

**Country Profile on
Disability**

REPUBLIC OF BOLIVIA

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Japan International Cooperation Agency
Planning and Evaluation Department**

Country Profile on Disabilities

Republic of Bolivia

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Abbreviations

CBR	Community-Based Rehabilitation
CFSDIN	Center of Health and Integral Developmen
CNS	National Health Board
CODEPEDIS	Departmental Committee for Persons with Disabilities
CONALPEDIS	National Committee for Persons with Disabilities
DNEE	Unknown
DPI	Disabled Peoples' International
DREDF	Disability Rights Education and Defence Fund, Inc.
ENDSA	Demographic and Health Survey
HN	Children's Hospital
HO	Hospital Obrero
HDI	Human Development Report
IBC	Bolivian Institute for Blindness
IDAI	Departmental Institute of Infantile Adjustment
IDB	Inter-American Development Bank
INAI	Unknown
INDI	National Institute of Infantile Development
INE	National Institute of Statistics
IRI	Infantile Rehabilitation Institute
ILO	International Labour Organization
NGOs	Non-Governmental Organizations
PAI	Extended Program of Immunizations
PCI	Infantile Cerebral Palsy
PES	Strategic Health Plan
PNPD	National Prevention Policy for Disability
RIC	Integral Rehabilitation in the Community
SOT	Health Strategic Objectives Team
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
USAID	United States Agency for International Development
WHO	World Health Organization

1. Basic Profile

1-1. Basic Indicators

Public Sector Expenditure¹

Health	1.1%	1996-98
Education	4.9%	1997
Social welfare	51.2%	1998
Defense	1.9%	1997

Population¹

Population (total)	8.3 million	2000
% of women	50.3%	2000
% of urban population	62%	1999
Population growth rate	2.4%	1990-99
Male	60.4	1999
Female	63.8	1999

Medical Care

Medical care personnel ²		
Population/Doctor	769	1990-99
Population/Nurse & midwife	1,235	1992-95

¹ World Bank. World Development Report 2000-2001

² UNDP. Human Development Report 2001

Education

Education system ³			
Primary education	8 year		
Compulsory education	8 year		
Adult literacy rate ¹			
Male	91%		1998
Female	78%		1998
Enrollment ratio ³			
Primary education (Net enrollment ratio)			
Total	97%		1997
Male	95%		1995-99
Female	87%		1995-99
Primary education ⁴ (Gross enrollment ratio)			
Total	95%		1990
Male	99%		1990
Female	90%		1990
Secondary education (Net enrollment ratio)			
Total	40%		1997
Male ⁴	32%		1990
Female ⁴	27%		1990
Higher education ⁴ (Gross enrollment ratio)			
Total	22%		1991
Male	N/A		
Female	N/A		

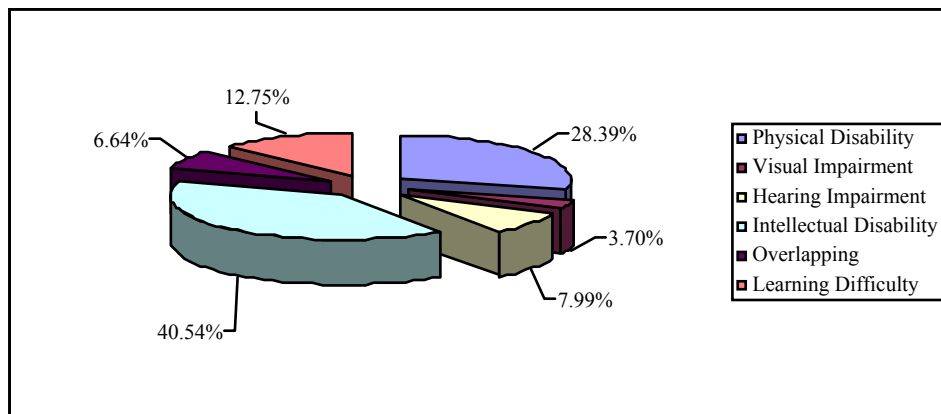
³ UNESCO. Statistical Yearbook 1999

⁴ USAID ESDS. GED2000 Retrieved February 21, 2002, from <http://qesdb.cdie.org/ged/index.html>

1-2. Indicators on Disability ⁵

Disability-specific Data

Figure 1: Types of Disability in 1999

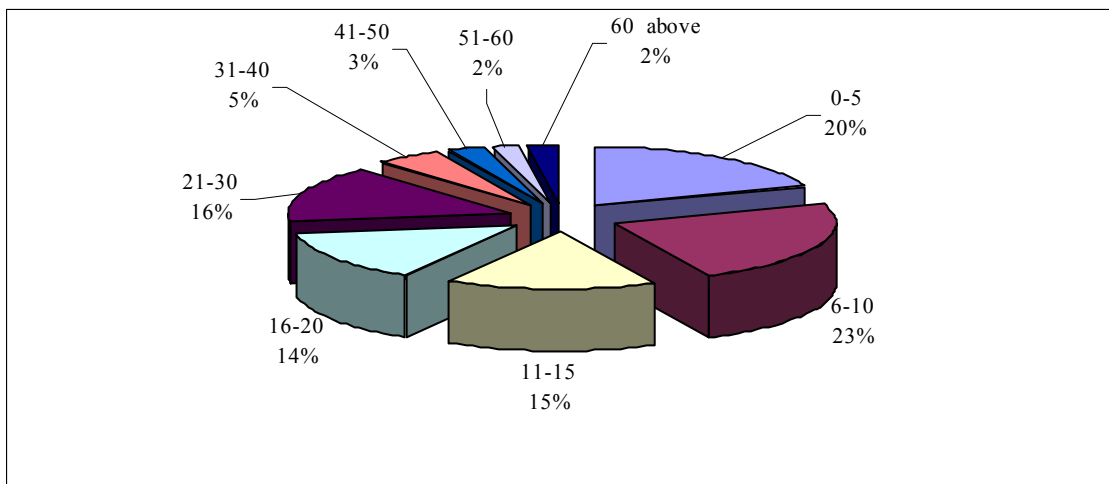


Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

⁵ Data source is based on the local consultant report. References of this report are unknown.

