

Improving the Sexual and Reproductive Health and Rights of Most at Risk Adolescents

Report of a study tour of Irish parliamentarians, journalists and IFPA representatives to Bolivia



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Glossary:

CIES	Centro de Investigacion, Educacion y Servicios
CRC	Convention on the Rights of the Child
EC	European Commission
IFPA	Irish Family Planning Association
IPPF	International Planned Parenthood Federation
MARA	Most At Risk Adolescents
NGO	Non Governmental Organisation
UNFPA	United Nations Population Fund
SRHR	Sexual and Reproductive Health and Rights
WHO	World Health Organisation

Acknowledgments

The Irish Family Planning Association (IFPA) would like express its gratitude to the three members of parliament and two journalists who took the time out of their very busy schedules to learn about the lives of vulnerable young people in Bolivia.

The IFPA is especially thankful for the hard work of our hosts at the Centro de Investigacion, Educacion y Servicios (CIES): Brigitte Villazon, Dr Johnny Lopez and all the staff and board members. We would also like to thank the many people, especially the young people, in Bolivia who generously gave of their time to share their experiences and knowledge with us.

Dr Johnny Lopez & Brigitte Villazon



Partner Organisations

Irish Family Planning Association (IFPA)

A non-profit charitable organisation providing sexual and reproductive health medical services, crisis pregnancy counselling and information, education and training programmes. The IFPA is committed to protecting and promoting fundamental human rights related to reproductive and sexual health in Ireland and internationally. The IFPA is the Irish member association of International Planned Parenthood Federation (IPPF), official collaborating Non Governmental Organisation (NGO) with the United Nations Population Fund (UNFPA) in Ireland, secretariat to the Irish All Party Interest Group on Sexual and Reproductive Health, Rights, Population and Development, and member of the Irish platform association of development NGOs, Dóchas.

Centro de Investigacion, Educacion y Servicios (CIES)

Founded in 1987, CIES is a pioneer institution in Bolivia in the field of sexual and reproductive health. CIES provides rights based and gender sensitive clinical medical services, education and training, counselling and outreach services to rural areas and vulnerable populations. The organisation is recognised by the Bolivian government as a lead actor in the health sector and partners with the Bolivian Ministry of Health, municipalities and community leaders in the delivery of services. It is estimated that CIES provides approximately 9% of the total SRHR services in Bolivia. CIES is the Bolivian member association of IPPF.

The International Planned Parenthood Federation (IPPF)

IPPF is a global network of member associations in 180 countries which provide and campaign for sexual and reproductive health care and rights. IPPF is currently recognised as the largest sexual and reproductive health organisation in the world and has played a key role in advancing human rights in this area, both in international policy and at the grassroots level.

Introduction

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In March 2009, the Irish Family Planning Association (IFPA) and Centro de Investigacion, Educacion y Servicios (CIES), assisted by the International Planned Parenthood Federation (IPPF) Central Office & Western Hemisphere Regional Office, organised a study tour for three Irish parliamentarians, two journalists and two IFPA representatives to Bolivia to learn about the sexual and reproductive health and rights (SRHR) needs of vulnerable young people and the innovative service delivery mechanisms developed to meet these needs.

The Irish delegation was hosted by CIES which arranged field visits, information briefings and meetings with government officials, Bolivian parliamentarians, clients of CIES services, young people supported by the Most At Risk Adolescents (MARA) programme, NGOs and community leaders.

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Study Tour Participants:

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» **Senator Fiona O'Malley**

DELEGATION LEADER, MEMBER OF SEANAD ÉIREANN (SENATE)

.....

» **Crispin Rodwell**

FREELANCE PHOTOGRAPHER

.....

» **Deputy John Deasy**

MEMBER OF DÁIL ÉIREANN (HOUSE OF REPRESENTATIVES)

.....

» **Niall Behan**

IFPA CHIEF EXECUTIVE

.....

» **Senator Dominic Hannigan**

MEMBER OF SEANAD ÉIREANN (SENATE)

.....

» **Meghan Doherty**

IFPA POLICY AND ADVOCACY OFFICER

.....

» **Caroline O'Doherty**

JOURNALIST WITH THE IRISH EXAMINER

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Aims & Objectives

The aim of the study tour was to raise awareness of the essential role sexual and reproductive health services play in the achievement of development goals and the alleviation of poverty, particularly for most at risk adolescents.

The objectives of the study tour were:

- 01 To develop a deeper understanding of the connection between poverty, young people and sexual and reproductive health and rights
- 02 To demonstrate the positive and measurable impact of rights-based and gender-sensitive sexual and reproductive health interventions, especially for vulnerable adolescents
- 03 To learn about the critical role of development aid in the provision of sexual and reproductive health services and education

Why Bolivia

Bolivia was selected as the focus country for the study tour for several reasons. Firstly, it is one of the poorest and least developed countries in Latin America and yet sexual and reproductive health indicators such as maternal mortality are starting to improve. Study tour delegates would therefore have an opportunity to learn about the benefits of targeted SRHR health interventions in a very low resource setting. Secondly, the new socialist president elected in 2005 promised sweeping reforms and greater rights for women, indigenous peoples and those living in poverty. A new constitution ratified by referendum in January 2009 gave legal status to these reforms. During this transformative time, delegates would meet with various government officials and NGOs to discuss the actual progress of the social policy objectives. Thirdly, very high levels of extreme poverty, especially among adolescents, persist in Bolivia. As poverty reduction is the foundation of Irish Aid policy and programmes, delegates would be able to see firsthand how development aid contributes to the alleviation of immediate suffering and also strengthens structural systems to ensure sustainability.

