
BOLIVIA



Administrative capital: La Paz
Official capital: Sucre
Area: 1,098,580 km²
Population: 7,314,000 (1990) (a)
Population density: 7/km²
Urban population: 34 %
Per-capita GDP in US\$: 570 (1988) (b)
Life expectancy at birth: 54.5 years (c)
Infant mortality rate: 102‰ live births (1990)(d)
Illiteracy: 60% (e)
Population under poverty line: 64.3% (f)
Human Development Index 1992: 0.334 (109th) (g)¹

The challenges of human development in an impoverished country

Bolivia is one of the poorest countries in Latin America. The proportion of indigenous people in its population is high, and until the early 1980s its history has seen frequent military coups, political instability, and authoritarian Governments. The 1980s nevertheless witnessed democratization of the country. This occurred in October 1982 with the Siles-Suazo Government's assumption of power after intense opposition by unions and other social forces to the regime of General García Meza.

Democratization was accompanied by acute economic recession during the first half of the 1980s, however. Between 1980 and 1985 the gross domestic product (GDP) fell by 10% and the per-capita GDP declined by 24%. Over three

years the value of the currency declined by 306,000%. Between July 1984 and July 1985 alone the inflation rate reached 14,173%.² The external debt, around \$5,000 million at the end of the 1980s, has been a heavy mortgage which democracy inherited from authoritarian regimes; from 1981 to 1986 between 41% and 46% of the country's revenue from exports was used to pay the debt, which has hindered recovery and development.

After the 1985 elections a new Government, headed by Paz Estenssoro, decreed the application of a severe neoliberal structural adjustment plan through the New Economic Policy (NEP) with the support of international financial agencies such as the World Bank (WB) and International Monetary

Fund (IMF). The NEP included measures to put a brake on hyperinflation and stabilize the economy, reduce public spending, and liberalize the labor market. The mining sector, one of the traditional pillars of the Bolivian economy (Bolivia is the world's second leading tin producer), underwent a drastic reconversion which, through the so-called "relocation" of workers, resulted in a large number of dismissals. Of the 46,000 workers dismissed in 1986, more than 20,000 were miners.

As a result of the NEP and other factors, inflation was so controlled during the second half of the decade that inflation rates among the lowest in Latin America were achieved, a situation which lasted until 1991, and the GDP grew between 2.1% and 3.5% annually until that year. Despite these rates of economic growth and the relative success of stabilization and adjustment, the country has not entered a stage of economic renewal. Investment has not recovered and economic growth has been exceeded by population growth. Against this background, the "coca economy" and drug trafficking has spread until it now represents the country's most important—though unregistered—source of foreign exchange.

The structural adjustment brought about by the NEP resulted in a significant reduction in income and the purchasing power of wages, an increase in unemployment, the failure of numerous businesses, and an unusual increase in the informal economy—events which together define the social panorama of the country as it entered the 1990s.

The employment situation and the labor market

The labor market, in which agriculture is extremely important, has two fundamental traits which were accentuated during the last decade. First, subsistence activities, parttime wage earning, and self-employment predominate. This characteristic was prominent throughout the 1980s: in 1976, only 21% of the economically active population (EAP) were wage earners, a proportion that fell to 14.5% in 1988. In the same years the proportions

of wage earners in agriculture were only 11.6% and 5.3%, respectively, which shows the limited "modernization" of Bolivian agriculture. The small number of wage earners is a result of the limited absorption of the work force by the business sector and the state. In 1985 the latter employed 23.5% of the country's workers, the business sector, 14.5%, the semi-business sector, 19.4%, the "family" sector, 38%, and domestic service, 4.6%. In 1989 the "family" sector reached 43.2% and the business sector 19.7%, while due to adjustment there was a drastic fall in the state sector, which absorbed 16.5% of the EAP and the semi-business sector, 13.7%.

Second, the importance of the tertiary sector—services—and the informal economy has been increasing. From 1976 to 1988,³ and as a consequence of the crisis and adjustment, the EAP sector which experienced the greatest growth was services, while the EAP in agriculture and industry fell significantly. There was also a sizable increase in the female EAP, especially in agriculture and the informal sector.

In 1988, 41.4% of the EAP was in agriculture, 38.3% in services, and 18.4% in industry. In area terms, 59.6% of the urban EAP worked in the service sector in 1988 and 30.1% in industry. In rural areas, 78.4% worked in agriculture, 9.7% in industry, and 8.6% in services. Generally speaking, most men (51.8%) were employed in agriculture and 30.5% in services. Women worked mostly in services (52.7%), especially in commerce, the only sector in which women exceeded men, 26.4% in agriculture, and 18% in industry.

In 1991 the proportion of the EAP in agriculture was 43%, compared with 41.3% in 1988. This is explained both by the new return to the land of a large number of originally rural migrants to urban areas and of miners, especially in Yungas and El Chapare, because of the reconversion of mining and favorable credit and socioeconomic conditions in the agricultural sector,⁴ and by migration to areas where coca leaf is produced.

Despite the lack of investment and generation of jobs, open unemployment rates were low—5.5% in 1976 and 19% in 1985—which is due to a situation of general uncertainty, prolonged

recession, and deterioration in income in which the population cannot remain out of work since it is forced to undertake any kind it can get. Underemployment or hidden employment, linked to the informal economy, are more common and are the direct results of the economy's inability to generate income-producing jobs. As indicators for measuring the effect of this phenomenon, it may be noted that 26.6% of working persons worked less than 40 hours a week in 1989. If we consider the income variable, however, underemployment reaches much more significant figures: 73% of the EAP had incomes below the poverty line, estimated at \$150, which hinders the reproduction of the work force.