Age-specific Data

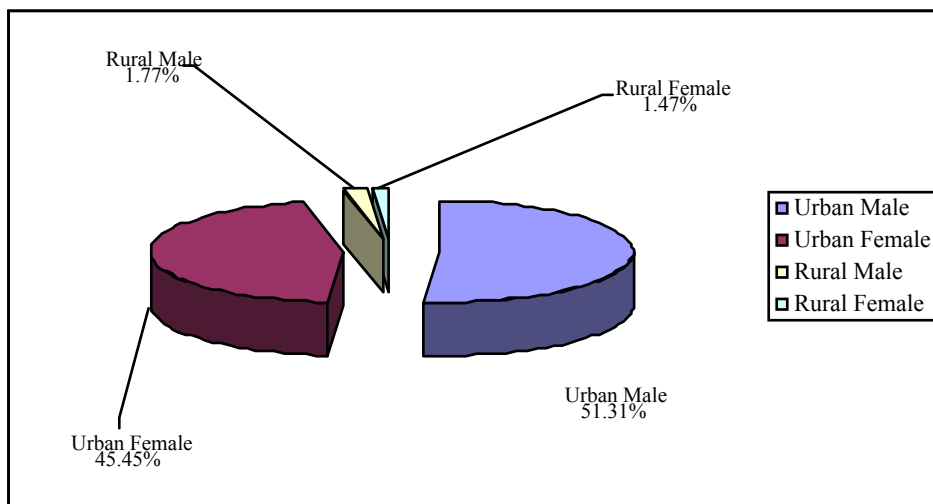
Figure 2: Number of Persons with Disabilities by Age Category in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

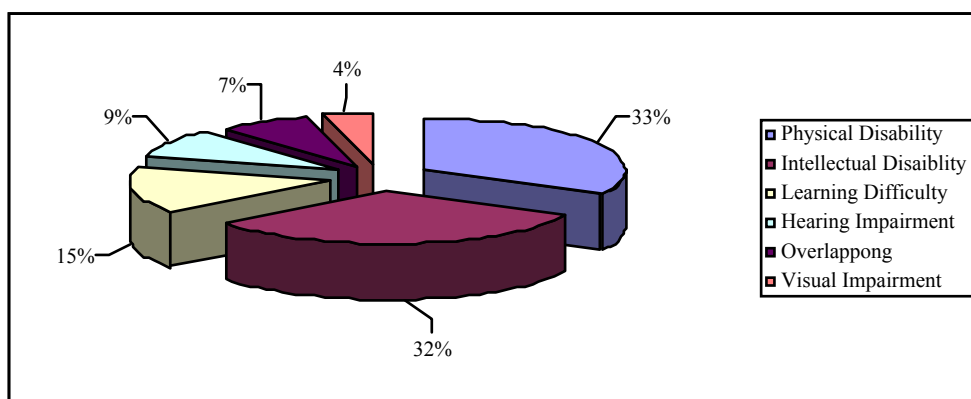
Area-specific Data

Figure 3: Distribution of Persons with Disabilities in Urban and Rural Areas in 1999



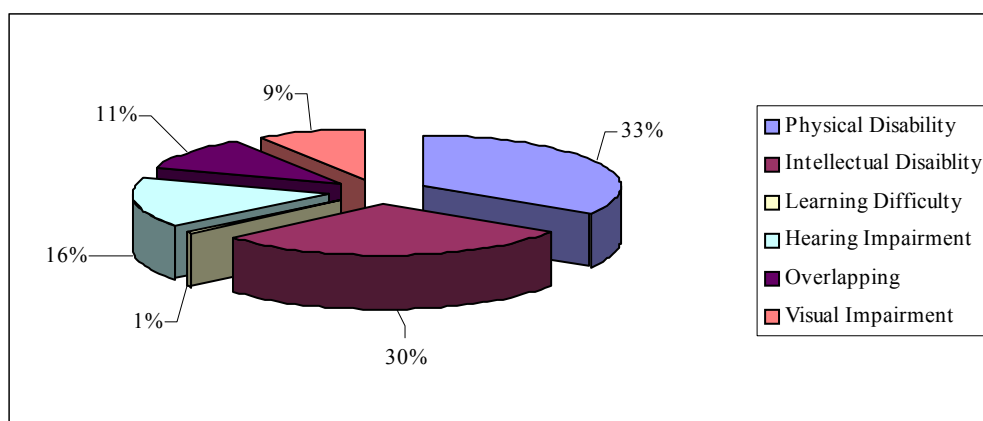
Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

Figure 4: Types of Persons with Disabilities in Urban Areas in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

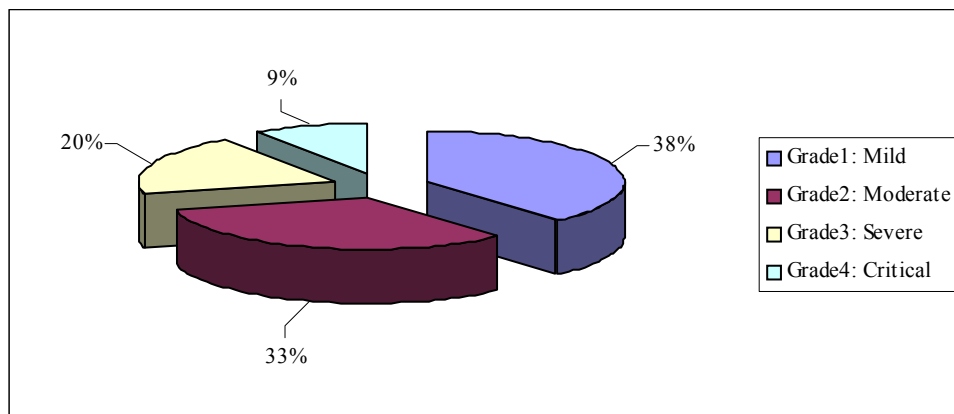
Figure 5: Types of Persons with Disabilities in Rural Areas in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

