Children, Women and the Family (ONAMFA). Today, it is the Juvenile Court that deals with cases, with due regard for the principles of respect for children's dignity, due process, allowance for their age, the right to legal advice, reconciliation with the family and society, and the importance of the juvenile's own views.

330. As legislation, the Code is a step forward in that it institutes a process that affords full legal safeguards and authorizes the court to order pre-trial detention. However, the system is not functioning properly and amendments to the Penal Code are necessary. In La Paz, for example, not a single adolescent is in pre-trial detention. The courts leave juvenile delinquents at large, fearing to apply criminal legislation to minors because the law is unclear and they prefer not to take risks. As a result, juveniles are not seen to be held responsible for their crimes. There are doctrinal and procedural difficulties with the Code itself, which have led to confusion and paralysis in the system, to the point where the courts are currently considering no such cases.

The introduction of the Code raised many hopes, but has produced no results. It requires four bodies to work together: the police, the government procurator's office, the justice system and the departmental social services. However, owing to gaps in the law none of these bodies does what it is supposed to and the system is brought to a standstill. As a result, there is neither protection nor punishment, which ultimately means that rights go unprotected.

331. Similarly, no probation services or facilities for community service have been set up and the services responsible for social and educational measures are not working. Physical and psychological rehabilitation programmes and programmes for social reintegration are virtually non-existent, although some non-governmental bodies have started working in this area. In one home for juvenile offenders, only 1 out of the 17 inmates was there for having committed an offence, the remaining 16 had been locked up for a variety of reasons none of which warranted detention. There are rape victims behind bars who have not received proper treatment.<sup>72</sup>

332. Bolivia does not allow capital punishment, and minors cannot be sentenced to life imprisonment. Deprivation of liberty for a maximum of five years can be imposed on minors between 14 and 17 years of age, and for a maximum of three years for children between 12 and 14. Such a sentence may be imposed only if the Penal Code prescribes a penalty of more than five years' imprisonment for the corresponding offence (art. 251 of the Code for Children and Adolescents).

### **Children in armed conflict**

333. Bolivia is a party to international instruments concerned with children in armed conflict but has no domestic legislation on the subject because there are no child refugees and there is no armed conflict in Bolivia. Nevertheless, it is common practice to involve children in social protests, marches and even hunger strikes, and the Code classifies such practices as ill-treatment (art. 119.9). The Local Ombudsmen for Children and Youth and the Juvenile Courts are responsible for preventing such situations, but rarely do so.

334. In recent years, the situation in the Chapare region has deteriorated because of the programme to eradicate coca cultivation. This, the so-called "Plan Dignidad" (Plan Dignity), was one of the pillars of the present Government's policy platform. The situation in the region has become violent and unsafe, with human rights violations.

335. The situation in Chapare led the Vice-Ministry to set up a project offering comprehensive care for children and adolescents affected by the social conflict in Cochabamba, to be run by the departmental social services. This is intended to give greater powers to the seven Local Ombudsmen's offices in the region, which has no Juvenile Court and only two regional courts, and improve the situation of the children and adolescents affected, whose parents are often subject to persecution. Homes are broken into, and schools are taken over and used as military encampments.

336. The Constitution requires all Bolivians to perform military service. Pursuant to the 1976 Military Service Act, this is to be performed from the age of 19. Some youths under 19 (between 14 and 17) have been spotted doing military service: the National Ombudsman has set

in train an official investigation into living conditions in army barracks. It has also been found that conscript labour is often exploited for private gain and that conscripts are subjected to abuse that may inflict irreparable damage. There have been reports in the Chapare region of minors being conscripted illegally into the fight against drug trafficking.

337. A pre-military service exists for male and female pupils under 18 reaching the end of secondary school, who attend special training courses at the weekends.

338. There are no anti-personnel mines in Bolivia. There are some across the border with Chile. This topic is being addressed bilaterally by the Ministries of Foreign Affairs of the two countries.

### **Drug abuse**

339. The Code stresses the importance of prevention (art. 158) and establishes that anyone, but in particular school principals and teaching staff, who detects any sign or indication of possession, consumption or abuse of alcoholic beverages or illicit drugs must report this immediately to the parents or guardians and the competent office of the Local Ombudsman (art. 159).

340. The departmental social services are responsible for operating counselling and treatment centres for drug- and alcohol-dependent children and adolescents (art. 182.7).

341. The Local Ombudsman's powers include taking preventive action against alcohol and tobacco consumption and drug abuse (art. 196.13 and 15). They can refer cases of alcohol and other drug dependency to programmes providing assistance, guidance and treatment (art. 208). Sanctions can be imposed on the owners or managers of establishments that sell alcohol, drugs and other prohibited substances that can cause dependency (arts. 262, 166 and 167).

342. Neither Bolivian legislation nor the Code contain any reference to children's involvement in the manufacture and trafficking of illicit drugs.

343. Some figures in the Plan of Action indicate that, according to surveys, consumption of drugs and alcohol in Bolivia is on the rise. A 1994 study of working children attending school revealed that 4 per cent in Santa Cruz, 9 per cent in Cochabamba and 8 per cent in La Paz took drugs. A UNICEF study on alcohol and drug consumption among street children conducted in 1998 showed that of the 200 children questioned, 192 consumed paint thinner, 129 alcohol and 130 singani (the national liquor of Bolivia). Alcohol consumption is strongly associated with family violence, homicide and suicide. It offers an escape from reality and helps muster the courage for illegal activities.