These facts are directly related to the importance of the informal sector in the Bolivian economy, which has grown quite strongly since the application of the NEP in 1985. In 1980, indeed, 54.7% of manufacturing workers, 46.2% of those in construction, 51% in transportation, and 48.8% in trade (based largely on smuggled goods) were in the informal sector. Trends were similar in 1989 except in trade, where the proportion increased to 66%. In that year 66.6% of women and 35.6% of men joined that sector, the men largely as self-employed workers and the women as sellers.⁵

The presence of children in the labor market is widespread because of the conditions of poverty in which a large part of the population lives and the importance of child labor in agricultural tasks. Ten percent of boys and girls between 10 and 14 years of age and 38.5% of youths between 14 and 19 years work. From age four or five children help in domestic and farming tasks, especially in tending flocks of animals. These chores go hand in hand with school attendance. Girls care for their younger brothers and sisters as "substitute mothers" from age nine or ten.

Given the spread of the informal sector, the question arises of how far informal sectors can go in replacing the business and state sectors in generating jobs. Accordingly, the high unemployment rates of 1989 could be evidence of the saturation of easily entered informal activities such

as trade, which would make the economic inclusion of the "family" sector increasingly non-viable.

The social dimensions of the crisis: the poverty situation and social policies

According to data from the 1976 census, 73.8% of the population in that year (61.7% of urban and 84.4% of rural residents) lived in poverty. Forty-five percent of the poor lived in extreme poverty: 52.4% in the countryside and 34.5% in cities.⁶ In 1988, according to data from the United Nations Development Program (UNDP), 64.3% of the Bolivian population lived in poverty—72.6% in the countryside and 56.4% in cities—and in extreme poverty.⁷ Poverty seemed to decline somewhat between those years and in relative terms.

The central Andean region continues to be the poorest in Bolivia. The poorest provinces are in the departments of Cochabamba (although it is relatively "rich" compared with the rest of the country), Potosí, and Chuquisaca. The largest concentrations of poverty in Cochabamba are in Arque and Tapacarí (Bolivia's two poorest provinces), Mizque, Ayopaya, and E. Arce. The poorest provinces in Potosí are A. Ibáñez, Nor Chichas, Sud Lípez (the third, fourth, and fifth poorest in the country), Chayanta, Charcas, T. Frias, C. Saavedra, Bustillos, and G. Bilbao. In Chuquisaca they are Nor Cinti (Bolivia's sixth poorest province), Oropeza, Zudanes, Sud Cinti, B. Boeto, Yamparaez, Tomina, Azurduy, and H. Siles. In Pando in the northern part of the country, four provinces have large pockets of poverty: Abuna, General F. Román, Madre de Dios, and Marupiri. In Oruro Department they are L. Cabrera and P. Dalence, and in Tarija (a department whose income is above the national average) the province of Méndez is the poorest, 90% of its dwellings lacking basic services.

Poverty continues to be concentrated in rural areas, though in marginal urban areas not included in the "poverty maps" prepared so far, there are pockets of extreme poverty whose nutrition and

health indicators are much more deficient than those in rural areas. In the latter, moreover, there are certain cultural factors and *campesino* strategies such as considerable social integration and traditional mechanisms of reciprocity and redistribution associated with indigenous cultures—absent in urban areas—which facilitate survival.

In urban areas the poorest from the income viewpoint are manufacturing workers and itinerant vendors, whose average monthly income was 125 bolivianos, or \$40, in 1989. It must be noted that being a wage earner does not necessarily eliminate poverty. Except in the oil sector, real wages declined between 47% and 53% from 1980 to 1985, according to various estimates. Between 1985 and 1987 there was another decline of 24% over 1985, but they recovered slightly in 1988 with a growth of 17.5%, and in 1989 the growth was 23.8%.⁸ The decline was greater than the national average in the public and productive sectors. In 1989, 73% of wage earners received less than 500 bolivianos (\$150); 62.5% were in the 101- to 500-boliviano range, and 68% of women earned less than 300 bolivianos. All these incomes were below the poverty line.

There is a great deal of poverty among Bolivian children. It is calculated that in 1984, 81% of children less than 14 years old were poor; 20% were indigent, i.e., lived in extreme poverty. This shows the size of the problem, not only now but in the future: eight of every ten children will grow up unable to meet their basic needs, a situation which will have irreversible effects on their physical and mental development as well as their social adjustment and employability.

To ameliorate the social effects of the crisis and adjustment, a temporary Social Emergency Fund (SEF) was organized in the office of the President of the Republic in 1986 which was the first institution of its kind in Latin America. Although it was to have ended in 1989, it was transformed into a long-term Social Investment Fund (SIF).⁹ There is also a Fund for Peasant Development aimed specifically at that social sector. SEF/SIF had been conducting health, nutrition, employment, and other activities targeting the poorest and most vulnerable sectors, often

through nongovernmental organizations (NGOs) and with decentralized management mechanisms intended to overcome the bureaucracy of other Government agencies.