Grade-specific Data

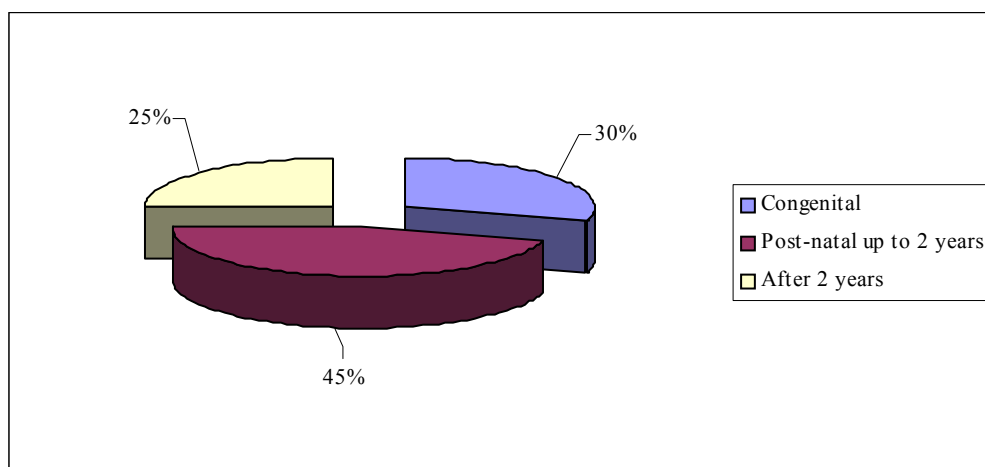
Figure 6: Persons with Disabilities by Grade in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

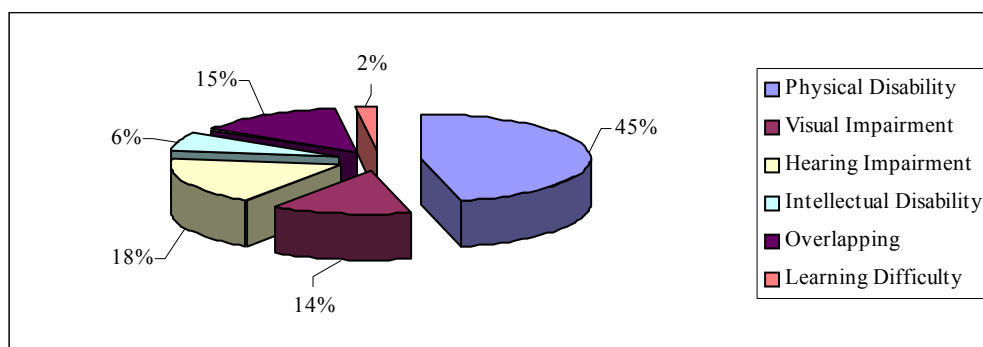
Cause-specific Data

Figure 7: Causes of Persons with Disabilities in 1999



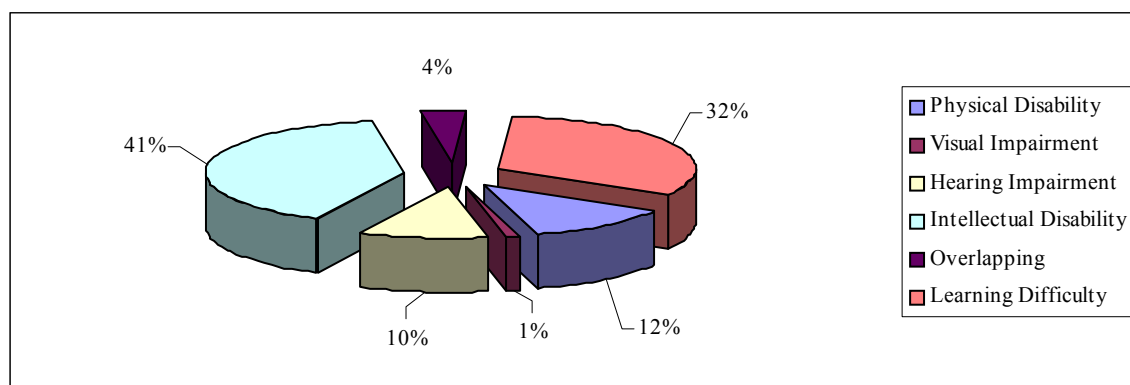
Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

Figure 8: Types of Congenital Disabilities in 1999



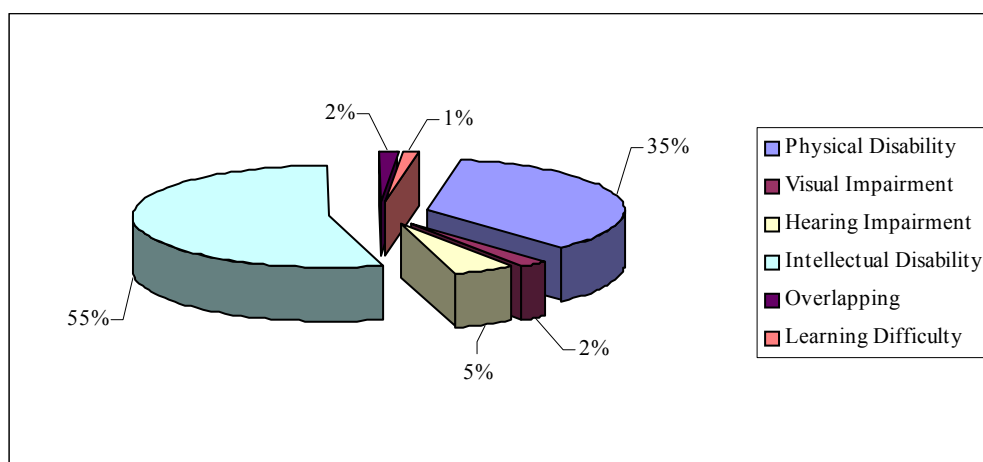
Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