Country Context

Extreme poverty, social unrest, major political changes, rapid urbanisation, a culturally diverse population and pervasive gender inequality are some of the many challenges to accessing SRHR information and services in Bolivia. As the poorest and least developed country in South America, Bolivia's social services are struggling to provide even basic care within the context of a new reformist government, decentralisation and a new constitution.

However, there are signs of hope. Key health indicators such as maternal and infant mortality rates are improving, the new constitution expressly guarantees SRHR rights and NGOs like CIES are developing innovative ways of providing care for the most vulnerable populations of young people living and working on the streets of Bolivia's urban centres.

POLITICAL CONTEXT

Following decades of political instability and military coups, there have been democratically elected governments in Bolivia from 1982. Since then, the military has played no significant part in the governance of Bolivia, but political instability has continued to slow the country's development.

In December 2005, socialist leader Evo Morales won the presidential elections to become the first indigenous Bolivian president. Morales came to power with a mandate to nationalise natural resources, draft and ratify a new constitution, address the high levels of extreme poverty, promote the full social and legal rights of the majority indigenous population, redistribute land and tackle governmental corruption. The largely non indigenous and wealthier areas of the country have vehemently expressed their opposition to these plans and recently attempted to declare autonomy from the State. A recall election in August 2008, however, showed majority support for keeping Morales in power.

Bolivia is divided into nine departments, 226 provinces, 329 municipalities and 1680 cantons. La Paz is the administrative capital and seat of government.

ECONOMIC CONTEXT

Bolivia is one of the poorest countries in Latin America and has one of the region's highest levels of income inequality. 64.3% live in poverty, of which 38.2% live in extreme poverty. Young people are disproportionately affected as an estimated 70% live in poverty, of which 45% live in extreme poverty.

The per capita Gross National Income (GNI) amounted to US\$1,260 in 2007, and the United Nations Development Program (UNDP) ranked Bolivia 117th (out of 177 countries) on its Human Development Index. Bolivia received \$476 000 000 in official development aid in 2007, accounting for 3.7% of GNI .



POPULATION PROFILE

Bolivia is a multi-ethnic and multi-lingual country with significant differences in socioeconomic status in the different regions. 62% of its current population of 9 700 000 is comprised of 36 different indigenous cultures, the largest being Quechua, Aymará and Guaraní. Bolivia also has a very young and urbanised population with 59% under the age of 24 and 64% living in urban areas. Poverty is highly associated with rural areas as 90.8% are considered to be poor .

Historically, indigenous persons in Bolivia have been discriminated against and excluded from participating in political and public affairs. Since taking office, President Morales has put in place measures aimed at remedying the situation. However, many indigenous people continue to experience systemic marginalisation and lack access to health services, education and crucial identity registration cards.

ROLE OF RELIGION

95% of people identify as Catholic although in practice this is often combined with traditional indigenous belief systems and customs. Under the new constitution, the Catholic Church no longer enjoys special status and freedom of religion is guaranteed.

STATUS OF WOMEN

Gender inequality is pervasive at all levels of Bolivian society as evidenced by the shockingly high rates of gender based violence and sexual exploitation (especially of young girls), low levels of parliamentary representation, poor maternal and gynaecological health indicators and extreme poverty. However, it is important to note that in recent years there has been significant legal and institutional progress in addressing gender inequalities. In addition, women's growing capacity to mobilise politically is making a positive impact on the development of policies and strategies focussed on improving the status of women.

» 9 out of 10 women suffer some form of violence

» 17% of national politicians are women

» Women are paid on average 46% less than men for the same job

» Second highest maternal mortality rate in the region

» Highest incidence of and mortality from cervical cancer in South America

» Spousal rape is not a crime

» 14 is the legal age for marriage of girls

Current Status of Sexual, Reproductive Health and Rights

Bolivian sexual and reproductive health indicators have improved over the last fifteen years. The improvements in maternal health can largely be attributed to the introduction of Universal Maternal-Infant Insurance in 1996. However, large urban/rural disparities persist as the maternal death ratio was four times higher in rural areas than in urban areas. These deaths are mainly due to haemorrhage, infections and unsafe abortion. Associated with maternal death are often factors of poverty: anaemia, chronic malnutrition, short pregnancy intervals, lack of emergency obstetric care and women's lack of autonomy. The urban/rural divide can also be seen in the higher birth rates and lower contraceptive prevalence in rural areas, which are also the poorest areas.

Abortion is illegal in Bolivia except in cases of rape, incest, danger to the mother's health and congenital malformation. In any of these circumstances, a judge must issue judicial permission before a doctor can perform an abortion. Even if judicial permission is obtained, it is very difficult to find a doctor willing to do the procedure. As a result, health service providers estimate that approximately 30 000 – 40 000 illegal and often unsafe abortions take place each year.

The new constitution approved by referendum in January 2009, obliges the State to guarantee the right to health, to safe maternity and to safeguard the rights to sexual and reproductive health. The implementation of these objectives will require changes to current laws and policies to expand reproductive health services for women beyond pregnancy related care.

Maternal Health

» 290 maternal deaths per 100 000 live births

» 14% of all deaths of females of reproductive age are related to maternity

» 760 maternal deaths each year

» Lifetime risk of maternal death is 1 in 89
(In Ireland, the risk is 1 in 47 600)

» 65.8% deliveries assisted by a doctor

Family Planning Indicators

» Modern contraceptive prevalence — 23.7% of all women

» Fertility rates — Average of 3.5 births per woman
— Rural fertility rate is 4.9 births per woman
— 78 births per 1000 women aged 15-19
— 36.1% of women aged 20-24 gave birth before the age of 20

» Mean ideal family size — 2.4 births

» Unmet need for family planning — 27.5% in rural areas
— 15.6% in urban areas

Cervical Cancer

» The most frequent type of cancer for women aged 15-44 and four times more common than breast cancer, the second most common cancer

» Incidence rate of 55 per 100 000 women

» Mortality rate of 30.4 per 100 000 compared to 12.9 per 100 000 for the rest of South America

» 987 women die every year and 1831 new cases are diagnosed each year

** NOTE: Birth, death and identity registration documentation is incomplete especially in rural, indigenous, homeless and poor populations.