The drug traffic economy

Production of and traffic in cocaine, fed by demand in the markets of the United States and Europe, have gained particular importance in Bolivia's economy, social life, and politics. Despite the difficulty of measuring the phenomenon, it was estimated at mid-decade that about 700,000 persons, or 165,000 families, were involved in producing coca in an area of 60,000 hectares. Annual production probably amounts to 150,000 metric tons of coca which, after processing, yields 300,000 to 400,000 kilograms of cocaine. Sales probably generate between \$2,500 and \$3,000 million—between 80% and 90% of the formal GDP in 1986—of which only \$600 million, the equivalent of 120% of the country's exports, enters the national economy.¹⁰

It has been noted that the stability achieved through the NEP is explicable only if revenues from drug trafficking are taken into account, and that the inclusion of coca production workers has ameliorated the effects of unemployment and the crisis. A single day's work in coca leaf processing may yield twice the minimum monthly wage. Eliminating coca crops without developing income-generating activities and alternative export commodities could therefore have disastrous effects on the Bolivian economy.

For practical purposes, the Government's "coca for development" program has brought about only partial eradication of the crops and not their replacement; in 1990 it resulted in 20,000 unemployed former coca producers, according to governmental sources. The program's strategy, based on indemnification for eradicated crops and subsidies for replacement production, seems impossible to sustain in the medium and long term.

Bolivia: A troubled multiethnic society

Bolivia's population belongs to three major ethnocultural groupings which are both different and interrelated: the urban white-mestizo world which is predominantly Spanish-speaking, the rural indigenous world of the Andean altiplano and valleys, which speaks Aymara and Quechua; and the rural *camba* world of the eastern plains and tropical forests. Using the language spoken as its criterion of ethnicity, the 1976 census established that 63.5% of the country's population—more than 2,466,000 persons—was indigenous, while the non-indigenous population or that which spoke Spanish only represented 36.5%. Fifteen percent of the population was Quechua and 7%, Aymara. Between 1976 and 1988, the year in which the most recent population survey was conducted, the proportion of the population considered indigenous declined to 51.3%,¹¹ while that which spoke Spanish only or an indigenous language as well increased from 73% to 89.7%, and that which spoke indigenous languages climbed from 53% to 58%. Both phenomena indicate the spread of bilingualism, the way in which the indigenous languages maintain themselves today. This is due to the intense interethnic contact stimulated by countryside-to-city migratory flows and the colonization of eastern areas.¹²

Aymaras, Quechuas, and Uru-chipayas, hunters and fishermen on the great high-altitude lakes, live together in the Andean area. Aymara is spoken by some 2 million Bolivians, plus another half-million Peruvians and tens of thousands of Chileans. Eighty percent of the Aymaras live in La Paz Department, 11% in Oruro, and 6% in Potosí. A half-million are urban indigenous who have regained their identity through Indian parties, associations, and clubs. Aymara radio stations in La Paz are of great importance in maintaining cultural identity.

There are approximately 2.5 million Quechuas, who belong to various groups: (a) residents of the valleys of Cochabamba, the eastern part of Oruro, and Potosí's northern mining district, who form almost half the total and are

fairly well assimilated in the dominant society, which makes their assignment to an Andean ethnic category questionable; (b) that belonging to the rest of Potosí, Chuquisaca, and outlying areas of Cochabamba, who represent 35% of the Quechuas and are much more traditional; (c) those in colonization areas of El Chapare, Cochabamba, and Santa Cruz, who represent 15%, and (d) the 3% living north of La Paz, who are very traditional.

In the eastern area, which embraces two-thirds of the country's land but only a quarter of its population, there is a quite diverse ethnic reality. On one hand is the *camba* category, which is applied to the rural lowland population who are not Andean migrants or urban residents; on the other are some 37 ethnic groups including 120,000 people who speak 30 different languages. The largest groups are the Chiriguano, Chiquitano, and Moxos. Most of the ethnic groups have between 2,000 and 5,000 members, and some are at risk of disappearing.

The problems which confront Bolivia's ethnic groups are their straitened living conditions, the scarcity and overexploitation of resources in the areas where they live, which force migration to cities and the eastern part of the country, and the general deterioration of the traditional economy, increasingly tied to the national market, which favors exploitation by all kinds of middlemen. Many peasants have been losing the lands assigned them by the 1952 agrarian reform because of fragmentation of properties, debts, lack of capital, etc. A second reform has been proposed to the Congress to deal with the lack of lands and the recomposition of major property in the Andes. Indigenous people also have to put up with a lack of participation in the country's political life and public administration. NGOs and indigenous groups are demanding direct representation of ethnic groups in the state, for example. The state has begun to recognize the collective right of ethnic groups to land and natural resources legally as a result of the recent March for Dignity and Land conducted by the Chimanes, Isiboro-Pecuré, and Ibiato forest ethnic groups, which also led to the eviction of the lumber companies which had

been devastating their forests without adequate reforestation.

The Andean *ayllu*, a kind of traditional indigenous organization, has been displaced by other, functional organizations such as cooperatives and unions, although those may be "modern" forms of economic management. Collective property in altiplano plains is a good example of economy of scale. Communal cohesion has been affected above all by the activities of fundamentalist sects, which are quite active in the altiplano and areas of urban migration.

Health, environmental sanitation, nutrition, and food security

Bolivia's public health system consists of the Ministry of Health, Social Security, and regional services (municipalities, universities, etc.), and has been shaped in a very centralized way and almost entirely around curative medicine. The private sector covers barely 5% of the population, and its coverage is also on the wane.