Figure 9: Types of Disabilities Resulting Post-natally (up to 2 years) in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

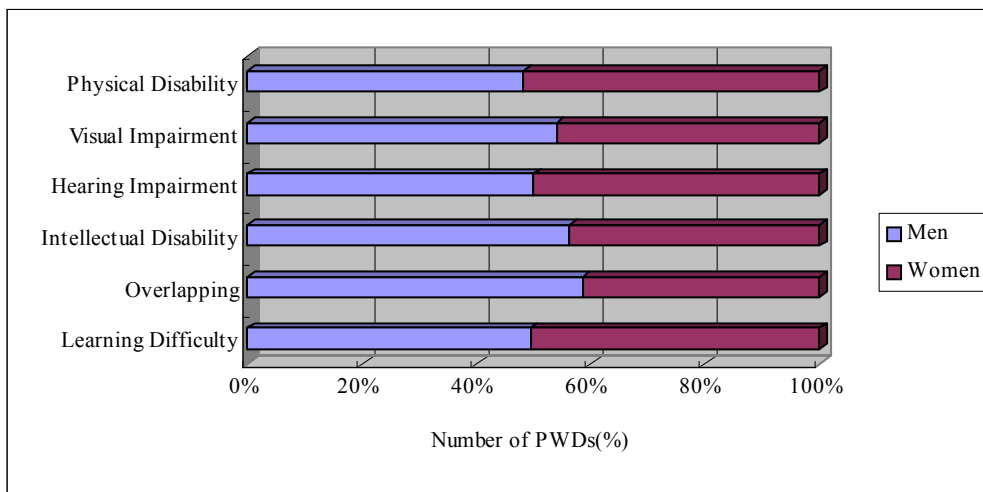
Figure 10: Type of Disability Resulting Post-natally (after 2 years) in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

Gender-specific Data

Figure 11: Ratio of Men and Women with Disability in 1999



Source: CESDIN(Center of Health and Integral Development). Country Profile Study on Persons with Disabilities in Bolivia. 2000

2. Issues on Disability

2-1. Definition of Disability in Bolivia

Law 1678 on persons with disabilities , in its first Article, agrees with the definitions of the World Health Organization (WHO) and the Disabled Peoples' International (DPI). Persons with disabilities are defined as those who have deficiencies from the point of view of functional efficiency in conducting their activities. Disabilities represent, in consequence, the level of disorder.

Within the experience of health, disability is a restriction or lack (due to deficiency) of ability to perform an activity, in the manner or within the range considered normal for a human being.

2-2. Current Situation

Rehabilitation started in 1932, based on Maria Antonieta Suarez's works with visually impaired persons in La Paz. In the 40s, an association of hearing and visually impaired persons was created in La Paz and Oruro. In the 50s, the Infantile Rehabilitation Institute (IRI) was established for persons with disabilities with locomotive disabilities, the INAI was also established to treat mental disability and managed by the Bolivian Psychiatric Society. In 1957, the Bolivian Institute for Blindness (IBC) was established by law.

The United Nations declared 1981 the International Year for Disabled Persons. The Commission for Persons with Disabilities was formed the same year and the First Congress of Persons with Disabilities was held.

In 1988, the National Institute of Infantile Development (INDI) was created by Supreme Resolution 22169, as a special supervisory organization, with authority to formulate policies and apply collective or individual scientific techniques in the fields of infantile protection, development and rehabilitation. This project obtained financing from the NGO, CARITAS – Germany, but was not as successful as expected perhaps due to the change of government.

On December 15, 1995, the Law 1678 of persons with disabilities was approved and issued on August 4, 1997. The National Committee for Persons with Disabilities (CONALPEDIS) was established in 1996. In 1997, the first Departmental Committee for Persons with Disabilities (CODEPEDIS) was created in Cochabamba, which is under the Unit for Disabilities of the Prefectural Social Management Office.¹

Those persons with disabilities who receive necessary care remains at only 4%, which shows how difficult it is for the majority of persons with disabilities to receive care and services. There are currently almost no efforts being made to eliminate social (in education and employment) and physical or structural (roads, buildings and lighting) barriers, which necessitates measures be taken to create a barrier-free environment.

2-3. Documentation and Surveys on Disability

The National Institute of Statistics (INE) and other organizations have conducted disability surveys but results have differed and the statistics lack reliability. For example, the Center of Health and Integral Development (CESDIN) survey found that more than half of persons with disabilities reside in urban areas, but in the Demographic and Health Survey, the majority of persons with disabilities were found to reside in rural areas. USAID has also pointed out that there is insufficient information on the actual number of persons with disabilities and types of disabilities. Therefore, it is important to build a comprehensive database in order to understand both the disability situation and needs of persons with disabilities.

According to the WHO and CONALPEDIS studies, 10% to 17% of the Bolivian population suffer from some kind of disability (WHO 10%, and Evangelic University in Santa Cruz 17%). However, registration of persons with disabilities in Cochabamba recorded 4,000 persons with disabilities, which represents approximately 1% of the population of the city. The variation in figures may be due to the fact that disability and handicap are neither clearly defined nor classified.

National surveys on disabilities reveal that there are 741,382 persons with disabilities in Bolivia, of which 3% (222,410 persons) have mental disabilities, 3% (222,410 persons)

¹ See Annex A, attached to: CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000.

physical disabilities, 3.5% (259,480 persons) sensorial disabilities and 0.5% (37,070 persons) other disabilities.⁶

According to the studies of INE, there are 282,670 children and youths from 5 to 19 years with learning problems caused by light or moderate mental and sensory disabilities⁷.

The most reliable data is said to be that of CONALPEDIS which registered approximately 28,000 persons with disabilities in Bolivia. According to CODEPEDIS in La Paz, only 4% of persons with disabilities receive care.