Why Focus on Most at Risk Adolescents?

The United Nations Convention on the Rights of the Child (CRC) recognises that all young people are entitled to special protections without discrimination because of the unique period of rapid social, physical, educational and health development. At risk adolescents are most in need of these special protections but are unfortunately the least likely to have access to them.

Extreme poverty, discrimination, abuse and lack of familial support and social protection often force young people to spend their lives on the street. These adolescents often work in the informal sector begging, selling trinkets, shining shoes, resorting to petty theft and transactional sex just to survive. These vulnerable youth face high rates of police harassment including sexual and physical violence, alcoholism, substance abuse (especially glue sniffing), sexual assault from peers, sexual exploitation from adults in authority and gang involvement often resulting in high incidences of unintended pregnancies, unsafe abortions and STIs including HIV.

Local and national policies, strategies and services tend to exclude the needs of this group because they are perceived to be too complex and/or not deserving of care. Since young people living on the street are more likely to be involved in drugs, transactional sex and other high risk behaviours it is essential, both from a public health perspective and a human rights perspective, that the needs of this population are addressed and their access to health services improved.



Summary of Study Tour

March 16, 2009

MEETING AT CIES HEADQUARTERS IN LA PAZ

The Irish delegation was provided with an overview of the sexual and reproductive health situation in Bolivia, the current political climate and its impact on health policies, CIES services and initiatives, and an introduction to the “Youth in Extremely Difficult Circumstances” project (now referred to as Most at Risk Adolescents). CIES staff shared their experiences of working directly with vulnerable groups such as young people living and working the streets, transsexuals, women experiencing physical and gender based violence and people who are HIV positive. Project workers described the specific strategies employed for different target groups and the monitoring and evaluation processes to determine the effectiveness of interventions.

MARA Programme

CIES is the implementing partner of the Most at Risk Adolescents (MARA) programme. It is part of a three country programme which includes Peru and Guatemala and is funded by the European Commission over a period of three years 2006-2008. The programme seeks to contribute to the overall health and well being of street youth and other vulnerable young people aged 10-24 through four strategic interventions:

01 Rights based SRH provision to meet their specific needs

02 Empowering street youth and other MARA through leadership training and participation in project implementation

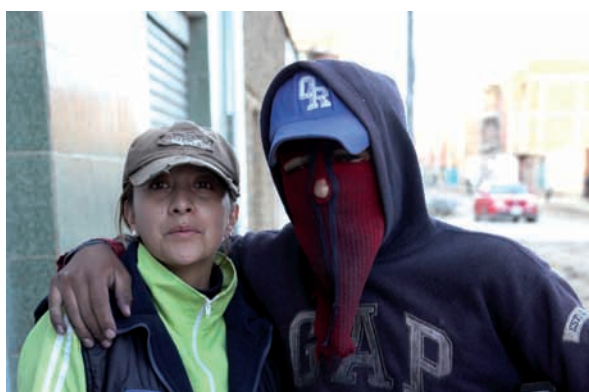
03 Strengthening partnerships among agencies working with street youth and other MARA

04 Raising awareness about the rights needs and gaps in service delivery for this population

The issues affecting the at risk adolescents include: sexual exploitation; sexual and physical violence from peers, the police, family members and other figures in authority; alcohol and drug abuse; lack of identity documents; homelessness; malnutrition; lack of sanitary facilities such as showers or toilets; involvement in gangs; and prejudice and discrimination from health, education and social services. Young women are especially vulnerable to sexual exploitation from a very early age resulting in unintended pregnancies and high risks of sexually transmitted infections, including HIV.

A striking example of the marginalisation of these young people is the treatment of shoe shiners. Many homeless adolescents earn money on the street by shining shoes, however, this job is considered culturally shameful and the shoe shiners cover their faces with masks to avoid identification. The delegation heard that many shoe shiners are assumed to be boys but a large number of girls also earn money this way. The absence of washing facilities combined with the smell from the shoe polish results in many young people being shunned by teachers, doctors and peers.

Project workers stressed the need to understand that working with MARA is a long term process and cannot be understood as a once off intervention. Most MARA have had negative experiences with adults include physical and sexual abuse, rejection and abandonment. They informed the delegation that it has taken a long time to build up trust with the young people and related how their health seeking behaviour is beginning to improve as evidenced by high quality monitoring and evaluation.



CIES Services

In its clinics all over the country, CIES provides comprehensive contraception counselling and services including emergency contraception, cervical cancer screening, STI testing, maternity services including delivery rooms in some clinics and life skills and empowerment education with an emphasis on gender equality and human rights. CIES works very hard to ensure youth friendly spaces are available on site and have developed innovative ways of encouraging young people to get involved as peer educators. CIES also operates mobile clinics to reach rural populations that have no access to any health care. In addition to providing SRHR services and education, the mobile units attend to basic health care needs. All of the mobile clinical services are free of charge.

Advocacy

CIES Executive Director, Dr Johnny Lopez, presented on the increased capacity of CIES to effectively advocate to the relevant government departments for improved SRHR services. The most recent example being the key role played by CIES in the negotiations leading up the January 2009 referendum on the new constitution which led to constitutional guarantees to sexual and reproductive health. CIES is recognised by the Ministry of Health as a high quality service provider and a valued partner in the delivery of health services. CIES also collaborates with other civil society organisations to strengthen advocacy initiatives and also to coordinate the delivery of services to avoid duplication.