In 1990 the Ministry of Health covered approximately 30% of the population through its Subsecretariat of Public Health. Social Security reached its maximum coverage of 26.4% in 1983, though after adjustment policies were adopted that fell to 18% in 1988; it is reckoned that it probably increased to 20% in 1990. Only a part of wage-earning workers are covered by health services and old-age insurance.¹³ From 1985 to 1987 the number of Social Security establishments and beds declined by 47% and 38%, respectively. The hospital bed occupancy rate is relatively low, which shows a lack of coordination between hospital medicine and primary care. A major problem in the public sector of health care is the low remuneration of its personnel and their lack of training.

The SEF has played an important role in the health sphere by focusing its activities on the most vulnerable groups, especially mothers and children, through primary health care, vaccination, nutrition programs and the construction, rehabili-

tation, and equipping of health posts. Its operation has often been channeled through NGOs.

Health policies are based on the National Maternal Health and Childhood Survival Program, in effect between 1988 and 1992, which aims at achieving universal immunization, poliomyelitis eradication, an increase in the coverage of child development control, prenatal care and reproductive services, and, to 1993, a system of family sex education.

NGOs have become of major importance in the health field since the 1980s. The World Bank has estimated that in 1988, 20% of the population was probably being cared for by NGOs, and the UNDP increased that proportion to 27.9% in 1989. The Ministry of Health estimates the figure at 33.2%, Social Security at 34.4%, and the SEF at 4.5%.¹⁴ In many rural areas, NGOs are the only agencies which provide health services to the population. It is estimated, however, that only a third of the 300 NGOs working in the health sector have formalized relations with the Government in order to coordinate efforts, the results have been encouraging when such agreements have been reached. The geographic distribution of NGOs is also quite uneven. In some areas they are numerous (e.g., in central Cochabamba), while in others (such as northern Potosí) there are almost none. It is significant that only 6.7% of the requests for aid made by NGOs to the SEF/SIF target the poorest areas.

Noteworthy in this field is the NGO network called the Program to Coordinate Childhood Survival (PROCOSI), which is a member of the National Federation of Comprehensive NGOs (FENASONG). PROCOSI was founded in 1988 jointly by Save the Children and the U.S. Agency for International Development (USAID) to improve maternal and child health and reduce mortality by trying to coordinate private activities in the health sphere. Today it consists of 11 NGOs and its activities cover dozens of communities and thousands of people.

Finally, traditional medicine continues to be the only resource for large segments of the population, especially in rural areas. It is reckoned that there are 12,000 traditional health practitio-

ners—herbalists, medicine men, shamans, midwives, and others. Awareness is growing that their knowledge should be integrated with modern medicine and that workers in the formal health system should collaborate with such traditional agents.

In 1987 the entire country had 1,653 physicians, 903 nurses, and 2,743 nursing auxiliaries, and there was a clear disproportion between the number of physicians and paramedical personnel. In 1988 there was one physician for every 886 citizens and one bed for every 662. Nevertheless, 72.6% of the medical personnel were concentrated in cities, although 66% of the population lived in the countryside.

Life expectancy at birth was 53 years in 1985-1990. Although it had increased eight years compared with 1970, it was still a very short life-span in the regional context. As for causes of death in the population at large, there is major underreporting (>70%¹⁵), despite which it can be said that the commonest are communicable and parasitic diseases, which account for 23.9% of the total, followed by those associated with the cardiovascular system, with 19.5%. Noteworthy in the insured population are tuberculosis, silicosis, which affects 20% of miners, and silico-tuberculosis, which affects 40%. It is estimated that 1,000 cases of silicosis and 15,000 of tuberculosis occur annually in the mining areas; as for the latter disease, the eastern plains and mining areas are one of the most affected areas¹⁶

Among communicable diseases we must note, in addition to the high incidence of diarrheas and respiratory infections (more than 40% of this kind of disease), the great frequency of malaria, dengue, and Chagas' disease. Malaria is endemic in the northeastern region. A large outbreak of dengue occurred in 1987 in Santa Cruz which affected more than 72,000 people. Tarija, Pando, and Beni were the departments most affected.¹⁷ Chagas' disease is endemic in 60% of the country and is a serious public health problem in Chuquisaca and Santa Cruz. Studies by the Ministry of Health in 1983 estimated that 35% to 40% of the population at risk might be infected.¹⁸ The incidence of AIDS is the lowest in Latin America and

the Caribbean: only 43 cases had been recorded by 1992, or 5 per million inhabitants, of whom 37 had died. The disease is increasing somewhat, however. The pattern of transmission is largely homosexual-bisexual, though heterosexual transmission is increasing.¹⁹

In 1991, maternal mortality stood at 48 deaths per 10,000 live births; this rate is one of the highest in Latin America. Of the deaths, 46.6% occurred before delivery and 25.4% during it. These rates show the high incidence of complications of pregnancy and abortion. The short interval between pregnancies is a major aggravating factor. In 1989, 59% of women still received no prenatal care. Among rural women the proportion was 69.1%, and among those who did not receive any kind of instruction it was 81.5%. Of the country's deliveries in 1989, 45.5% lacked specialized care.