According to a study by DNEE, less than 1% of persons with disabilities have been examined at a center for mental or sensorial disabilities, or Infantile Cerebral Palsy (PCI). More than 50% of the centers of and for persons with disabilities provide assistance. There are 10 human resources training centers.

In 1988 the Demographic and Health Survey (ENDSA), which included some questions on disability, attempted to measure the extent of disability. The result was that only 1% of the total population had some type of disability, and they were located mostly in the urban areas.⁴

⁶ References: WHO, Ministry of Health, National Education Board and National Institute of Statistics (INE)

⁷ Reference: *Ley N^o.1565 de la Reforma Educativa*, which is included in the Annex B of Japan International Cooperation Agency, Centro de Salud y Desarrollo Internacional. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000.

⁴ USAID Website. The Second Annual Report on Implementing of the USAID Disability Policy. (Retrieved on March 12, 2002 from http://www.usaid.gov/about/disability/2ar_imp_policy.html) These statistics should be taken with caution because of the incomplete questionnaire and the large discrepancy in standard of statistics.

National Census

A National Census with questions on disability was realized in the National Census of Population and Housing 2001.⁵

【Title】	National Census of Population and Housing 2001
【Last published】	2001
【Items regarding Disability】 One of the objectives of the Census was to grasp the health situation.	

【If no National Census is available, specify hindrance to administer it.】

Information not available on persons with disabilities questions.

Other Surveys

【Title】	1988 Demographic and Health Survey (ENDSA)
【Last published】	1988
【Items regarding Disability】 Measured the extent of disability.	

⁵ Preliminary data of the National Census of Population and Housing 2001 can be seen on the website of INE (www.ine.gov.bo/).

3. Administration and Policy on Disability

3-1. Administration on Disability

* See Annex 1, for list of governmental organizations

Central Government

【Organizational chart】

N/A

【Disability-related Central Governmental Organizations】

【Name】	【Description】
Ministry of Health	Responsible for actions for preventing health disabilities, with the support of CONALPEDIS.
Vice ministry of Popular Participation and Municipal Enforcement	N/A
National Committee for Persons with Disabilities (CONALPEDIS)	Decentralized entity of the Ministry of Health. The Bolivian State transferred attribute of a technical-administrative character through Law 1678 and Supreme Resolution 24807.

Local Government

【Organizational chart】

N/A

【Disability-related Local Governmental Organizations】

【Name】	【Description】
Departmental Headquarters of Labor	Responsible for the occupational integration of Persons with Disabilities.
The Department Secretary of Popular Participation	In charge of promotion, coordination and support of popular participation in each department, including Persons with Disabilities.
Departmental Committee for Persons with Disabilities (CODEPEDIS)	8 Committees in the country. Each Committee has the same attributes and functions as the National Committee. Committees of Cochabamba and Tarija have operational budget.
Social Development Board	Created in each prefecture by Supreme Resolution 25060 with units in health, education, social management, and sports and culture.

3-2. Laws and Regulations on Disability

* See Annex 3, for other laws

【Title】	Labor Law
【Year legislated】	1949
【Purpose】	Welfare, Anti-Discrimination
【Description】	Occupational integration of Persons with Disabilities with the Departmental Headquarters of Labor sanctioning the entities or persons that diminish or discriminate. Proper remuneration for labor with disabilities, equal to non-disabled workers is also an issue.

【Title】	Law 1551 of Popular Participation for Persons with Disabilities
【Year legislated】	1994
【Purpose】	Popular participation of Persons with Disabilities
【Description】	The Department's Secretary of Popular Participation is in charge of the promotion, coordination and support of the popular participation in each department. The Departmental Committees try to find an appropriate way for the Departmental Secretary to be involved in disabilities problems.

【Title】	Law 1654 on Administrative Decentralization
【Year legislated】	1995
【Purpose】	Welfare
【Description】	Provides legal ways for CODEPEDIS to be active in each department.

【Title】	Law 1678 of Persons with Disabilities
【Year legislated】	1995
【Purpose】	Welfare
【Description】 ⁶	Sets forth the rights and obligations of Persons with Disabilities under the Bolivian legal system, including provisions for persons with disabilities inclusion in employment, education, health and social security. Creates CONALPEDIS as the institution responsible for the implementation of policies and activities to benefit and protect the rights of persons with disabilities. However, operationalization and enforcement remains an issue.

⁶ Disability Rights Education and Defense Fund, Inc. (DREDF) Website. (Retrieved on 12 March, 2002 from <http://www.dredf.org/symposium/bolivia.html#summary>)

【Title】	Law 1818 on Defense of the People
【Year legislated】	1997
【Purpose】	Welfare
【Description】	Defends the rights of persons with disabilities in public services. Protects, promotes and defends rights of persons with disabilities. Subordinate to the State's Political Constitution and Laws.

3-3. Policies on Disability

Although the Bolivian government has enacted disability-related laws and policies, low awareness of problems of persons with disabilities and lack of implementation support has meant policies are enacted but not actually implemented. Important priorities are to raise disability awareness within the government and strengthen implementation of welfare for persons with disabilities and management capacities. At the same time, cooperative relations between the government and private organizations that currently implement disability-related support activities will help promote policy implementation.

National Development Plan

【Title】	Strategic Health Plan (PES) ⁷
【Period】	1997-2002
【Items regarding Disability】	Fundamental pillar of persons with disabilities health and quality of life improvement .

3-4. Measures on Disability

Prevention, Identification and Early Intervention

【Current situation】

The Mental Health Unit of the Ministry of Health with the support of CONALPEDIS is responsible for disability prevention. They provide primary, secondary and tertiary health service, both institutional and communal. However, insufficient knowledge on prevention and economic management has inhibited efficiency. Social management is almost non-existent despite the existence of specific laws for this purpose.

The National Policies for Prevention of Disabilities and Health Rehabilitation have been taken up in the Strategic Health Plan (PES), but a prevention model has not yet been established.

