UNICEF/Bolivia/Arnez

Nutrition

Situation of children and women regarding nutrition

Despite significant progress in addressing malnutrition, the national prevalence of chronic malnutrition among children under-five stands at 22 per cent. These children are likely to suffer weakened immune systems and life-long physical and cognitive impairment. Moreover, marked disparities persist in malnutrition rates particularly by residence and wealth quintile.

The probability that a child under-three suffers from chronic malnutrition is 1.8 times higher in rural areas (25.9 per cent), than in urban areas (14.6 per cent). Although acute malnutrition prevalence in under-five is only 14 per cent, in the department of Potosí rates are as high as 26 per cent. Amongst the poorest populations nearly 46 per cent of children are malnourished compared to 6.5 per cent of children among the richest populations.

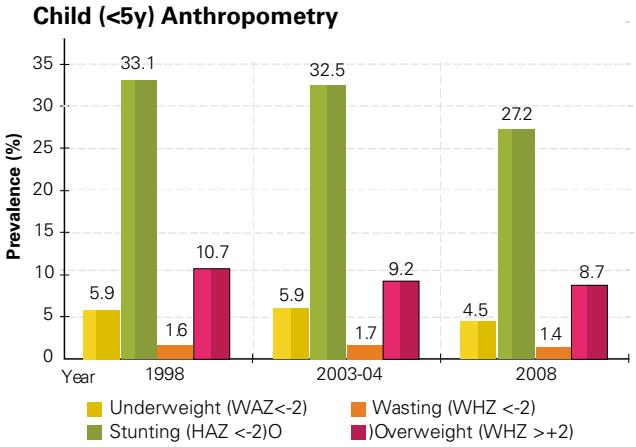
Poor breastfeeding practices, insufficient food and micronutrients, and chronic illnesses like diarrhoea are the most significant immediate causes of malnutrition. Drivers of these factors include unequal access to food in the home, poor care and feeding practices, unsafe water and sanitation, and inadequate health care. Many of these problems can be prevented by early initiation and exclusive breastfeeding for the first six months followed by well-balanced nutritious infant feeding practices together with vital micronutrient supplementation. However, only 60 per cent of mothers exclusively breastfeed for the first six months, only 16 per cent of children under-two years of age receive supplementary feeding; only 53 per cent of children between two and five years and 73 per cent of under-2s have received their complete iron dosage. While 73 per cent of under-one year olds have received their first dose of Vitamin A, just 40 per cent of children between one and five years of age have received their second dose. Anemia in children aged six months to two years of age reaches a high 77 per cent. Some 49 per cent of pregnant or breastfeeding women have anaemia in the country.

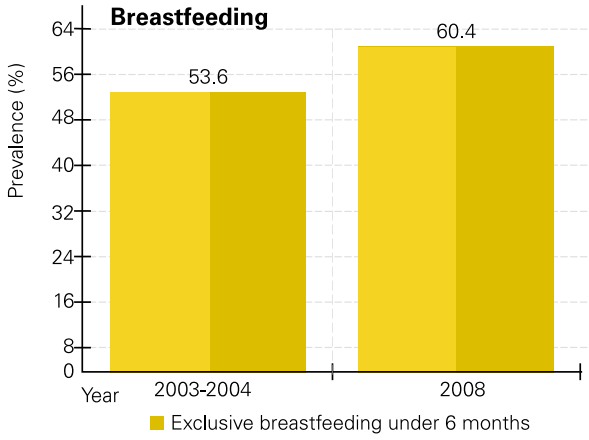
Although Bolivia has developed various strategies to improve the nutritional state of children and mothers, the persistent gaps indicate that they are insufficient and there is a need for higher-impact, evidence-based actions. To effectively steer policies to improve nutritional outcomes, the government, through the technical assistance and institutional building offered by UNICEF, needs continued support of the international donor community and the United Nations.