Cervical Cancer

Cervical cancer is the most common cancer among women in Bolivia and the mortality rates are more than double the average for the rest of South America. Given the alarmingly high incidence and mortality statistics, CIES is currently working with the Ministry of Health to implement a pilot HPV vaccination programme.

Gender Based Violence (GBV)

GBV is extremely common in Bolivia and is an accepted part of the culture. Project workers noted that many organisations do not engage in addressing the root causes of GBV and gender inequality because they believe it is impossible to affect positive change in this area, particularly in rural areas. However, addressing GBV is a fundamental part of CIES' work and project workers emphasised that change is possible but that it takes a long time and sustained commitment.

Abortion

Abortion is illegal in most circumstances in Bolivia however clandestine abortions are common. The third most common cause of maternal death is a result of blood loss from unsafe abortions. The criminalisation of abortion means that health providers will not treat women presenting with complications from unsafe abortions for fear of prosecution.

WELCOME RECEPTION

The delegation was warmly welcomed by CIES directors and staff, a representative from the European Commission (EC) and a representative from the Ministry of Health. This informal setting allowed for further discussion on the issues raised in the earlier session with CIES staff members and also with the external stakeholders present. The external stakeholders praised the work of CIES as being cost effective, professional and of high quality. They further noted that CIES' played a key role in advocating for improved health services for the most vulnerable at the governmental level and also with other NGOs.



March 17, 2009

FIELD VISIT TO EL ALTO

El Alto was once a suburb of La Paz in the Altiplano region but is now a massive sprawling city unto itself with a population of almost 1 million people. El Alto is home to mostly migrants, homeless young people, sex workers and those living in poverty, most of whom are indigenous peoples. 50% of the entire El Alto population are young people. The rapid urbanisation of this area has meant that housing is constructed out of any available material and sewage, water and sanitation infrastructure is very poor. High levels of petty and violent crime exist in El Alto. Drug abuse, especially glue sniffing, is very common among adolescents in El Alto as it is cheap and readily available.

CIES Sexual & Reproductive Health Clinic

The delegation was given a tour of the facilities in the clinic including the counselling rooms, consultation rooms, rooms for women to recover after giving birth and a small operating room. The delegation was very impressed by the high quality of services provided and the high standard of the facility. CIES staff explained that most clients are not treated with respect and dignity when they access public health services. CIES believes that when people are treated in a professional, caring and non judgmental way they are empowered to take control over their own health and are more likely to engage in health seeking behaviours. One woman who had just given birth told the delegation that for the birth of her first child in a public hospital staff would not allow her partner or her family in the room while she was giving birth. She decided to have her second child in the CIES clinic because she felt she would be treated better.

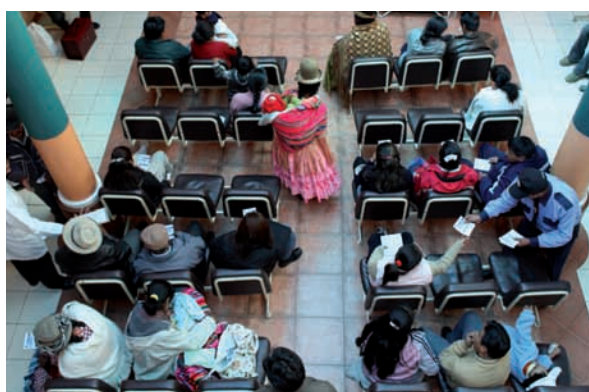
In addition to the clinical services, CIES provides sexual health and life skills education for young people. There is a dedicated space for young people that is separate from the main clinic where they are encouraged to decorate the space so that they feel comfortable and safe. CIES staff work with youth leaders to build up their capacity to be peer educators on HIV, contraception, GBV, gender equality, empowerment and general health and hygiene. The delegation met two young men who participate in the education programmes. They expressed a sense of ownership over the space and informed the delegation that they are also given space to do their homework, practice their dancing and access to a computer, all of which were unable to them in their living circumstances. Services provided to at risk adolescents are free of charge.

Meeting with Partner Organisation Maya Paya Kimsa

The delegation visited the facilities of a partner organisation in the MARA programme, Maya Paya Kimsa, and met with the staff who provided an overview of their service. It was not possible to meet with the young people with whom they worked due to the timing of the visit. Most of their work with adolescents takes place in the evening and night time. Outreach workers explained that they offered a safe space for young people to spend their time and where they could receive very basic medical care. Adolescents presenting with more serious health issues or in need of sexual and reproductive health services were referred and accompanied to CIES clinics. Maya Paya Kimsa also operates a night time outreach service to the very busy streets and markets of El Alto. They provide basic health care, organise sporting activities and offer support to adolescents who often have no family or social protection.

Meeting with Women Community Leaders & Youth Group

The delegation travelled to a neighbourhood in El Alto to meet with women community leaders and youth groups. The women leaders welcomed the Irish delegation to their homes and spoke of their role in working in the community to address issues of gender based violence, gender inequality and safe motherhood. The youth group were very eager to demonstrate to the delegation the skills they had learned through their peer education training.



LA PAZ

Meeting with Irish Consul to Bolivia, Peter O’Toole

The Irish consul was able to provide the delegation with his unique perspective on the political context as an outsider who has lived in Bolivia for many years. Mr O’Toole explained the history of the regions that seek autonomy, the opposition to Morales’ government and the resulting political gridlock.

Meeting with Senator Guido Guardia, President of the International Policy Commission at the Bolivian Parliament

Senator Guardia is a member of the government party from Santa Cruz, however, he is well known as an outspoken critic of President Morales. The discussions focussed on the current political situation and the sometimes violent confrontations between supporters of President Morales and those opposed to his government.