The following is an analysis of the current strategies and services of PES which takes into account the recommendation of the World's Action Program for Persons with Disabilities (WHO⁸) and the disability prevention model of DPI.

The three principles of disability prevention, according to the recommendations mentioned above, are⁹:

- 1) Health as a life norm.
- 2) Prevention of diseases.
- 3) Communal care for all (including persons with disabilities).

In Bolivia, 30% of persons with disabilities have a congenital disability and 45% are disabled due to an illness or accident before the age of 2 years old. As disabilities resulting prior to, during and after birth are said to be numerous, infant and child health as well as prenatal and post-natal care for mothers may help prevent these disabilities. Although activities to prevent and identify disabilities in children are currently being undertaken, these activities are infrequent in rural areas and the importance of post-natal examinations does not appear to be recognized. Therefore, it is necessary to expand health services to areas previously not reached, improve the quality of prevention and early identification services, and also heighten people's awareness to help prevent disabilities and actively utilize existing health services.

1) Health as a life norm

The National Policy for Prevention of Disabilities (PNPD)⁸, in the framework of Law 1678, establishes:

⁷ Annex E of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000.

⁸ Annex H of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000.

⁹ Annex G of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000.

- That access of persons with disabilities to health services and rehabilitation programs will be organized into different establishments, according to epidemiological criteria and levels of complexity.
- That rehabilitation services of regional hospitals, besides being reference centers, will be coordinators, supervisors and advisors of rehabilitation programs developed at the level of their respective network of services and in their respective municipal and departmental governments, to fulfill norms and national policies.
- The immediate incorporation of all patients who have suffered a health problem leading to a decrease of their functions into a rehabilitation treatment scheme by the treatment service.
- An increase of multidisciplinary training by the public sector and articulating it with the social sector to cover the lack of human resources in public rehabilitation
- The provision of incentives by training institutions to increase the training of professionals for multidisciplinary rehabilitation teamwork and to incorporate this training into pre- and post-graduate education.

PNPD also supports efforts in the struggle against poverty, unemployment, environmental preservation, improvement of health habits and the struggle against legal and illegal drug consumption.

2) Prevention of Diseases

According to the current PES, disease prevention policy focuses on the prevention of physical, mental or sensorial disabilities (primary prevention), early diagnosis (secondary prevention), and avoiding deterioration of disability that would generate psychological, physical and socially negative consequences (tertiary prevention).

Primary Prevention: Specific activities include the strengthening of educational activities to promote health and to prevent deficiencies and disabilities, such as reproductive health programs, the Extended Program of Immunizations (PAI), campaigns for preventing cancer and cardiovascular diseases, some programs for the prevention of work, household and road accidents. The principal causal factors of disability are accidents in pregnancy and delivery, traffic accidents, workplace accidents, and chronic diseases. Accidents are the first cause of mortality and disability for infants, adolescents and youth. 8% of minors from 5 to 14 years (159,789) are injured each year. The second cause of visits to Hospital Obrero (HO) and the

Hospital del Niño (HN) are accidents, 5% or more of them (7,989) will present deficiency or disability¹⁰.

Secondary Prevention: Early diagnosis of any kind of deficiency or disability is possible through the Bolivian health system. Its Basic Health Insurance scheme and the reproductive health program targets children under 5 years old and pregnant mothers, and is provided free-of-charge to low-income families. Unfortunately, early diagnosis is not clearly defined in national policies and insurance objectives, resulting in fragmented diagnoses of organs or systems or specialized diagnoses which should be done by “specialists”. This prevents general doctors, who could identify children with disabilities with simple and clear concepts of infantile development to play an active role in early diagnosis of disabilities.

Another mitigating factor in the early diagnosis of disability is the lack of training of Health and Maternal Infantile Programs teams in community areas in infant growth and development. Increased knowledge would enable easy and low cost identification for those children who may have a deficiency, impairment or disability.

An example that illustrates this problem is as follows. The two largest maternity hospitals in La Paz, “Hospital 18 de Mayo” and “Hospital de la Mujer” deliver almost 5,000 babies per year respectively, but as 15% to 20% of the pregnancies (1,500 to 2,000) are high risk, 10% of the newborn babies (150 to 200) have some kind of deficiency or disability, and 2% to 3% of the newborns (200 to 300) present some kind of congenital malformations¹¹. 15% (1,500) are born prematurely and/or underweight, of which 20% (300) will present some type of deficiency or disability¹² in the future. 800 newborns per year in both maternity hospitals will present some kind of deficiency or disability and the majority will require rehabilitation services.

¹⁰ References: INE, Pediatrics Service HO, HN, and LISMI

¹¹ References: World Action Plan, LISMI

¹² Reference: Ministry of Health

The proportion of newborns that suffer an obstetric accident during delivery is 3 out of 1000 in maternity hospitals around the world but the figure is much higher in Bolivia. This is due to the fact that only 50% of the deliveries are institutional, with the remaining 50% delivered at home, which increases obstetric risk and the number of newborns with some kind of deficiency or disability that will need rehabilitation services.

Obstetric risks during delivery, in mainly adolescent or aged women, and the quality of health services are the causes of high maternal mortality rates and disability. It is acknowledged within Bolivia that this could be prevented by reducing the number of risky pregnancies, reducing the number of premature newborns with congenital malformations, and reducing the number of accidents during delivery with the possibility of accomplishing a secondary prevention pilot project in the new “Hospital Materno Infantil” of the National Health Board (CNS), which is financed by the Government of Japan.¹³

Tertiary Prevention: Tertiary prevention is costly, as the second and third cause of consultation and hospitalization of pediatric services at HO and HN are neurological and trauma-related. Orthopedic damages and sensorial disorders are the most frequent etiology of disabilities for infants and adolescents. However, patient care is not integrated and does not answer the needs of persons with disabilities. It is acknowledged that tertiary prevention would be improved by integrating rehabilitation, integration of persons with disabilities into schools and special education, participation and integration in the economic life, community integration and the promotion of self-sufficiency.