344. The project to defend the rights of children and adolescents and prevent drug abuse, AD/BOL/97/C-24, (hereinafter: the C-24 project) will begin to affect this state of affairs with moves designed more to combat alcoholism than drug addiction, since alcoholism is more widespread. Various NGOs such as the SEAMOS foundation and the Center for Research, Education and Services (CIES) are active in the field.

345. The rights of children and adolescents to be protected are themselves under attack from conditions under which families and the institutions established to protect them are unravelling - conditions linked to structural problems in Bolivia. In response to this situation, the Government has made serious efforts and some progress in the period 1997-2002 in extending and tightening up legislation, conducting studies, and institutional capacity-building, especially by strengthening the offices of the Local Ombudsmen for Children and Youth whose specific task it is to promote the rights of children and adolescents and ensure they are fully upheld. In parallel, institutions are being created to defend the right to protection, and they are progressively taking on the implementation of the principles set out in the Convention. In some cases rural areas are safer since social networks are stronger; these, however, are complex issues and additional research is required.

### **E. Institutional framework. Mobilization of resources**

346. Sustained medium- and long-term investment in children is needed to lay the foundations for a strong economy, an equitable society and a world without poverty. An efficient institutional framework and adequate resources, either mobilized domestically or obtained through international cooperation, are crucial in this regard.

#### **1. Institutional framework**

347. The institutional framework for the promotion and protection of children's rights is laid down in articles 12 and 52 of the 1997 Executive Power Act and in the Code for Children and Adolescents. These make the Ministry for Sustainable Development and Planning, through the Vice-Ministry for Gender, Generational and Family Affairs, the body responsible for policy on children and adolescents. The Vice-Ministry also represents the State in intercountry adoption proceedings. With the creation of the Vice-Ministry for Children and Youth Affairs in the reorganization of the executive on 6 August 2002, the above-mentioned functions were transferred to this body.

348. The Ministry of Education, Culture and Sport; the Ministry of Health and Social Security; the Ministry of Labour and Sustainable Development, the Ministry of Justice and Human Rights and the Ministry of Foreign Affairs and Worship are all involved in matters pertaining to children and youth. The legislature has a special commission dealing with social issues, including those relevant to children and adolescents; in the judiciary, the departmental courts of justice oversee various specialized courts, among them the Family Courts and Juvenile Courts. Another important institution is the Office of the National Ombudsman.

349. Following the process of decentralization and popular participation, counterparts of these various bodies have been established at the local level and, regionally, in departmental prefects' offices. The creation of the departmental health services (SEDES), education services (SEDUCAS) and social services (SEDEGES) which manage services at the departmental level and serve as a link between the central Government and the municipalities, where the offices of the Local Ombudsmen operate, came about by this means.

350. Coordination between the various governmental institutions is achieved through the National Council for Children and Young Persons, which is responsible for standard-setting, monitoring and budgeting. The Council also provides technical assistance for the operation of

the various schemes. It is chaired by the Minister of Sustainable Development and comprises representatives from the Ministry of Education, the Ministry of Health, the departmental prefects' offices, the Catholic Church and civil society organizations active in the field: in other words, provision had been made not just for government institutions but also non-governmental bodies and civil society to be involved in these endeavours. The departmental and municipal commissions are mandated to fulfil similar functions at the regional and local levels.

351. This institutional structure displays a number of gaps and weaknesses. On the one hand, the Vice-Ministry's institutional presence is limited, which weakens its position as head of the sector. This is partly because the institutions attached to the Vice-Ministry are unaware of the Code, because its political influence is limited, its budget is small and its spending low, which has had the effect of low salaries and high staff turnover.

352. The National Council for Children and Young Persons has never been set up because, except for a few at the municipal level, the departmental and municipal commissions for children and youth called for by the law have not managed to form. This weakens the Vice-Ministry and its ability to relate to other institutions, both government Ministries and regional and local bodies, and to civil society organizations; it also affects the general functioning of the system. The situation illustrates the lack of political will to promote issues affecting children and adolescents both at the national and at the departmental and local levels.

353. Work by the Office of the First Lady<sup>73</sup> has remedied some of the shortcomings and boosted operational capacity. The Office's political leverage has been successful in attracting foreign resources for its National Plan of Action for Children and Adolescents at Risk. The Office is a decentralized body providing direct support to the Presidential Office but managing its own technical, legal and administrative affairs; it is financed out of the Ministry of the Presidency budget.

354. The support the Vice-Ministry has received from UNICEF and the United Nations International Drug Control Programme (UNDCP) under the C-24 project has provided an important opportunity to boost the operational capacities of the Local Ombudsmen's offices, build institutional links between the Vice-Ministry, the prefectures and the municipalities and, especially, to strengthen the Vice-Ministry's position as head of the sector.

355. The Code entrusts the departmental social services with the operation of 10 different support services and programmes; some of these services and programmes were never established, and others are only partly operational. The services' main function is running homes for abandoned and orphaned children, children from extremely poor families and children with behavioural problems. The homes accommodate children from a variety of family backgrounds, who are not given specialized attention, in conditions which, where staffing, nutrition, clothing and infrastructure are concerned, have improved in recent years.