JOURNALIST ONLY FIELD VISIT

The two Irish journalists travelled with outreach staff from CIES and Maya Paya Kimsa to El Alto in the evening. Upon advice from project staff, it was decided that only the journalists would participate in this field visit as the safety of the entire delegation could not be guaranteed. The journalists had an opportunity to meet many of the young people supported by the outreach projects and shadow the regular routines of the outreach workers. The journalists noted that the young people living on the streets which they met were actually much younger than they had originally anticipated, most were under the age of 16.

March 18, 2009

FIELD VISIT TO COCHABAMA

Breakfast meeting with CIES outreach workers of MARA Programme

Outreach workers who have been providing care, support and referral to young people in extremely difficult circumstances gave an overview of the situation in Cochabamba and prepared the delegation for the meetings with the MARA they work with. Many young people worked in the informal economy shining shoes and selling trinkets, however, many other young people had such severe addiction problems they were unable to work. These young people were homeless, regularly harassed by the police, had no access to social services and their health problems, as result of their drug use and malnutrition, could be quite severe including paralysis.

The approach with MARA in Cochabamba is tailored to the particular needs of the population which include strategies of harm reduction, facilitated access to friendly health services and improved health seeking behaviour. The health outcomes for most young people living on the streets are very poor and their life expectancy is severely below the national average

Outreach workers requested that even though the conditions in which the young people lived could be distressing for some of the delegates, to remain non judgemental and treat the young people with respect and dignity at all times. Otherwise, their relationship with the young people would be compromised.



Meeting with young people

The delegation split up into two groups to visit two areas. The first area was an outdoor of the city where many MARA congregated and established mini camps for sleeping. The second area was a makeshift shelter outside the main thoroughfare. The shelter smelled of sewage, garbage, glue and unwashed bodies. Outreach workers explained that up to 20 or 30 young people lived in the small space. When a young woman in the group was pregnant, she often delivered the baby in the same space. Infant mortality rates in these conditions are predictably very high, however, most babies are not registered and therefore the number of deaths is unknown.

Delegates were able to witness how CIES workers engaged and interacted with the young people and the practical support they offered. It was immediately obvious that the young people trusted the CIES workers as one young person encouraged his friend to show the CIES worker his infected cuts so that he could get medical care. Later in the day, the delegation met the same boys receiving care from the doctors in the CIES clinic.

Delegates engaged with the young people to learn about their lives and to share their experiences of CIES. Some of the young people told of violence within their families, abuse by their partners, harassment from police, rejection from public health services and leaving school very early.

Residential site visit

Delegates visited a government run facility that provided temporary accommodation and vocational upskilling for 10-20 young couples, most of whom had at least one child and had previously lived on the street. In order to qualify for placement, the young people had to be free from drugs for a certain period of time and a strict policy on non drug use was enforced. The young people could remain at the facility for up to one year. Delegates talked with the residents and the coordinator and had an opportunity to visit the workshop and living quarters.

Meeting at CIES Cochabamba Clinic on the Future of the MARA Programme

Outreach workers presented to the delegation on their commitment to the programme and the responsibility to continue the work with the young people. They stressed the need to understand this kind of work as a long term process and not a once off project. CIES has invested a lot time into building up trust with young people and also relationships with other organisations and government departments. These relationships and the trust of the young people would be lost if the project is discontinued. European Commission funding for the MARA programme will end in June 2009 and without new funding the programme will be unable to continue.



CIES doctors and nurses explained the sensitisation process for CIES clinic staff, other NGOs, public health service providers and social services in providing care for MARA. This is a very important element of the programme and requires ongoing training due to staff turnover. The intense stigma associated with MARA mean that hospitals and public health service staff would refuse treatment because they feared the young people, were offended by their smell and were judgmental regarding drug use and transactional sex.

After talking with the young people, witnessing their interaction with the CIES outreach workers and then subsequent presentation to CIES clinics for health care, the delegation had a better understanding of the implementation of the MARA programme. The delegation asked questions about the capacity of CIES to advocate with the national and local structures for more support for the service.

The Executive Director explained that the drafting and ratification process had been very long and arduous but also provided opportunities for greater recognition of the needs of young people, women and human rights. CIES played a key role in working with the relevant ministries and coordinating with civil society for explicit guarantees related to sexual and reproductive health, gender equality and the rights of young people. With regards to local level, a policy of decentralisation is in the process of being implemented. However, there is no public access to these plans, the budgets or the relevant departments. The result has been fragmentation, institutional weakness and insufficient budgetary allocation. From a political position, the profound stigma associated with MARA means that local and national politicians are more inclined to further criminalise them to gain popular support.

SOCIAL POLICY COMMISSION IN THE PARLIAMENT

Breakfast meeting with CIES outreach workers of MARA Programme

The delegation was welcomed to the Bolivian Parliament by Guillermo Mendoza Aviles, President of the Social Policy Commission. Representatives from the governing party Movimiento al Socialismo, the official opposition party Poder Democrático y Social and a smaller party Movimiento Nacionalista Revolucionario attended the meeting. Issues discussed included gender equality, women's political representation, violence against women, political corruption and poor implementation of laws and policies.



MEETING WITH PROCOSI

PROCOSI is the largest network of NGOs providing health care in Bolivia. The organisation receives funding from large international NGOs and disperses the funds to local organisations. The focus is on practical and sustainable interventions, however, there is a gap in the network's ability to effectively advocate in the media or to the relevant ministry when members are opposed to a particular government policy.