Mortality among infants under one year is among the highest in the region, though it fell from 151‰ live births in 1976 to 110‰ live births in 1985-1990, a period in which underreporting was estimated at 64%. The rate was 85‰ in urban areas and 120‰ in rural ones. There are areas in the inter-Andean valleys and marginal urban districts with still higher rates, however. In the poorest provinces, such as Arque (Cochabamba) and Nor Lípez (Potosí) it is even higher than 200‰, and in marginal La Paz populations it was 280‰ in 1988.²⁰ Mortality in children under five years reached 142‰ in the period 1979-1989: 114‰ in urban areas and 168‰ in rural ones. Diarrheas, often associated with malnutrition, and pneumonias are the commonest causes of death. It is estimated that a child less than five years old has between nine and 12 diarrheal episodes per year.

These data, together with those about malnutrition, indicate that of every 10 children who survive, four suffer from chronic malnutrition, three from frequent diarrheas, and two from acute respiratory infections. Childhood mortality, in sum, is associated with the poorest groups and with the population speaking only Quechua or Aymara. The high incidence of childhood mortality in rural indigenous areas determines specific

cultural patterns: birth does not symbolize entry into life. That occurs at age two when, through the *rutuchi* or first-haircut ceremony, baptism, and so the child's life, is celebrated.

Immunization coverage advanced significantly throughout the 1980s, though it is still quite low. In 1981 only one in every ten children was immunized against measles, poliomyelitis, and DTP, while in 1990 four in every ten were covered. The incidence of whooping cough, poliomyelitis, and tetanus has declined because of the priority that the Ministry has attached to the campaign against those diseases, but measles, whooping cough, and diphtheria are still major causes of child mortality. Thirteen hundred cases of measles were reported in 1988.

In the area of environmental sanitation, 60% of dwellings had potable water, 23% had sewerage, and 41% had sanitary service in 1988, though there were large discrepancies between the countryside and cities: 86.6% of rural homes lacked water and 72% lacked sanitary services. This indicates that more than 2,230,000 urban residents lack sewerage and 3,010,000 rural dwellers do not have excreta disposal systems. Only three cities have wastewater treatment plants, as a result of which several river basins are badly polluted; aggravating this is the fact that their waters are used for produce irrigation. This facilitated the accelerated spread of cholera during the final months of 1991 and first months of 1992, at a rate of 3,500 cases weekly in the entire country and especially in Santa Cruz, Cochabamba, Tarija, Chuquisaca, and Potosí.²¹ In cities such as Cochabamba, where there were around 150 cases daily in February 1992, *Vibrio cholerae* was detected even in drinking water.

Data for 1989 show that 45% of rural children and 31.5% of urban children suffered from malnutrition;²² in 1990, 25% suffered from serious malnutrition. Generally speaking, malnutrition is more serious in the altiplano and valleys and less so in the eastern plains, though moderate and severe malnutrition have a higher incidence in urban areas. In some places such as Azurduy in Chuquisaca, Tapacarí in Cochabamba, and Chayanta in Potosí, malnutrition affects 70% of the

child population. The Government lacks a clear nutrition policy, though it intends to extend a school breakfast program to the entire country. Although that is important, it will not reach children who have still not matriculated, i.e., the ages at which nutritional deficiencies take root, or the poorest children, who do not go to school.

Certain health problems associated with malnutrition and protein-calorie deficits are common. Studies by the United Nations Food and Agriculture Organization (FAO) and United Nations Children's Fund (UNICEF) in 1984 and 1985 calculated that the per-capita "apparent consumption" was 2,088 calories, while the required minimum was 2,232. This study and other surveys show that 80% of caloric needs are being met. In some disadvantaged rural areas such as Oruro, Potosí, and Chuquisaca, however, that proportion is only 57%. Endemic goiter affected between 60% and 65% of the population around 1983. Partial studies conducted in Santa Cruz also showed that 35% of fertile women suffered from iron-deficiency anemias;²³ in some rural areas up to 70% of pregnant women suffered from anemias related to malnutrition. High rates of avitaminosis A have been recorded in rural areas, though there is no consensus about this problem's importance.²⁴

Bolivia has a patent shortage of food, whose availability depends on both local production and imports, including food aid. Neither the amount of land under cultivation nor yields increased during the 1980s, and there were also steep declines in production as a result of droughts and floods, as happened in 1982-1983. Governmental policies have put priority on export crops because of pressure to acquire foreign exchange, and have neglected domestic food production. Around 222,000 metric tons of food are imported annually, which represents 15% of the country's total imports; that figure does not include contraband from neighboring countries. In barely 10 years the proportion of cereal imports for consumption has grown enormously, increasing from 0.02% to 41.5%.²⁵ Food aid has also grown rapidly, from 1,000 metric tons in 1960 to 5,600 in 1970 and 233,000 metric tons in 1986; 88.3% of such aid

comes from the United States. Various studies have noted that three-quarters of the food consumed by the poorest strata is imported products.²⁶ All this has caused changes in the national productive structure and consumption habits, and has put the country in a grave situation of food dependence.

Housing situation

The 1976 census showed that 76% of dwellings had one bedroom or less. In 1985 the average number of persons per dwelling in La Paz was 4 and of rooms, 2.7, or 1.5 persons per room. Later estimates of the housing deficit placed it at 650,000 units, including both those not built at all and those needing improvement. In urban areas the deficit was 220,000 dwellings, or 56% of the urban total, while the rural deficit was approximately 430,000, or 70% of the rural total. It is thought, however, that nine in every ten rural dwellings do not meet minimum habitability standards, which translates into overcrowding and unsanitary conditions.²⁷

Although the rural population continues to predominate, "informal" urbanization is on the rise, fed by heavy migratory flows from the countryside to cities. Together the six main urban centers (La Paz, Cochabamba, Santa Cruz, Sucre, Oruro, and Potosí) have more than 33% of the country's population. This has given rise to large "belts" of marginal urban districts concentrating the population with the lowest income and the most pressing poverty, malnutrition, and unsanitary conditions.