356. According to the Code, the offices of the Local Ombudsmen for Children and Youth should be doing important work at the local level. Limited or non-existent allocations of resources in municipal budgets adversely affect staff turnover and the continuity of the offices' activities. Here, however, input from the Vice-Ministry through the UNICEF- and UNDCP-supported C-24 project has been important, making for greater interinstitutional

cooperation, especially with the departmental social services and the national Government. The offices of the Local Ombudsmen primarily deal with cases of ill-treatment, juvenile offenders and family support, although the Code assigns them more far-reaching responsibilities.<sup>74</sup> Between 1997 and 2000, 143 Local Ombudsman offices in 120 municipalities acquired permanent prevention, promotion and protection services. Departmental workshops were attended by mayors, councillors and members of the watchdog committees. By 1999, 146 Local Ombudsman offices had been set up in 136 municipalities and by 2001 there were 204 offices in 183 municipalities. Over 80 per cent of these offices are located in rural areas.

357. Under the 1997-2002 Government, considerable efforts were made to establish an efficient legal and institutional framework and to mobilize domestic resources and obtain funds through international cooperation. The entry into effect of the Code is an important step forward in legislation, since it provides a reference framework for the principles and fundamental children's rights enshrined in the Convention and this has been used to encourage changes in other areas of domestic legislation.

358. The greatest institutional progress has taken place in the health and education sectors at the national, departmental and local levels. The system headed by the Vice-Ministry displays a number of weaknesses owing in part to the fact that it consists of new institutions such as the Local Ombudsmen and the departmental social services which are still taking shape and settling down. This process of consolidation is taking place in paralleled to further administrative decentralization and growing popular participation, for which purpose innovative mechanisms, such as the National Dialogue, have been established to marshal demands and coordinate the central, regional and local levels more efficiently, encouraging fiscal responsibility and efficiency in the allocation of resources. These efforts have been backed by international cooperation in the execution of the Bolivian poverty reduction strategy, and by HIPC resources.

## 2. Budget allocations

359. By capitalizing public enterprises the State has increased its capacity to funnel resources into social sector development and has done so increasingly to date. The table below illustrates this trend, showing a marked increase in social spending as a percentage of overall expenditure, from 36.3 per cent in 1995 to 49.8 per cent in 2001. Social spending has also increased as a percentage of GDP.

**Table 5.1**  
**Social spending**  
**1995-2001**

Spending	1995	1996	1997	1998	1999	2000	2001
Social spending as a percentage of total spending	36.3	42.9	45.2	44.8	46.9	47.0	49.8
Social expenditure as a percentage of GDP	12.3	13.8	15.1	16.0	16.7	18.1	18.7

*Source:* Compiled from UDAPE, 2001 data.

360. The table below shows some aspects of public spending on social services in Bolivia with the Latin American average. The first thing to note is that spending has increased between the first period, 1996-1997, and the second, 1998-1999. Next, total per capita spending in Bolivia is considerably lower than the Latin American average. However, social spending both as a percentage of total public spending and as a percentage of GDP is higher in Bolivia than in other countries in the region, showing the effort the country is making to cater for the social sector and the pressure on it to satisfy the population's basic needs.

**Table 5.2**  
**Social spending (in US dollars at the 1997 exchange rate)**  
**1996-1997 and 1998-1999**

Spending	1996-1997	1998-1999
Total public spending per capita		
Bolivia	147	168
Latin America	499	540
Social spending as a percentage of total public spending		
Bolivia	54.9	56.5
Latin America	46.7	47.8
Social spending as a percentage of GDP		
Bolivia	14.6	16.1
Latin America	12.5	13.1

*Source:* Compiled from ECLAC, 2001 data.

361. The new focus on human development and the increasing emphasis placed on social policies in recent years, together with the implementation of political decentralization and popular participation, have made for better allocation of resources at the regional and local levels and have increased the influence of local government on public sector investment, which increased from around 8 per cent in 1994 to 21 per cent in 1999. When the departmental level is included, public sector investment amounts to over 60 per cent.<sup>75</sup>

362. These domestic resources, however, are insufficient to meet the needs arising from the implementation of human rights standards for the entire population, and especially for children and adolescents.

### 3. International cooperation

363. As may be seen from the following table, external resources are an important source of public investment although they have tended to decrease in recent years.

**Table 5.4****Sources of financing of public investment  
(in percentages and as a proportion of GDP)****1990-1999**

Source of public investment	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Average 1990-1999
Internal resources	45.6	54.2	46.9	41.0	43.1	48.0	44.9	58.9	57.9	55.7	49.6
External resources	54.4	45.8	53.1	59.0	56.9	52.0	55.1	41.1	42.1	44.3	50.4
Loans	42.2	35.4	43.7	45.3	46.3	42.9	43.6	31.8	30.4	32.8	39.4
Donations	12.3	10.4	9.4	13.7	10.6	9.2	11.5	9.3	11.7	11.5	11.0
Total	100	100	100	100	100	100	100	100	100	100	100

*Source:* EBRP, 2000.

364. Bolivia continues to be one of the countries with the highest levels of per capita official development assistance in the region. In 1999 this was US\$ 69.9 when the Latin American average was US\$ 9.2 (UNDP, 2001). The following table shows the decrease in the amount of official development assistance (ODA) between 1997 and 1999; this decrease can also be seen in the amount per capita and in ODA as a percentage of GDP.