UNICEF in action

UNICEF's Country Programme for 2013-2017, agreed with the Government of Bolivia, positions children at the centre of national and subnational public policies, programmes and budgets. The country programme works within seven thematic areas divided into three programme components: 1) Quality basic social services with equity; 2) Protection of children and adolescents; and 3) Knowledge management and social inclusion for the promotion of child rights. The programme supports upstream work at national and sub national level in the nine departments of the country, whereas downstream interventions are mainly concentrated in the departments of Chuquisaca (El Chaco region), Potosi, Cochabamba and Beni.

Young Child Survival and Development (YCSD) is part of the quality basic social services with equity programme component and addresses nutrition as one of its priorities, aiming to improve the equitable access by indigenous pregnant women, children, adolescents and young people even in times of emergency by implementing proven





nutrition prevention and treatment interventions. The programme uses an equity approach which focuses on the most disadvantaged women and children, aimed at reducing the wide geographic, social, gender and cultural disparities. Reducing chronic malnutrition or stunting is one of the main priorities, with a particular focus on maternal nutrition and the critical first 1,000 days of a child's life. Interventions include the promotion of good breastfeeding and infant feeding practices, micronutrient supplementation and food fortification. High-impact interventions are essential to ensure that the nutritional status of children as well as pregnant and breastfeeding women is protected at all times, including in emergency situations.

Notably UNICEF has assisted with Standards for Severe Acute Malnourishment Management, supported hospitals to achieve Baby Friendly Hospital accreditation and provided capacity building at all levels. For example 400 facilitators were trained in breastfeeding promotion and UNICEF provided technical assistance in the design and implementation of a monitoring system for fortified food in eight Departments. UNICEF also assisted with the development of three manuals for its implementation and follow-up.

UNICEF has provided technical assistance to the Community Nutrition Monitoring System in 146 prioritized municipalities and 4,090 key informants from the communities were trained to collect information about nutritional knowledge and practices in the community. Additionally, with UNICEF's technical assistance, and in coordination with the Norms and Quality Bolivian Institute (IBNORCA) the quality control system was strengthened by revising nutrition standards for sick children, including on fortified foods.

Impact

The country programme is designed to enable UNICEF to contribute to the realization of the rights of all children, with a specific focus on the most disadvantaged. In nutrition, this impact is reflected in progress towards national, regional and global development and human rights commitments, based on a number of indicators. Working in partnership with key actors, UNICEF will support the Government of Bolivia to ensure the delivery of vitamin and micronutrient supplementation and iodized salt; promote exclusive breastfeeding and community-based prevention and management of malnutrition, with a specific focus on stunting. The interventions seek to strengthen the capacities of services and empower communities to improve their nutritional and care practices. The aim is also to increase the demand for adequate nutrition services. In addition, because of recurrent natural disasters in Bolivia, especially drought and floods, UNICEF increases the government's capacity to meet the nutritional needs of children, pregnant and lactating women in these difficult situations.

Strategic approach

UNICEF supports the nutritional sector in Bolivia by providing equitable delivery of key proven and cost effective interventions. The strategy is based on equity principles to ensure that the most disadvantaged communities are reached and focuses on the following key actions:

- Promoting social mobilization, participation and behaviour change towards healthy practices with an intra/intercultural approach involving families and communities;
- Developing institutional capacities at national and subnational level for strengthening equitable nutritional policies;
- Strengthening surveillance of nutritional indicators, and advocating for authorities investment in SMARTs in departments with chronic malnutrition greater than 20 per cent;
- Producing evidence and innovations for implementing practices, services and policy interventions for the prevention and treatment of stunting and other forms of undernutrition throughout the life cycle;
- Strengthening strategic partnerships and collaboration with the private sector to promote social responsibility;
- Documenting lessons learned to improve governance, services and resource allocation; including south to south cooperation;
- Advocating at different levels for ensuring implementation of effective nutrition interventions for achieving equitable results for girls, boys, adolescents, pregnant women, mothers and communities;
- Increasing the government's capacity to deliver services to protect nutritional status of girls, boys and women during humanitarian situations.