Policy for prevention

【Policy/program title】	National Policy for Prevention of Disabilities and Health Rehabilitation (PNPD) ¹⁴
【Implementation year】	1996
【Description】	Prevention and care of disabilities through the Ministry of Health. The state coordinates actions with all organizations of society to improve their execution capacity, directed to fight discrimination and to regulate actions for the population in general, but in particular the most vulnerable groups, including persons with disabilities.

¹³ See Annex I of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000, for more information.

¹⁴ See Annex G of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000.

【Policy/program title】	Strategic Health Plan (PES)
【Implementation year】	1997
【Description】	A strategic plan covering the entire Bolivian health system, including prevention of disabilities.

The PNPD and PES are inspired by three principles: social responsibility, commitment to Bolivia, and the strategic alliance of Bolivian people and political ethics, offering:

- universal access including health care for persons with disabilities.
- family and community medicine as the instrument of primary attention to persons with disabilities.
- epidemiological protection; the Extended Immunization Program, and environmental health as the two lines of action to prevent disabilities.
- basic health insurance;
- high-priority health programs; integral attention to the prevalent diseases of infancy, nutrition and nourishment, integral attention to women, sexual and reproductive health, adolescents, the third age, attention and prevention of domestic violence, mental health, habits and healthy life styles, occupational and verbal health.

【Policy/program title】	Mental Health Policy
【Implementation year】	N/A
【Description】	N/A

【Policy/program title】	Extended Programs of Immunizations
【Implementation year】	
【Description】	Aims to prevent disabilities through immunization programs.

【Policy/program title】	Reproductive Health
【Implementation year】	
【Description】	Aims to prevent disabilities through education and reproductive health care

【Policy/program title】	Basic Health Insurance
【Implementation year】	

【Description】

Specific measure for early identification. Free services for pregnant mothers and children less than 5 years are provided.

Medical Services and Rehabilitation

1. Medical Rehabilitation

【Policy/program title】	Law 1678 of Persons with Disabilities
【Implementation year】	1995
【Description】	Defines and guarantees rights and duties of persons with disabilities.

【Policy/program title】	National Prevention Policy for Disabilities, Health Rehabilitation (PNPD)
【Implementation year】	1996
【Description】	Focuses on prevention of and attention to disabilities

Education

【Current situation】

The integration of persons with disabilities into formal schooling, to alternative education or special education has been discussed within educational reform policy debates. 935 persons with disabilities have been integrated into school , 225 children with disabilities into the pre-school level , and 176 into the occupational level for a total of 1,336 persons integrated.

【Policy/program title】	Law 1565 on Educational Reform
【Implementation year】	1994
【Description】	Integration of persons with disabilities to formal or alternative schools.

【Policy/program title】	Law 1678 of Persons with Disabilities
【Implementation year】	1995
【Description】	Guarantees the health and education services for persons with disabilities.

Social Service

【Current situation】

19.2% of total governmental expenditure is allocated to insurance and social welfare, and less

than 2% for persons with disabilities¹⁵.

Article 22 of Law 1678 is controversial as persons with disabilities are required to apply personally for tax exemption on medicines they use but this is not practical in many cases. At the same time, this Law 1678 envisages the creation of a short term insurance.

According to Law Resolution 131214, persons with disabilities under 19 years old who are certified by the CNS disabilities committee, are provided total medical attention. Medical care beyond this age becomes difficult and high-cost.

The Human Development Report 2000 (HDI) supports the idea that mass media, such as radio, television, and new interactive means would help improve public awareness and ultimately the social welfare of persons with disabilities.

【Policy/program title】	Law Resolution 131214
【Implementation year】	1975
【Description】	Guarantees total medical attention for persons with disabilities less than 19 years old, certified by the disabilities committee of the National Health Unit.

【Policy/program title】	Law 1654 on administrative decentralization
【Implementation year】	1995
【Description】	Created operative units and services for persons with disabilities at the departmental and provincial level.

【Policy/program title】	Law 1818 on Defense of the People
【Implementation year】	1997
【Description】	Protects human rights of every person, including persons with disabilities.

【Policy/program title】	Supreme Decree 25060
【Implementation year】	1998

¹⁵ See Annex C of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000

【Description】

Determines the creation of a disabilities unit in each departmental government that depends on the Social Development Board.

Vocational Training and Employment Promotion Service

【Current situation】

The labor law and related regulations promotes policies in favor of persons with disabilities. It coordinates the occupational placement of persons with disabilities with the Headquarters of the Department of Labor, sanctioning the entities or persons that unfairly fired or discriminated, overseeing remuneration so that it corresponds to the work, and is at the same level of those without disabilities. However, enforcement of this law remains a problem.

When an employee or a worker suffers an accident, the law guarantees timely rehabilitation so that the employee or worker can return to his/her work or to another position according to his/her ability or grade of disability. Persons with disabilities receive a disability pension according to the results of the diagnosis¹⁶. The law also aims for respectful and equal treatment of persons with disabilities but enforcement remains an issue.

【Policy/program title】	Persons with Disabilities rights Legislation: Bolivia-International Labor Organization (ILO)
【Implementation year】	1993
【Description】	Normative basis for socio-labor integration of persons with disabilities.

【Policy/program title】	Labor Law and related regulations
【Implementation year】	1949
【Description】	Labor protection and integration of persons with disabilities.

【Policy/program title】	Human Development Report 2000
【Implementation year】	2000
【Description】	Strategy given for struggle against poverty and promotion of human development.

¹⁶ For the manual of evaluation and qualification of disability grade, see Annex D of CESDIN. *Country Profile: Study on Persons with Disabilities in Bolivia*. La Paz: 2000

Community-based Rehabilitation (CBR)

【Current situation】

Rehabilitation is an integral process not limited to the health area, but covering multiple sectors, and including not only specialized personnel, but also the family, the community and persons with disabilities themselves.