**Table 5.5****Official development assistance, 1997-1999**

	1997	1999
Total in thousands of US\$	717.0	568.6
Amount per capita in US\$	106.5	69.9
As percentage of GDP	9.2	6.8

*Source:* Prepared from UNDP data 1999 and 2001.

365. According to data from the Bolivian Strategy for Poverty Reduction, Bolivia will receive nearly US\$ 1.9 billion in external financing up to 2005 for projects currently in progress, in addition to Highly Indebted Poor Countries (HIPC) initiatives I and II resources from debt relief, of approximately US\$ 1.5 billion for poverty reduction programmes covered by the Strategy. A compensation strategy has been drawn up, earmarking HIPC resources for the poorest municipalities, while the National Dialogue Act was promulgated (July 2001) as an expression of political will and in order to give the force of the law to the process.

366. In order to ensure an efficient use of these resources, the management, follow-up and assessment system will be reinforced and efficiency criteria used to define budget allocations.

The poverty reduction programme will require considerable resources, and negotiations have been held with multilateral financial and international cooperation agencies in order to ensure that this financing is available. The New Relationship Framework between Bolivia and the international cooperation agencies setting out the criteria which should prevail here has been in force since 1999.

367. According to the National Dialogue Act, the National Social and Productive Investment Fund (FPS) is responsible for providing support to municipalities, in particular the poorest among them, for improving the education infrastructure. It assigns 20 per cent of the resources from the extended HIPC initiative to improving the quality of public education services, so that schools can be equipped, materials purchased, the school infrastructure maintained and incentives provided to prevent dropout from primary school.

368. The Act further provides for the establishment of the Municipal Solidarity Fund for School Education and Public Health to cover the accumulated shortage of items up to 2001 for teaching staff in public education and medical and paramedical staff in public health; this will receive annual contributions of resources from HIPC II to the amount of US\$ 5 million for the financial year 2001 and US\$ 27 million annually for the following 15 years.

369. The Government of Bolivia will continue to require this support in order to maintain its achievements and ensure the sustainability of the Reform. As regards health, the priorities for development assistance involve the consolidation of the Basic Health Insurance scheme and the extension of the AIEPI strategy to reduce infant mortality. There has been a 40 per cent implementation of the strategy in primary care services and it is hoped to reach 80 per cent by the end of 2001. Support is also needed for improving basic services so as to prevent diarrhoeal diseases and promote oral rehydration therapy, early detection of respiratory infections and the training of mothers in the prevention of infectious diseases.

370. The need for external resources also involves smaller programmes such as the Programme of Care for the Under-Sixes which was financed with World Bank resources; this programme may, however, cease to function since there is a possibility that the World Bank will withdraw its support. Steps are being taken to have prefectures or local governments take responsibility for the project, but little progress has been made to date. A number of other projects and research projects which depend on external cooperation for their implementation have been mentioned in the course of this report.

371. In conclusion, the paucity of domestic resources has led to Bolivia receiving considerable support from international cooperation, making it one of the countries with the highest per capita official development assistance in the region. This means that Bolivia receives a considerable contribution, but also leaves it dependent in many ways and this affects the sustainability and independence of the development activities undertaken.

#### **4. The role of NGOs**

372. Private non-profit making organizations contribute to State policy in many instances by their strong presence and their considerable input. These organizations are particularly active in urban areas and the cities of central Bolivia, although they also carry out activities in other

departments and in rural areas. Their resources are largely of external origin and may amount to large sums. They propose different approaches and methods, although in many cases the impact of their activities is watered down by duplication of efforts or shortcomings in some parts of their work. However, they also help to introduce innovative experiments and provide solutions to urgent problems by taking action where the State finds itself constrained.

373. The major problems NGOs face<sup>76</sup> include partisan political manipulation of the public bodies responsible for implementing policies in this sphere, the authorities' lack of political will and inadequate resources to follow through on policies, the social assistance-based approach of State institutions and their tendency to ignore changes in the country and revert to care models that are now out of date. In addition, Bolivia has an adult-oriented culture that does not regard the question of children and adolescents as a priority.

## **F. Complementary activities and monitoring**

374. Information and monitoring systems are vital in providing a clear picture of the situation so that policy decisions for organizing resources in order to achieve the objectives proposed can be supported. The monitoring of the procedures undertaken enables obstacles to be confronted and the necessary adjustments made. It is important to make such advances public knowledge in order to strengthen the commitment of institutions and society as a whole to progress in the survival, development and protection of children and adolescents, in other words, to secure achievements and create a commitment to the principle of "children first".

### **1. Information and follow-up systems**

375. Activities on behalf of children and adolescents can be found in the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children. The Ten-year Plan of Action for Children drawn up in 1992 took the form of goals, with permanent follow-up of their progress. The second five-year evaluation of goal achievement was submitted in 2001. The year 2000 saw the establishment of the Millennium Development Goals in Bolivia as a means of measuring progress in combating poverty, with special emphasis on primary education, gender equality, infant and child mortality and maternal mortality. With a view to the initiation of the Bolivian Strategy for Poverty Reduction, which is supported by HIPC resources, a battery of indicators and goals has been drawn up to measure progress and compliance with commitments. The establishment of goals has been an important step forward, leading to the reinforcement of information systems.