Education situation

In 1976, 37% of the population older than five years was illiterate, 15% in urban areas and 53% in rural ones. Illiteracy had fallen to 18% in 1988, affecting 8% of the urban population and 31% of the rural.²⁸ United Nations sources nevertheless believe that the incidence of illiteracy is much higher if the adult population (persons

older than 15 years) is considered. According to the Pan American Health Organization (PAHO), 60% of persons over that age in 1987 were illiterate. There were appreciable differences between the sexes: 52% of men compared with 68% of women.²⁹

In 1988, 24% of the population which had not attended school was between 10 and 24 years old, which shows that lack of school attendance is one of the major problems facing formal education. Women account for most of those who have received no schooling—71.2%. School dropout is also quite common. Between 1979 and 1984 only a third of those enrolled in the basic course completed it. Only half of those enrolled in the middle course finished their studies.

The population which has completed basic education is 36.8% of the total, that which has finished intermediate and middle education, 18.6% and 18.3%, respectively, and that with higher education, 7.5%. School matriculation increased absolutely from 1976 to 1988. Still, growth was concentrated in urban matriculation; that in the countryside remained almost stagnant, and the rate of growth decreased considerably. Whereas the school matriculation rate grew annually by 19.5% from 1976 to 1988, it fell by 3.1% from 1984 to 1988—the period of the crisis and adjustment in which public spending on education declined and the entry of children and teenagers into the labor market increased enormously.

Nontormal education for adults is quite limited and is unavailable to rural adults. Around 1986 there were national literacy-training and adult education plans, but they have not been followed up. Only the NGOs conduct significant programs in this field, sometimes under agreements with the Government. Today about 12% of rural students are educated in NGO centers, especially those belonging to the Catholic Church, which provide cheaper and more effective education than does the public sector.

The Bolivian state allocates around 20% of its budget—3% of the GDP—to education, in addition to which international cooperation provides major resources, which are channeled both through the state and NGOs. Despite this sizable resource

flow, the problems and poor results already described persist. This seems to be due to various factors; on one hand, to the population's bad economic situation, which leads to early entry into the labor market and consequent abandonment of studies. On the other, it is due to the low quality of formal schooling, especially in rural and marginal urban areas, which takes the form of out-of-date curricula and methods, poor preparation and motivation of teachers, and the infrastructure's poverty and inadequacy. Finally, the urban-western orientation of curricula does not take the country's multiethnic and multicultural reality into account.

Situation of women

From 1976 to 1988 and as a result of the crisis, adjustment, and deterioration in workers' incomes, an ever-increasing number of members of low-income families entered the labor market, particularly young people and women. In La Paz, Cochabamba, and Santa Cruz, the chief cities, the proportion of women in the EAP climbed from 35% to 44% between 1985 and 1989 alone.³⁰ As noted above, there has been a great concentration of women in the service sector and especially in trade. A high proportion of women, however, combine household tasks with subsistence farming; rural women's work is related to the agricultural cycle and so escapes census estimates.

Around 1988 there was more illiteracy among women; in that year, 25% of women were illiterate, compared with 14% of men. If the focus is on adult illiteracy (i.e., in persons older than 15 years), the differences are even greater, as noted previously: 52% among men and 68% among women.³¹ The highest rates are found among rural women and in some cases may exceed 50%. The educational level of the female EAP is thus lower; in 1989, 2.5% of working men and 10% of working women had not received any schooling, 23.5% of the men and 53.1% of the women had completed only the basic course, 17% of the men and 13.6% of the women the intermediate course, 30.4% of the men and 22.6% of the wom-

en the middle course, and 16.8% of the men and 8.5% of the women had completed university studies.³² The concentration of women in nontechnical university disciplines—teaching, education, nursing, pharmacy, social work, tourism—was significant; technical disciplines were largely pursued by men.

The fertility rate is quite high: around 5.9 children per woman. Higher rates occur in rural areas and, in them, in the valleys. Although abortion is illegal in Bolivia and socially stigmatized, it is estimated that more than 20,000 induced abortions occurred in 1989.³³ Although difficult to estimate, 30% of pregnancy-related deaths in 1989 were the result of clandestine abortions, according to the World Bank; the UNDP estimated the proportion at up to 47%.³⁴ This shows the importance of a phenomenon which seriously imperils the health of women who decide to abort and one which demands the immediate attention of Bolivian society.

Indigenous women daily experience discrimination and inequality, particularly on the sexual and political levels, although there is an ideal symbolic image in the indigenous culture which stresses equality and balance between the sexes. During the past decade, however, this traditional role has been changing because of the influence of programs to promote women. There has been a proliferation of "mothers' clubs," which, though sometimes limiting themselves to food distribution, in other instances are conducting development projects which promote legal equality—for example, through recognition of women as credit recipients—and the participation of rural women through women's assemblies parallel to the communal assemblies in which only men take part. Among the women's organizations which are conducting these and other activities should be mentioned the Women's Coordinating Office, an interinstitutional network which promotes rural women, and the Bartolina Sisa National Women's Federation, a union. Bolivia has been a country that has witnessed significant participation by women in politics, especially in the popular sectors; such participation usually involves politi-

cal demands for the lower-class and working sectors and, to a lesser extent, women's rights.