Partnerships

Being able to partner effectively to enhance results for children, based on UNICEF's comparative advantage and shared commitments to common principles and results, has never been more important. Strategic partnerships continue to play a central role in advancing results for children with equity and UNICEF continues its long-standing practice of building capacity through partnerships with national and local governments, civil society, academic institutions and the private sector, reducing the dependence of governments and other actors on development assistance over time.

The main partners supporting the Nutrition Component of the YCSD Programme are:

Ministry of Health
Departmental and municipal governments
Rural and indigenous community organizations
Bilateral and multilateral cooperation agencies.

Sources used:
UNICEF, 2012
Ministry of Health and Economic and Social Policy Analysis Unit, 2012
Séptimo Informe de Progreso de los Objetivos de Desarrollo del Milenio en Bolivia, UDAPE 2013
Technical report of the Nutrition Unit, Ministry of Health 2012
National Demographic and Health ENDSA 2008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Budget estimate

Output/Line of Actions		Expressed in USD			
		2015	2016	2017	Total
1	Children, mothers, fathers, families and communities use key nutrition practices to prevent and treat chronic malnutrition and other types of malnutrition	680,000	680,000	680,000	2,040,000
1.1	Promoting good nutritional practices through communication, participation, mobilisation and behaviour change and with an inter- and intra-cultural focus that involves families and communities				
1.2	Integrating a strategic gender approach to promote leadership among women, girls and adolescents in organised processes aimed at reducing disparities and malnutrition in the community				
2	Health services in priority areas implement effective nutrition interventions	453,333	453,333	453,333	1,360,000
2.1	Developing institutional capacities focusing on equity at national and subnational levels to strengthen policies, programmes and services in nutrition in favour of children and adolescents				
2.2	Strengthening nutritional indicators in the monitoring and evaluation system as well as advocacy for chronic malnutrition >20% by SMART authorities.				
2.3	Supporting food fortification processes, including monitoring production, promoting consumption and development of new products.				
3	Subnational governments that identify bottlenecks allocate budgets for cost-effective, multisectoral nutrition-related interventions	680,000	680,000	680,000	2,040,000
3.1	Generating evidence and innovation through the implementation of interventions, services and policies for the prevention and treatment of chronic malnutrition and other forms of malnutrition throughout the life cycle				
3.2	Advocacy for the convergence and development of intersectoral efforts to address social determinants of malnutrition with an equity focus				
3.3	Promoting the prevention and reduction of disaster risks, including the preparation of responses				
4	National capacity to protect the nutritional status of children and women in emergencies is strengthened	453,333	453,333	453,333	1,360,000
4.1	Establishing responses to nutritional emergencies, including the activation of coordinating mechanisms for nutrition (sectoral working group).				
	Total Required Budget	**2,266,667**	**2,266,667**	**2,266,667**	**6,800,000**
	Total Available	**137,500**	**-**	**-**	**137,500**
	Funding Gap	**2,129,167**	**2,266,667**	**2,266,667**	**6,662,500**

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Baby friendly hospitals help babies thrive and prove popular

By Ruth Ansah Ayisi

Lourdes Zegarra, 27, lies on the hospital bed grimacing as her labour pains begin to take hold. "It's starting to hurt a lot," she says. Although in pain, she does not seem scared.

This will be Lourdes's third birth. The other two children, aged 6 and 3, were also born in hospital. But Lourdes says she is expecting this time to be better because Cliza hospital has since been certified baby friendly. "I will receive help to properly breastfeed my baby and my husband will be allowed to be present during the delivery. This did not happen before," she says.

The baby-friendly health initiative (BFI) was initiated by UNICEF and the World Health Organization (WHO) in 1991 to promote correct breastfeeding practices. A hospital can only be certified as baby-friendly when it has put in place 10 specific steps to support correct breastfeeding and the hospital and staff have been externally assessed. In Bolivia another step was included: regulating the advertising of breast-milk substitutes in hospitals. The steps support initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more along with nutritionally-balanced, age-appropriate complementary feeding from the sixth month.