376. In the last five years it is in the health and education sectors that most effort to improve information systems has been invested. The National Health Information System (SNIS) has been considerably reinforced and in the near future this could result in the establishment of a single information system for disease control and monitoring, linked to the social policies information support system (SISAPS). Considerable progress has also been made by the Ministry of Education, which now has a system providing up-to-date information on advances in the Educational Reform programme and the functioning of the education system in general.

377. In other contexts, information systems are being generated in accordance with emerging data requirements for the follow-up and evaluation of the various programmes and projects. This is also the case with NGOs. These projects are generally financed by international agencies.

378. The Office of the First Lady has established the National Register of Social Service Institutions; these are governmental, non-governmental and church institutions working with children, adolescents, older persons and the disabled. The Register covers the whole country at the urban level, and some rural municipalities. The information compiled will facilitate decision-making, and a platform is being created with all the participating institutions to facilitate system implementation.

379. The Documentation and Information Centre on Children and the Family, which is part of the Inter-American Children's Institute (INN) Inter-American Child and Family Information Programme, is situated in the Department of Generational and Family Affairs at the Vice-Ministry of Gender, Generational and Family Affairs. This Centre received little support under the last Government and does very little. The Department's Family and Social Services Unit has prepared a database on adoptions which allows follow-up and evaluation. At the municipal level, the Local Ombudsmen's offices have standardized criteria and indicators to ensure uniform handling of cases, gather information and implement the Ombudsmen's Information System already in force.

380. Broad-based systems for data standardization and analysis are, however, lacking. Some work has been done at the National Institute of Statistics and the Economic Policy Analysis Unit (UDAPE), which, despite the existence of the database, produce relatively little disaggregated information on children and adolescents.

## **2. The distribution of the Convention on the Rights of the Child and the report to the Committee on the Rights of the Child**

381. Joint efforts have been made at the institutional level to distribute the Convention. The National Ombudsman prepared a popular version, and the Vice-Ministry promoted the translation of the Convention into Quechua, Aymará and Guaraní, although it is true that these languages are little read.

382. The Vice-Ministry has published the Code, the Convention and the regulations for Educational Establishments for distribution to civil servants and has provided the impetus for numerous workshops to convey the Code to district courts, the Juvenile Courts, legal workers, the Women's and Family Brigades and the police. As regards the workshops, preference has been given to those intended for legal and social workers, but the problem is that personnel changes in the institutions are frequent because contracts are only issued for a few months. Generally speaking, court personnel are more stable; staff in the prefects' offices and municipalities are not.

383. The Vice-Ministry, in coordination with the Local Ombudsmen's offices and NGOs and through social networks, has engaged in constant campaigns to distribute the Code. Popular versions of educational materials have been produced and published as supplements to newspapers. The Local Ombudsmen's offices have made a start on training youth leaders for the distribution of the Code.

384. In the law and social sciences faculties of Bolivia's universities, studies on the Convention and the Code have been incorporated into the curricula and two degree courses on children and adolescents have been launched by private universities.

385. Although progress has been made in making the Code known and distributing it, the principal challenge is to bring about changes in the cultural attitudes and values prevailing among adults vis-à-vis children and adolescents. It is increasingly clear that alternative mechanisms need to be developed: not only radio and television messages, but the possibility, for example, of affecting the attitude of teachers in daily contact with pupils, in health work and through any activities at the community level. This is the role of the Local Ombudsmen's offices, but the financial constraints of the municipalities do not allow them to undertake such activities.

386. The executive summary of the report submitted in 1997 to the Committee on the Rights of the Child has been distributed to civil servants and NGOs. The report had a print run of 2,000 copies, all of which were distributed. No distribution workshops were organized. There is a problem in that the report is prepared at the close of the Government's term of office and the incoming government authorities do not adopt it as their own project; this delays and complicates the process. The National Ombudsman has supported distribution during the transition period and has made it possible to attract the attention of some authorities.

### Notes

<sup>1</sup> The numbers in parentheses refer to the corresponding paragraphs in the Committee's Concluding Observations (CRC/C/15/Add.95).

<sup>2</sup> Bolivia is a centralized Republic divided into nine departments, which in turn are sub-divided into provinces.

<sup>3</sup> In comparison with 1992 data, the proportion of Spanish-speakers has increased by four points, while the proportions of the population speaking Quechua and Aymara have decreased by three and five points respectively.

<sup>4</sup> INE, 2001. National Population and Housing Census.

<sup>5</sup> A built-up area is defined as an agglomeration of 2,000 or more inhabitants.

<sup>6</sup> UDAPE.

<sup>7</sup> See UNICEF, 2001.

<sup>8</sup> Bolivia ratified this Convention without reservations in October 1999.

<sup>9</sup> INE.

<sup>10</sup> BM/INE/UDAPE.

<sup>11</sup> UNDP, 2001.

<sup>12</sup> INE, 2001.

<sup>13</sup> *Millennium Development Goals: Progress in Bolivia*, United Nations, 2001.

<sup>14</sup> INE, 2001.

<sup>15</sup> UNDP, 2001.

<sup>16</sup> EBRP, 2000.

<sup>17</sup> UPPIA, 2000.