MEETING WITH MINISTRY OF HEALTH

The delegation met with the National Director of International Affairs in the Ministry of Health, Ms Janet Bitoria. Ms Bitoria explained the ongoing reform process in the Ministry of Health and the ultimate goal of a universal health system. However, the priority at the moment was to strengthen the public health service. Decentralisation, an entirely new civil service after the 2005 election of Morales and a small budget was proving to be a major challenge. Furthermore, as basic curative care needs were not yet being met there were no resources to allocate for preventative health interventions.

The Irish delegation expressed deep concern over the lack of continuity in the civil service, the invisibility of at risk adolescents in policy and service design and provision and the reliance on non governmental organisations to provide essential services.

EVENING MEETING WITH BOLIVIAN PARLIAMENTARIANS AND CIES

The Irish delegation's final meeting with CIES and members of the Bolivian parliament was an excellent opportunity to thank CIES for its outstanding organisation of the week, reflect on the learnings of the field visits and meeting and express support for the future work of CIES.



Key Findings of the Study Tour

CIES

- » CIES operates high quality clinical, educational and outreach services all across the country and is recognised by the Ministry of Health, NGOs and the European Commission as a lead actor in the health sector;
- » Monitoring and evaluation of all services and programmes is an organisational priority and fundamental to the success of CIES;
- » The services provided by CIES represent excellent value for money;

MARA

- » Most at risk adolescents are ignored, criminalised or rejected by policies, programmes and services designed to meet the health and social needs of the general population;
- » The health needs of this group are complex but not insurmountable and require urgent attention, particularly given the rising rate of HIV in this group;
- » Funding from the European Commission for the implementation of this programme expired in early 2009 and CIES will require alternative funding sources to continue the programme;
- » Working with vulnerable young people is a long term commitment. Abandonment of the programme at this critical time due to funding constraints would jeopardise their health and wellbeing because they have no alternative social supports;

GOVERNANCE

- » The President's reform agenda has polarised the population and the political system to such an extent that implementation of national social policies is problematic;
- » Decentralisation and political replacement of the civil service is causing institutional weakness and overly complicated mechanisms for public service delivery;

RECOMMENDATIONS

- » CIES and its NGO partners continue to build on their capacity to advocate for the human rights of at risk adolescents with all levels of government;
- » CIES and its NGO partners develop sustainability plans in collaboration with the Ministry of Health to ensure the integration of sexual and reproductive health services into a primary health care system;
- » Upon a very positive assessment of the work of CIES and its partners, the Irish delegation commit to supporting CIES in their efforts to secure the future of the MARA programme.

Annex A – Media Reports

» O'Doherty, Caroline. "Life on the Streets of Bolivia."

IRISH EXAMINER

April 6, 2009: pp 1

LIFE ON THE STREETS OF BOLIVIA



Homeless 15-year-old Reyna is at risk of abuse and sexual disease while roaming one of Bolivia's toughest cities.

Picture: Crispin Rodwell

by Caroline O'Doherty

FIFTEEN-YEAR-OLD Reyna strikes the pose of a glamour model but her life is anything but glamorous. Homeless in one of the grimmest areas of one of Bolivia's toughest cities, she is just one of thousands of street kids battling for survival amidst drugs, crime, poverty and prostitution. The children's plight presents a dilemma for their impoverished country where



the newly approved socialist constitution is one of the most liberal in the world but the resources don't exist to make its generous ambitions a reality. And in a country still heavily influenced by the Catholic Church, their sexualised behaviour is taboo and their lifestyles traditionally believed better punished than pitied. Life on the streets is punishment enough. The children are desperately vulnerable to danger and disease and the girls in particular prone to sexual

abuse, sexually transmitted infections, unplanned pregnancies, backstreet abortions and forcible adoptions. The Irish Government pledged to support children like Reyna when it rewrote Irish Aid's policy two years ago and made projects promoting sexual and reproductive health in developing countries one of its priorities for funding. A small delegation of Irish Family Planning Association staff and Irish politicians travelled to Bolivia in recent

weeks to see if it might be possible to turn that stated policy into practical steps. They found that children like Reyna needed all the practical help they could get. But with Irish Aid's budget expected to be cut tomorrow, for the fourth time in 10 months, in response to our own financial difficulties, that goal, like Bolivia's ambitious constitution, is in danger of being pushed out of reach.

NEWS: 8&9

» O'Doherty, Caroline. "Helping Street Kids to Help Themselves."

IRISH EXAMINER

April 6, 2009: pp 8-9

NEWS

Children living in atrocious conditions in Bolivia rely on centres partly funded by aid from the EU. But with grants running out this year, the IFPA will be urgently seeking help to keep these vital support centres open

NEWS 11

Charities struggle in the shadow of Evo

Helping street kids to help themselves

They don't get up to school. Their clothes are dirty and they're thin. That's how people see them.

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» O'Doherty, Caroline. "Charity Aiming High to Boost Healthcare."

IRISH EXAMINER

March 16, 2009: pp 4

Charity aiming high to boost healthcare

by Caroline O'Doherty
La Paz, Bolivia

AN Irish charity is setting its sights high by aiming to improve healthcare in the world's most elevated capital.

La Paz in Bolivia stands at a breathtaking 3,660 metres and while its inhabitants have adapted to the rigours of high-altitude living, it is not so easy to cope with the hardships of a low-income lifestyle.

Bolivia is South America's poorest country, with 70% of the population existing below the poverty line and about the same proportion without access to public health services.

The Irish Family Planning Association (IFPA), better known for its campaigning and awareness raising work at home, is helping to bring much needed support for sexual health clinics and education programmes to the towering mountainous regions of Bolivia.

The scale of the need for such support is stark. Each year an estimated 30,000-40,000 backstreet abortions are carried out among a population just twice the size of Ireland, often with lethal results.

A baby born here is 15 times more likely to die before the age of one than an Irish infant and maternal mortality is 200 times higher than in Ireland.