Benefits of breastfeeding have been widely documented. Besides drastically reducing chronic malnutrition rates, an exclusively breastfed baby is 14 times less likely to die in the first six months than a non-breastfed baby (Lancet, 2008).

However, in Bolivia only 60.4 per cent of mothers exclusively breastfeed their babies for the first six months. Moreover, recent figures show that although chronic malnutrition has decreased among children under-three from 42 out of 100 in 1989 to 18 out of 100 in 2012 rates are considerably higher in rural areas where averages reach 25.9 per cent compared to 14.6 per cent in urban areas.

So far in Bolivia only 16 hospitals are declared baby-friendly. "We need to focus on getting more maternity facilities baby friendly especially in rural areas," says Dr Claudia Vivas, UNICEF head of Child Survival in Bolivia. "Not only are these children missing out on the health benefits of breastmilk but young children's lives are being put at risk. Diarrhoea and respiratory infections are the two main causes of infant deaths in Bolivia; these preventable diseases can be dramatically reduced by breastfeeding."

Cliza hospital, which is situated in Cochabamba, is being used as a model. All around Cliza hospital, posters are plastered on walls promoting breastfeeding or prohibiting free or low-cost breastmilk substitutes, baby bottles and teats.

Doctor María del Carmen Mendieta, who is responsible for the breastfeeding programme at Cliza hospital, trained 73 staff on the BFI. The staff had to complete a written and oral test, and a team of assessors, including a representative from UNICEF, interviewed pregnant women and new mothers, chosen at random, about their experiences at the hospital.

The doctor explained they adapted the BFI to the reality in Bolivia, making the experience culturally-sensitive. "For example, women can choose what position they would like to adopt during childbirth – in some cultures the women prefer to give birth standing up. We always try to accommodate non-harmful cultural practices." The hospital also encourages more involvement of fathers. "Men used not to come to the consultations," says the doctor. "When I invited them, they resisted at first, but now they see it is worth it."

Danny Villarroel, 28, is one of the fathers in Cliza who has welcomed this initiative. "I attended every prenatal consultation with my wife and I was present for the childbirth," he says looking fondly at his wife, Patricia, who is breastfeeding their one-week-old baby, Santiago. "When my baby was born and they laid him on my wife, I felt the bond between them. It was such an emotional experience."

Besides regular postnatal consultations and breastfeeding workshops at the hospital every two months, his wife, Patricia, like all new mothers, will receive support in her community. For example, Dr. Mendieta and her team make weekly house visits and liaise with breastfeeding committees which are set up in each village.

Mayda Hinojosa, 29, is the head of the Villa El Carmen breastfeeding committee, seven kilometres from Cliza Hospital. "I was elected by my village," Mayda explains. "My role is to make the liaison between new mothers in the area and the hospital. For example, I visit new mothers during the first few days after childbirth. If they have any problems, I phone the hospital and they send a doctor or nurse." Mayda is giving the interview before attending a routine consultation for her robust 14-month-old baby, Andy. She concedes that if it was not for the hospital's advice, she would not have fed her baby correctly. "Before, I didn't know about early initiation of breastfeeding."

The support given to pregnant women and new mothers, particularly about breastfeeding, has strengthened the relationship between the hospital and the community. Doctor Mendieta points out that in 2011, only 20 per cent of pregnant women in the area came to this hospital to give birth compared to 60 per cent in 2013 when the hospital was certified baby friendly. "This month (June 2014), we have had 36 births – it is a record number," says Dr. Mendieta enthusiastically. Lourdes will soon have the 37th birth and she seems confident that the hospital will give her the necessary support during the birth and in the months after when she breastfeeds and cares for her newborn.

Doctor Mendieta talks to Danny and Patricia Villarroel, parents of one-week-old Santiago, who are attending a postnatal consultation.

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