<sup>18</sup> This includes health promotion and preventive and curative care for newborns, which is an important means of reducing infant mortality; promotion of infant nutrition and development; treatment of infectious diseases, diarrhoea and pneumonia; and prevention through vaccination. Services for women are antenatal and maternity care and care for newborns; prevention and treatment of complications associated with pregnancy and birth; and detection and early treatment of cancer. Lugo and Gutiérrez, 2001.

<sup>19</sup> MSPS, 2000.

<sup>20</sup> UNICEF, 2000.

<sup>21</sup> UNICEF, 2001 a.

<sup>22</sup> UNICEF, 2001 a.

<sup>23</sup> The indigenous insurance scheme includes 10 additional benefits such as return of the placenta following the birth, an act with cultural significance; patient transport to a health centre in cases of emergency; and a 10-bolívar fee for each patient the kallawaya, or indigenous doctor, refers to the health centre. The scheme was launched only recently, in October 2001.

<sup>24</sup> Indigenous doctors.

<sup>25</sup> UNICEF, 2001 a.

<sup>26</sup> EBRP, 2000.

<sup>27</sup> MSPS, 2000.

<sup>28</sup> MSPS, 2000.

<sup>29</sup> Total first consultations for under-5s over total population aged under 5.

<sup>30</sup> SNIS, 2000.

<sup>31</sup> SNIS, 1997 and 2000.

<sup>32</sup> UNICEF, 2001a.

<sup>33</sup> UNICEF, 2001a.

<sup>34</sup> UNICEF, 2001a.

<sup>35</sup> Data available only up to 1998 as that is the last year the National Demographic and Health Survey (ENDSA) was carried out.

<sup>36</sup> MSPS, 2000.

<sup>37</sup> ENDSA, 1998.

<sup>38</sup> ENDSA, 1998.

<sup>39</sup> UDAPE, 2000.

<sup>40</sup> United Nations, 2001.

<sup>41</sup> Total pregnant women who have had four check-ups/total pregnant women who have had a first antenatal check-up.

<sup>42</sup> SNIS, 2000.

<sup>43</sup> MSPS, 2000.

<sup>44</sup> (New users/first antenatal consultation) x 100. SNIS, 1997, 2000.

<sup>45</sup> The 1999 increase is due to the introduction of improvements in the registration system.

<sup>46</sup> UNICEF, 2001 a.

<sup>47</sup> Schools which continue to function under the traditional system are referred to as educational establishments undergoing improvement.

<sup>48</sup> VEIPS.

<sup>49</sup> VEIPS.

<sup>50</sup> VEIPS.

<sup>51</sup> VEIPS.

<sup>52</sup> MECD.

<sup>53</sup> MECD.

<sup>54</sup> The follow up of teachers' work is the responsibility of the Director of the educational unit. The assessment is made by the educational adviser and the district and departmental directors.

<sup>55</sup> United Nations, 2001.

<sup>56</sup> See the reference to the PENNT in the section on working children in Chapter V.

<sup>57</sup> MECD.

<sup>58</sup> UNICEF, 2001.

<sup>59</sup> VAGGF, 2000.

<sup>60</sup> MICS, 2000.

<sup>61</sup> Reference to these studies can be found in the Action Plan for Children and Adolescents at Risk drawn up by the Office of the First Lady (hereafter: the Action Plan).

<sup>62</sup> DNI, 1998.

<sup>63</sup> These figures are taken from the Action Plan.

<sup>64</sup> Domic, 2000.

<sup>65</sup> Domic, 2000.

<sup>66</sup> Ibid.

<sup>67</sup> The information below comes from the Plan of Action.

<sup>68</sup> SAG, 1997.

<sup>69</sup> The information that follows has been taken from a survey conducted in preparation for the Plan for the Progressive Eradication of Child Labour.

<sup>70</sup> These are concerned with the minimum age for employment and the elimination of the worst forms of child labour.

<sup>71</sup> DNI, 1998.

<sup>72</sup> Domic, 2000.

<sup>73</sup> In 1998, the Office of the First Lady was incorporated into the direct support structure for the Presidential Office.

<sup>74</sup> Of the 15,627 cases dealt with by the Local Ombudsman's offices in 2001, 26 per cent were related to ill-treatment, 20 per cent to identity and protection (including identification, issuance of birth certificates and family support), 16 per cent to parental irresponsibility, 12 per cent to behavioural problems, 10 per cent to family legitimacy, 4 per cent to sexual abuse, 4 per cent to misconduct, 3 per cent to protection at the workplace, 1 per cent to adolescents in conflict with the law and 4 per cent to other issues.

<sup>75</sup> UDAPE, 1999.

<sup>76</sup> Defence for Children International (DNI), 2002.

## **ANNEXES**

### **Annex I**

#### **DEFINITION OF THE CHILD AND LEGAL AGES IN DIFFERENT AREAS OF THE LAW FOR CHILDREN AND ADOLESCENTS**

There is no difference between the definition of the child in the Convention and that in domestic legislation. The Code establishes in article 2 that all human beings are regarded as children from conception to the age of 12 and as adolescents from the ages of 12 to 18.

#### **Minimum legal age for medical consultation without parental consent**

This is not stipulated in the Code. The Code establishes in article 15.3 that State health bodies and medical and paramedical personnel have the obligation to provide free care as a matter of priority to pregnant girls and adolescents and the necessary medical, psychological and social guidance during pregnancy, delivery and the post-partum period, but makes no mention of parental consent.