Vulnerability to disasters and the environment

Earthquakes, droughts, and floods are the main disaster threats in Bolivia. The departments of Chuquisaca, La Paz, and Potosí have experienced maximum seismic magnitudes of 8 on the Richter scale, and Tarija has had magnitudes of 9. Still, the most significant disasters of the 1980s were droughts and floods. Recurrent in Bolivia, these place peasants in often extreme conditions of survival and form part of the traditional culture. Peasants are familiar with annual cycles of severe frosts, and it is estimated that major altiplano droughts occur approximately once a century. The overflowing of the altiplano's lakes, which recurs about every half-century, is heralded by the nesting of certain bird species. Despite this, no accounting has been made of such recurrences or of the damage they cause.

The decade's largest disaster, which was representative of the lesser ones that occur every two or three years, was the cycle of floods in the East and the altiplano drought of 1982 to 1984, phenomena associated with the El Niño Current. The drought caused \$900 million in losses and destroyed 60% of the national agricultural production, and the floods severely damaged 80% of the East's highways. The effects on health and nutrition were also significant, and gastrointestinal diseases increased. There was an enormous migration to cities, where the peasants turned to begging. The Government established an emergency program in May 1983, but many of its objectives were not accomplished in time because of various problems. The Central Bank's program to grant credit in kind to peasants was relatively successful, however. Food aid was distributed by an interagency committee and benefited more than 580,000 people. Caritas provided help to 691,000 other victims through its "food for work" program. The Churches, in collaboration with the

peasant union CSUTCB and NGO networks, assisted a half-million people. Certain European Community (EC) projects channeled the Pirai River and dredged the Desaguadero River as preventive measures.

In 1992, heavy rains in the eastern part of Bolivia caused the heaviest flooding since 1947 in the departments of Beni and Santa Cruz. Beni's flat terrain retained flood waters for a long period in an area of more than 115,000 km². The floods made victims of almost 60,000 people and caused severe material damage: 90% of the crops were lost, as were more than 90,000 head of cattle. This resulted in a serious lack of food in the region. Damage to the road network, which remained unused, hindered relief operations, which posed a major logistical challenge to the organizations aiding the victims.

The recurrence of natural cycles is increasingly related to human and animal activities which increase risks and reinforce their effects. Degradation of pasturelands and the massive deforestation of Andean hillsides has aggravated the risks of flooding and run-off, with the resulting loss of fertile soils. Desertification in Cochabamba, Chuquisaca, La Paz, Potosí, and Tarija is rated "severe."³⁵ The risk of flooding in the East may be aggravated in the future because of enormous lumber concessions which together are estimated at more than 1 million hectares and in certain individual cases exceed 100,000 hectares, as with the Japanese company Maral. Such concessions usually do not comply with standards of tree felling and reforestation that permit forest regeneration.

NGOs, worker and peasant unions, women's organizations, churches, universities, international organizations, etc., have undertaken various organized initiatives in the disaster preparedness field. Proposals have been developed in recent months which, beyond proposing a more effective response to disasters, are attempting to develop new and comprehensive strategies with systemic approaches for managing water basins and agro-ecological systems, though they are still limited to the altiplano.

The human rights situation

Under the García Meza dictatorship and up to the installation of a democratic Government in 1982, many political rights and basic freedoms were abolished and there were assassinations of political and union leaders, forced disappearances, arbitrary detentions, and torture of opponents.

Such practices came to an end in 1982 with the restoration of constitutional freedoms and rights, and Bolivia strengthened the protection of basic rights by adhering to various international legal instruments in this area. In 1983, for example, it ratified Additional Protocols I and II to the Geneva Conventions.³⁶ The García Meza dictatorship was indicted in 1984 and formally brought to trial before the Supreme Court in 1986, but the apparent impunity of those responsible for crimes and torture has been an impediment to concluding the trial.

Although there is certainly no systematic violation of civil and political rights in Bolivia or of human rights in general, worrisome situations exist. In the context of the militarization of the campaign against drug trafficking, in which there are strong pressures by and even the direct intervention of the United States, which even sent troops in July 1986, a climate of widespread violence and intimidation and a "de facto state of exception" has given rise to numerous assaults in specific areas. As well, under the present and past Governments of the decade, protests and demonstrations by social and political organizations have led to arbitrary detentions and deportations. There are also indications of excesses committed by security forces in the antiterrorist campaign. Finally, hard economic times which bring about disrespect for economic and social rights may be a basis for an exacerbation of a social climate in which such practices could be repeated.