Sexually transmitted infections are on the rise, especially among the already very vulnerable communities of street children and uneducated migrants from the countryside. Even



Bolivian women at a fiesta near La Paz. Irish parliamentarians are currently in the country. Pictures: Crispin Rodwell

young native to the city experience high levels of unwanted pregnancies, with the inevitable early school drop-outs and early marriages that follow.

Clinics and education programmes targeting thousands of at-risk young people and children from the age of 10 are run by local voluntary group, CIES, with EU funding.

IFPA acts as the link between Bolivia and Brussels, fulfilling the role as mentor to Bolivia and watchdog for Brussels.

begin allocating funds to expand the work of CIES and similar organisations.

IFPA chief executive Niall Behan believes the projects are worthy of Irish support, especially as Irish Aid revised its health policy in 2007 to include for the first time specific pledges to support the development sexual and reproductive health initiatives abroad.

"We would like to see more Irish Aid funds focused on these types of projects because we can see even from the Irish experience how important they are."

As Irish attitudes changed to sexual and reproductive health and people became able to make choices about how to protect their own health, when to start families, how to space children, that made a huge impact, not just for individual women and families but for the wider society.

"It was crucial to our economic development that people had choices around their education, careers and life options."

Irish Aid's funds are under pressure from the recession and the need for assistance in Africa and Asia but Mr Behan says a little help would go a long way. "What we hope this study tour will do is start the process of engagement in this area. Most projects start small but it's important to at least take the first step."

Caroline O'Doherty is travelling in Bolivia with the Irish Family Planning Association, www.ifpa.ie

» O'Doherty, Caroline. "Labour Pains on the Long Road to Secularisation."

IRISH EXAMINER

March 18, 2009: pp 15

Labour pains on the long road to secularisation

A Bolivia's new Irish Family Planning Association (IFPA) is celebrating its arrival in the country as a sign of the country's move towards secularisation.

"It was about the opportunity to see the face of the country and to see the people who are the backbone of the country. It was about the shared experience of the people who are the backbone of the country."

"The church is always opposed to family planning, they can't consider it. We are the women's right arm, we are the women's right arm, we are the women's right arm."

"I think an opportunity to see the face of the country and to see the people who are the backbone of the country."

Bolivia is battling the Catholic Church in a bid to reform attitudes to family planning, writes Caroline O'Doherty in La Paz

But, with a population that is 95% Catholic and a Catholic Church that isn't the least overbearing in religiously, it's a struggle.

"The church is always opposed to family planning, they can't consider it. We are the women's right arm, we are the women's right arm, we are the women's right arm."

"I think an opportunity to see the face of the country and to see the people who are the backbone of the country."

In the constitution, the church is one part of our state. We are free to think which religion we wish to be part of. This is very important for us because when the church is not part of the state, it's going to have a lot of influence over us.

"The church is always opposed to family planning, they can't consider it. We are the women's right arm, we are the women's right arm, we are the women's right arm."

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"I think an opportunity to see the face of the country and to see the people who are the backbone of the country."

the IFPA also has hopes of encouraging more direct involvement with Ireland. This week a small delegation from the association and three Irish politicians will see the work of CIES and meet with government representatives and health officials in Bolivia to discuss their ideas for the future.

The group, including Deputy John Deasy and Senators Fiona O'Malley and Dominic Hanigan, will see if they can recommend to Irish Aid that it

begin allocating funds to expand the work of CIES and similar organisations.

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World cheers arrival of Bolivian bundles of joy

World cheers arrival of Bolivian bundles of joy

Caroline O'Doherty is travelling in Bolivia with the Irish Family Planning Association, www.ifpa.ie



Maria Chacabuco, 34, with her six-year-old daughter. Maria Chacabuco is the CEO of CIES in La Paz, Bolivia.

Caroline O'Doherty is travelling in Bolivia with the Irish Family Planning Association, www.ifpa.ie

Caroline O'Doherty is travelling in Bolivia with the Irish Family Planning Association, www.ifpa.ie

» O'Doherty, Caroline. "World Cheers Arrival of Bolivian Bundles of Joy."

IRISH EXAMINER

March 20, 2009: pp 12

Annex B – Participant Biographies



» **Senator Fiona O'Malley** (Delegation Leader) was first elected to Dail Eireann in 2002 and was appointed to Seanad Éireann by the Taoiseach in 2007. Senator O'Malley is the current Chairperson of the Irish All Party Group on Sexual and Reproductive Health, Rights, Population & Development.



» **Deputy John Deasy** has been a member of the Dáil Éireann since 2002. He was appointed Fine Gael Deputy Spokesperson on Foreign Affairs, with Special Responsibility for Overseas Development Aid in 2007. Deputy Deasy is a member of the Joint Oireachtas Committee on Foreign Affairs and serves as Chairperson of the Sub-Committee on Overseas Development.



» **Senator Dominic Hannigan** Dominic Hannigan was elected to Seanad Éireann by the Industrial and Commercial Panel in 2007. Senator Hannigan is the Labour Party Whip in the Seanad and a member of the Joint Oireachtas Committee on Foreign Affairs and Sub-Committee on Overseas Development. Senator Hannigan is a civil engineer by profession and has worked in the transport, health and communication sectors in Ireland and abroad.



» **Caroline O'Doherty** (Journalist with the Irish Examiner) graduated with a degree in economics and history from University College Dublin before studying journalism at NUI Galway. Over the past ten years she has reported from countries challenged by conflict, natural disasters and development issues in Africa, Asia, the Balkans and eastern Europe and has observed at close quarters the work of the NGO sector in both relief and development projects.