#### **Medical treatment or surgery without parental consent**

The Code makes no mention of parental consent for medical treatment or surgery, although it is usual to ask the permission of the parents or responsible individual in the event of surgery at a health establishment, and for children to be accompanied by an adult during medical consultations.

Article 18 of the Code states that in all cases of the hospitalization of children, the hospital must make appropriate arrangements for parents or those in charge to remain with them. As for adolescents, arrangements will be made for parents or persons in charge to stay in serious cases.

The Code establishes in article 219 (g) the obligation of parents or the person legally responsible to take the child or adolescent for specialized treatment.

#### **Completion of compulsory schooling**

The Code stipulates in article 115.1 that the State has the duty to ensure free compulsory primary education for all children and adolescents, including those who did not have access to it at the appropriate age, this being particularly the case in rural areas. Although the Regulations for Educational Establishments state that the maximum age for completing primary school is 16, the adult education system is open to adolescents as from the age of 15.

#### **Accepting a job or employment, including dangerous work**

The Code stipulates in article 126 that the minimum age for work is 14, and requires employers to ensure that the work done by an adolescent is not harmful to his or her physical or mental health, nor to the enjoyment of his or her rights to education and vocational training. It

entrusts the Local Ombudsmen's offices, supported by the relevant private institutions, with monitoring such situations and the question of economic exploitation. A transitional provision exists protecting children under 14 years of age.

Article 133 of the Code prohibits employment in jobs that are dangerous, insalubrious or demeaning to adolescents.

### **Part- and full-time employment**

Pursuant to article 137 of the Code, the State ensures the rights of adolescent workers to preventive health care and education, sport and leisure, and the possibility of a special working schedule, besides the enjoyment of all legally recognized social benefits and access to and assistance with schooling through allocation of shifts compatible with their interests.

Article 142 concerning the working day stipulates that the maximum length of an adolescent's working day is eight hours, from Monday to Friday, with two compulsory rest days per week, which cannot be replaced by financial compensation.

### **Marriage**

The Family Code stipulates that males may marry at 16 years of age and females at 14, with the due consent of their parents. The Code does not mention the subject.

### **Sexual consent**

Parental approval is not required for sexual consent. The Code does not mention the subject.

### **Voluntary enlistment in the Armed Forces**

The Constitution states that military service is compulsory and the National Service Act (1976) stipulates that it is to be performed as from the age of 19. The National Ombudsman has taken steps for an official investigation into living conditions in barracks, since youths under the age of 19 (between 14 and 17) have been discovered doing military service. It has also been discovered that there are many cases of conscript labour being exploited for private gain and conscripts being subjected to ill-treatment which may result in irreversible injuries. In Chapare cases of adolescents illegally enlisted in the campaign against drug trafficking have also been reported.

Pre-military service also exists for boys and girls under 18 who are completing secondary school: they attend special training at weekends for a year.

### **Participation in hostilities**

There are no provisions for this.

### **Criminal responsibility**

Adolescents are criminally responsible from the age of 16 and must stand trial like adults; up to the age of 18, however, they receive social and legal support from the Local Ombudsmen's offices.

The Code (art. 221) considers as an offence any conduct defined in criminal law as a misdemeanour that is perpetrated or participated in by an adolescent; this renders him or her liable to social remedial measures. The only court competent to hear such cases is the Juvenile Court. Article 222 stipulates that adolescents between the ages of 12 and 16 will be held liable of responsibility when they commit an act defined as a misdemeanour in the Criminal Code, and will be liable to the remedial socio-educational measures set out in the Code. Lastly, article 223 states that children under 12 years of age are exempt from social liability but not from civil liability, which can be sought before the competent courts. The measures of protection for which the Code provides must be applied to any child in breach of the criminal law.

### **Deprivation of liberty, including arrest, detention and imprisonment, as they relate to the administration of justice, application for asylum and placement in social assistance or health institutions**

According to article 223 of the Code, children under the age of 12 may not be subjected to deprivation of liberty on any grounds. Those over 16 and under 21 years of age are subject to ordinary legislation. Three types of deprivation of liberty apply to them: house arrest, parole and deprivation of liberty in specialized centres answering to the prefectures.

There are no applications for asylum.

Children and adolescents may be placed in social assistance or health institutions as soon as they are born.

### **Capital punishment and life imprisonment**

There is no capital punishment in Bolivian legislation. Life imprisonment is not applied to children or adolescents, in other words, before the age of 18.

### **Giving evidence in court in civil and criminal cases**

In order to give evidence in court in civil or criminal cases an individual must be over 18 years of age.

### **Submitting a complaint and applying for compensation to a court or another relevant authority without parental consent**

Children and adolescents may submit complaints once they have the power to reason. The Code gives no particular age, but the court must accept a complaint if it considers the child to be sufficiently mature.

### **Participation in administrative or judicial proceedings affecting children**

Children or adolescents may participate in administrative or judicial proceedings concerning them as soon as they have the power to reason, but they must be accompanied by their parents or a legal representative.

Article 230.4 of the Code ensures the presence of parents or representatives in all procedural acts concerning adolescents. According to article 196.4, the Local Ombudsmen's offices can offer legal support to young offenders in law courts and intervene whenever conflicts arise between the interests of children and adolescents, those of parents, guardians, custodians or third parties, with a view to safeguarding the best interests of the child.