The impact of the policies and agencies of development assistance and cooperation

During the 1980s Bolivia received a total of \$2,202 million through multi- and bilateral technical cooperation agencies. Those funds were not distributed evenly during the decade. Up to 1984 the annual amounts varied between \$30 and \$40 million except in 1983, when the country received \$107 million as a result of the drought. In 1985 the amount doubled to \$77 million and, starting in 1987, there was an exponential increase which reached an estimated \$738 million in 1990 when structural adjustment policies began to be applied. The largest portion of the funds—49%—has come from bilateral sources. The second most important source has been United Nations agencies such as the World Food Program (WFP), the World Health Organization (WHO) and PAHO, and especially UNDP, which has provided 29.6% of the funds. In third place are multilateral agencies outside the United Nations system such as the Organization of American States (OAS), Inter-American Development Bank (IDB), Andean Development Corporation (ADC), EC, Plata Basin Development Fund (FONPLATA), IMF, and the Cartagena Agreement Agency (JUNAC).³⁷

From 1981 to 1986 the United States was the principal donor, providing between 70% and 90% of all assistance to Bolivia. In recent years, however, the United States has reduced its participation to the point where since 1989 it has been exceeded by Japan, and European countries have appeared as significant donors.

Up to 1986 "humanitarian and emergency aid" was the main assistance and cooperation category, representing 31.1% of the total, followed by agriculture and forestry, 21.7%, and health, 18.4%. That distribution changed beginning in 1987, however. From that year to 1990 emergency aid represented only 3%, while health and agriculture also declined and funds allocated to export promotion, "development," "the environment," and natural resources increased. The proportional decrease in some categories did not mean a reduction in the funds allocated, which on

the contrary rose due to the major increase in overall amounts during the second half of the decade. These shifts involve significant changes in the orientation of the policies of the state and donor agencies, which are paying greater attention to reactivation of production and exports as well as overhauling the state apparatus—all in consonance with the structural adjustment policies. Because of the enormous increase in international aid, a question has arisen of the Bolivian state's ability to sustain the activities undertaken with foreign funds, and there are serious doubts that it will be able to do so. It has been noted that a major medium- and long-term planning effort is needed in this area.

As noted above, there are a large number of international NGOs operating in Bolivia, each with its volunteers and technicians, in the fields of health, education, and social development in general. The main ones are the Cooperative for American Remittances Everywhere (CARE), Caritas, Catholic Relief Services, Concern International, International Red Cross, Food for the Hungry, Medicus Mundi, Doctors without Borders, Movimiento Laici per l'America Latina, Save the Children, and Terranova, as well as a group of NGOs linked to churches and fundamentalist sects. In addition to conducting their own programs, many of these NGOs are financial "umbrellas" for local NGOs. Although the scattered nature of their activity makes it difficult to estimate their contribution, the UNDP believes that they channel around \$100 million annually.

At the end of 1991 it was estimated that between 400 and 600 national NGOs with 6,000 employees were operating in Bolivia. Their number has been increasing in response to the population's impoverishment as a result of the adjustment, and so their activities are directed toward meeting the basic needs of the population, often by substituting for state activities. As for their impact, agreement exists in thinking their activities are more effective and dynamic than the state's since their contribution to reducing poverty and its manifestations and strengthening popular organizations, especially new players (women, young people, ethnic groups, etc.), is clear.

Nevertheless, their short-term approach, dispersion, and lack of continuity in activities, as well as an excessive dependence on external financing, which makes them extremely vulnerable in the long run, have been criticized.

Most of the NGOs—297—were concentrated in the departments of La Paz (44.2% of the national total), Cochabamba (21%), and Santa Cruz (12.2%). In Oruro they represented 5.7% of the total, in Potosí, 5.5%; in Chuquisaca, 4.7%; in Beni, 3.6%, and in Tarija, 3.1%. It has been noted that the NGOs are less present in areas of extreme poverty, where nonetheless parishes and grassroots groups attend to the most pressing needs. As for their activity, most of the NGOs which were operating in La Paz, Cochabamba, and Santa Cruz oriented their programs toward education and communication (a total of 91 NGOs), health (61), and agricultural production (34). The average duration of their projects varied from two to five years.³⁸ By and large, their priority targets are peasants and residents of marginal urban areas.

There are various networks of national NGOs such as the Private Institutions of Social Development (IPDS), whose member agencies have a common strategy of community participation; the National Union of Social Work Institutions (UNITAS), supported by the Catholic Church and progressive in nature; the Association of Promotion and Education Institutions (AYPE), Radio Schools of Bolivia (ERBOL), National Social Participation Secretariat (SEMPAS), and PROCOSI and FENASONG, noted above. There are also regional networks such as UNISUR in Potosí and Tarija, UNIBAMBA in Cochabamba, etc. Although the construction of common platforms dealing with subjects such as women, external debt, coca, the environment, etc., has facilitated coordination of such networks, their distinct political and religious approaches have made more stable collaboration difficult.

The relationship of the NGOs with the state was characterized in the past by a mutual lack of confidence and at times open hostility. With the return of democracy and the retreat of the state the situation has changed, however. Since 1987

there has been a gradual rapprochement, and today there are sectoral agreements in fields such as health and education, in which such agreements are a requisite for the NGOs, though not all comply with them. Some regional development corporations (such as CORDECRUZ in Santa Cruz) and ministries (such as Peasant Affairs) began to entrust part of their operations to NGOs.

These relationships were endangered by the promulgation of Decree 22,409 of January 1990, which mandated state control and auditing of NGOs

and was considered excessive by them. The NGOs' rejection of the decree was unanimous, as a result of which it was modified in March 1990. The later decree created a single national registry of NGOs giving legal status to such bodies and opening up the possibility that the Ministry of Planning will evaluate the fulfillment of NGOs' objectives and the impact of their activities when agreements are made with the state. A difference in interpretation in this regard by the state and the NGOs persists, however.