» **Crispin Rodwell** (Freelance Photographer) has worked as a photojournalist for thirty years. Now based in Dublin, he spent twenty-two years covering the troubles in Northern Ireland. His work has been published in many of the world's leading newspapers and news magazines and has resulted in over twenty awards in national and international press photography competitions. During a nineteen year career as a contract photographer with the Sunday Times, and five years as a Reuters photographer, he travelled to over thirty countries.



» **Niall Behan** is CEO of the IFPA and has over twelve years experience leading NGOs in Ireland. As CEO of a major sexual and reproductive health service provider, Mr. Behan is responsible for the overall implementation of the organisation's strategic goals and objectives including medical service delivery, education, counselling, training and policy development. Prior to his work with NGOs, Mr. Behan worked as personal assistant to the Minister for Social Welfare.



» **Meghan Doherty** is the IFPA Policy & Advocacy Officer since 2007. In her role, Ms. Doherty serves as secretary to the Irish All Party Group on Sexual and Reproductive Health, Rights, Population and Development and advises a variety of stakeholders on policy issues related to sexual and reproductive health and rights. Ms. Doherty has a Bachelor of Arts in History from Queen's University, Canada and a Master's Degree in Women's Studies from University College Cork, Ireland.

Annex C – Itinerary

<p>March 14 & 15 Study tour participants arrive in La Paz Bolivia</p>	<p>March 18</p>
<p>March 16 9:00–17:00</p> <p>Meeting at CIES Headquarters for an overview of sexual and reproductive health in Bolivia, the current political climate and its impact on health policies, CIES services and initiatives, and an introduction to the “Youth in Extremely Difficult Circumstances” project.</p> <ul style="list-style-type: none"> • Dr Johnny Lopez, Executive Director CIES • Brigitte Villazon, CIES • River Finlay, IPPF WHR • CIES programme staff and Board Members 	<p>7:00–20:00</p> <p>Field visit to Cochabama</p> <ul style="list-style-type: none"> • Breakfast meeting with outreach workers of MARA programme • Meeting with MARA who receive care from CIES outreach workers & medical centres • Residential facility site visit • Tour of CIES clinic • Presentation on the future of the MARA programme
<p>19:30–22:00</p> <p>Welcome Dinner</p> <ul style="list-style-type: none"> • Dr. Johnny Lopez, CIES • Brigitte Villazon, CIES • River Finlay, IPPF WHR • Luca Citarella, European Commission Representative • Rosario Paz Ballivian, CIES Director • Luisa Rada, CIES Director • Janeth Vidarre, Representative of the Ministry of Health • Dr. German Crespo, CIES • Dr. Jose Luis Alfaro, CIES 	<p>March 19 10:30–12:00</p> <p>Meeting with Social Group in the Parliament</p> <p>15:00–16:00</p> <p>Meeting with the National Director of International Affairs in the Ministry of Health</p> <p>17:00–18:00</p> <p>Meeting with PROCOSI</p> <p>19:30–21:00</p> <p>Evening meeting with parliamentarians</p>
<p>March 17 9:00–13:00</p> <p>Field visit to El Alto</p> <ul style="list-style-type: none"> • CIES sexual and reproductive health clinic • Meeting with young people involved in the “Youth in Extremely Difficult Circumstances” project • Meeting with Maya Paya Kimsa • Meeting with women community leaders and youth groups 	<p>March 21 Irish delegation leaves for Ireland</p> <p>i <i>Executive Board of the United Nations Development Programme and of the United Nations Population Fund.</i> Country Programme Document for Bolivia, 2007 (DP/FPA/CPD/BOL/4). AVAILABLE FROM: http://www.unfpa.org/exbrd/2007/annualsession/dpfpa_dcp_bol_4.pdf</p> <p>ii <i>OECD. Bolivia Aid at a Glance 2006-2007.</i> Available from http://www.oecd.org/dataoecd/56/6/1867487.gif</p> <p>iii <i>USAID. Country Health Statistical Report Bolivia November 2008.</i> AVAILABLE FROM: pdf.usaid.gov/pdf_docs/PNADN487.pdf</p> <p>iv <i>Committee on the Rights of the Child. Fourth Periodic Report of Bolivia 2008 (CRC/C/BOL/4).</i> AVAILABLE FROM: http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.BOL.4.pdf</p> <p>v <i>Committee on the Elimination of Discrimination against Women. Combined Second, Third and Fourth Periodic Report of Bolivia 2006 (CEDAW/C/BOL/2-4).</i> AVAILABLE FROM: http://daccess-ods.un.org/access.nsf/Get?Open&DS=CEDAW/C/BOL/2-4&Lang=E</p> <p>vi Pooley, B., Ramirez, M. & Caroline de Hilari. <i>Bolivia's Health Reform: A Response to Improve Obstetric Care.</i> SHSOP Series: Studies in Health Services Organisation & Policy 24 (2008): 199-222.</p> <p>vii <i>Ipas-Bolivia. Submission to the UN Committee on the Elimination of Discrimination against Women 2007.</i> Available from http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/ipasbolivia.pdf</p> <p>viii <i>WHO, UNFPA, UNICEF & the World Bank. Maternal Mortality in 2005.</i> Geneva: WHO, 2007.</p> <p>ix <i>USAID. Country Health Statistical Report Bolivia November 2008.</i> AVAILABLE FROM: pdf.usaid.gov/pdf_docs/PNADN487.pdf</p> <p>x <i>WHO/ICO Information Centre on HPV and Cervical Cancer. Human Papillomavirus and Cervical Cancer.</i> Summary Report: Bolivia. Barcelona: WHO/ICO Information Centre on HPV and Cervical Cancer, 2007.</p>
<p>14:00</p> <p>Meeting with Irish Consul to Bolivia, Peter O'Toole</p>	
<p>16:00</p> <p>Meeting with Senator Guido Guardia, President of the International Policy Commission</p>	





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