### **Consent to change of identity, including change of name, modification of family relations, adoption, guardianship**

A change of identity before 18 years of age is possible without parental consent, with the support of the Local Ombudsman's office.

### **Access to information about biological parents**

Children and adolescents have the right to obtain this information as soon as they have the power to reason. The Code stipulates in article 96 that a child has the right to know his or her biological parents and to be told about his or her family background.

### **Legal capacity to inherit, to conduct property transactions and to create or join associations**

Children and adolescents have the legal capacity to inherit from the moment of their conception within wedlock. If conceived outside wedlock, they can inherit as soon as they are legally recognized. As for conducting transactions, they can do so without paternal consent from the age of 18, while a legal emancipation procedure permits them to do so as from the age of 16.

### **Choice of religion or attendance at religious instruction classes**

Children may choose a religion as soon as they have the power to reason. Article 101 of the Code stipulates that a child or adolescent has the right to freedom of belief and worship. Article 104 further establishes freedom of assembly for lawful purposes.

### **Consumption of alcohol or other controlled substances**

The consumption of alcohol and other controlled substances is prohibited by law, with or without paternal consent. Article 196.15 of the Code makes Local Ombudsmen's offices responsible for preventing alcohol and tobacco consumption and drug abuse. Article 161 prohibits the sale of alcoholic beverages, drugs and other products with ingredients that pose a risk or may cause physical or mental dependency.

**Relation between the minimum age of employment and the age of completion of compulsory schooling. Effects on the right of the child to education**

The Code establishes in article 126 that the minimum age of employment is 14. Work should not affect the child's right to education, since the employer is obliged to ensure that the child can exercise that right. However, the right to education of a large percentage of the child population engaged in labour activities is affected.

**Extent to which legislation has taken account of distinctions between girls and boys, including issues of marriage and sexual consent**

The Code clearly establishes that there is no difference between males and females in access to and enjoyment of rights.

**In cases in which puberty is a criterion of criminal law, the extent to which this applies differently to girls and boys, and whether account is taken of the principles and provisions of the Convention**

In the application of criminal law no difference is made between males and females, and the principles of the Convention are taken into account. In practice, however, the courts have little familiarity with the Convention and sometimes do not apply these principles when they should make it their priority to do so.

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### **Annex III**

#### **ABBREVIATIONS**

**AIEPI** - Atención Integral de Enfermedades Prevalentes en la Infancia

**C-24** - Proyecto Defensa de los Derechos de la Niñez y Adolescencia y Prevención del Uso Indebido de Drogas, AD/BOL/97/C-24

**CDN** - Convención sobre los Derechos del Niño

**CNNA** - Código del Niño, Niña y Adolescente

**DMNA** - Defensoría Municipal de la Niñez y la Adolescencia

**DNI** - Defensa del Niño Internacional

**D.S.** - Decreto Supremo

**DUF** - Directorio Único de Fondos

**EBRP** - Estrategia Boliviana de Reducción de la Pobreza

**ENDSA** - Encuesta Nacional de Demografía y Salud

**ETS** - Enfermedades de Transmisión Sexual

**FPS** - Fondo Nacional de Inversión Productiva y Social

**HIPC** - Highly Indebted Poor Countries

**IDH** - Índice de Desarrollo Humano

**INE** - Instituto Nacional de Estadísticas

**LRE** - Ley de Reforma Educativa

**MECD** - Ministerio de Educación, Cultura y Deportes

**MICS** - Encuesta de Múltiples Indicadores por Conglomerados

**MSPS** - Ministerio de Salud Pública y Seguridad Social

**NNA** - Niños, niñas y adolescentes

**ONAMFA** - Organismo Nacional del Menor, Mujer y Familia

**PAI** - Programa Ampliado de Inmunizaciones

**PAN** - Programa Nacional de Atención a Niños y Niñas Menores a Seis Años

**PEETI** - Plan de Erradicación progresiva del Trabajo Infantil 2000-2010

**PENNT** - Programa de Escolarización de Niños y Niñas Trabajadores de 7 a 12 Años

**PES** - Plan Estratégico de Salud

**PDD** - Planes de Desarrollo Departamental

**PDM** - Plan de Desarrollo Municipal

**PRE** - Programa de Reforma Educativa

**PROAGUAS** - Programa de Agua y Saneamiento para Pequeños Municipios

**PROSABAR** - Programa de Saneamiento Básico Rural

**Reg. U. E.** - Reglamento de Administración y Funcionamiento de Unidades Educativas de Nivel Inicial, Primario y Secundario.

**SBS** - Seguro Básico de Salud

**SIE** - Sistema de Información Educativa

**SIMECAL** - Sistema de Medición de la Calidad Educativa

**SNIS** - Sistema Nacional de Información en Salud

**TGN** - Tesoro General de la Nación

**UNDCP** - Programa de Naciones Unidas para la Fiscalización Internacional de Drogas

**UPPIA** - Unidad de Políticas de Población, Investigación y Análisis

**VAGGF** - Viceministerio de Asuntos de Género, Generaciones y Familia

**VEIPS** - Viceministerio de Educación Inicial, Primaria y Secundaria

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