According to PNPDP,

- 1) The State will create and support the organization and the adequate operation of community-based rehabilitation itself and, in civil society, it will promote or assure the adequate coordination of the actions in institutional and intersectional rehabilitation, organized in the different levels of the State including the community. At a national level, CONALPEDIS and the Mental Health Unit of the Ministry of Health will be responsible for CBR in Bolivia.
- 2) These services will include the strategies developed by the community, to detect and prevent disabilities at an early and timely stage.
- 3) These services will be established within a network system of attention that will be able to involve other service systems (public, private, mixed, NGO's and others) at a community level according to the existing and available resources.
- 4) The State will support private networks and NGOs involved in national rehabilitation, when they are integrated into the complementary rehabilitation networks, and when they are involved in coordination at the community level.
- 5) A community referral system will be established.
- 6) Health systems will incorporate data on disabilities, detected at a community and municipal level, for timely information that allows for the selection and management of rehabilitation programs.
- 7) Prefectures and Municipalities will be stimulated to organize training on rehabilitation, for both health and community officials.
- 8) The HDI 2000 support the need of a social communication component, directed to break social, architectural, occupational, communicational and other barriers. Social communication will be executed by the Municipal and Departmental Governments, civil society, NGOs and social media.

THE RIC EXPERIENCE

The Integral Rehabilitation in the Community (RIC) program began in Cochabamba in 1994. Its philosophy consists of the sharing of common life problems between persons with disabilities and non-disabled persons which would lead to equal rights and obligations practiced by all citizens, and in realizing physical, functional and social integration of persons with disabilities in the family, education and occupations. In short, it is a program for awareness-raising about disability and integration of persons with disabilities.

This program has operated in Cochabamba since 1994 (National Coordination) and has regional offices in: Riberalta, Oruro, Santa Cruz and La Paz. The Vaal Foundation of Holland provides the financing and it has trained 2,840 persons.

THE CESDIN EXPERIENCE

The Center of Health and Integral Development (CESDIN) Community Programs have succeeded in identifying high-risk children. 10 out of 380 children younger than 5 years (that attend the programs of CESDIN were diagnosed with disabilities through the infantile development chart in its first year. CESDIN has an interdisciplinary team for CBR training and the diagnosed children have been incorporated into its CBR program.

CESDIN receives financing from Christian Children's Fund and has started CBR through the diagnosis and therapy of a German and Spanish doctor.

【Policy/program title】	Law 1551 of Popular Participation
【Implementation year】	1994
【Description】	Establishes Rehabilitation Programs for the Persons with Disabilities at the Mayoralty and Prefecture level, with the support of CODEPEDIS.

Communication Tools

【Current situation】

No information available.

【Policy/program title】	N/a
【Implementation year】	
【Description】	

3-5. Experts and Workers in the Field of Disability

One of the reasons for policies on disabilities have not been implemented is said to be due to a lack of welfare personnel for persons with disabilities. Although there are university degrees for occupational therapists and social workers, there are insufficient human resources with practical knowledge and understanding of techniques. Training of staff that can undertake CBR and early identification are especially in need. In order to train these people so that they can sufficiently satisfy the needs of persons with disabilities, it is important to not only increase trained personnel but also revise the training curriculum of existing institutions and reeducate those who are currently involved in providing welfare services. Additionally, the Center of Health and Integral Development (CESDIN) has stated that domestic and international cooperation is important in realizing this training.

Name/Title	Education	Level
Auxiliary Therapist	Institute / Empiric	Middle Technician in Special Education
Auxiliary Nurse	Institute / Empiric	Middle Technician
Nurse	University	University Degree, Superior Technician
Early Stimulation	University	Superior Technician
Pharmacist	University	University Degree
Physiotherapist	University	University Degree, Superior Technician of Physical Therapy
	Institute / Empiric	Middle Technician
Speech and Language Therapist	University	University Degree, Superior Technician
	Institute / Empiric	Middle Technician
Doctor	University	University Degree
Rehabilitation Doctor	University	Post Graduate (rehabilitation, psychiatry, neurology, ophthalmology), Superior Technician (neurology)
Dentist	University	University Degree
Professions – other	University	University Degree (engineering), Superior Technician
	Institute / Others	Middle Technician of Administrative Support
Pedagogue	University	University, Post Graduate Degree

	University	University Degree in Primary Education
	University	Superior Technician
Painter	University	Superior Technician Paint
Teacher	College for Teachers	Special Education of Superior Technician, Middle Technician of Special Education
		Teacher (plastic arts, physical education, music, techniques, religion, vocational technique, math, literature, physics, art)
		Pre-School Teacher
		Primary Teacher
	Empiric	Carpenter Middle Technician, Music Middle Technician, Middle Technician of L.D.A.
	Institute / Empiric	Working Therapy Middle Technician, Office Teacher
	Institute	Mechanical Teacher, Jewelry Teacher, Middle Technician of Orthosis and Prosthesis, Middle Technician of Abacus, Middle Technician Braille
Psychologist	University	University Degree, Superior Technician
Psycho-pedagogue	University	University Degree, Superior Technician
Chiropractor	University	Superior Technician
Weaver	Institute / Empiric	Weaver
Occupational Therapist	University	University Degree, Superior Technician
	Institute / Empiric	Middle Technician
Social Worker	University	University Degree, Superior Technician

4. Disability-related Organizations and Activities

4-1. Activities by Disability-related Organizations

* See Annex 1, for list of organizations

Current State of Organizations¹⁷

Public sector:

The Bolivian government, municipalities and local prefectures (analogous to state government) continue to be virtually inactive regarding the implementation of laws and/or programs related to Persons with Disabilities. For example, the Municipality of La Paz has issued a number of ordinances aimed at providing employment opportunities to qualified persons with disabilities, but these ordinances have never been enforced.

Local prefectures however do support some institutions with mostly in-kind contributions (e.g. salaries for specialized teachers and physiotherapy technicians). In La Paz, the Departmental Institute of Infantile Adaptation (IDAI) received limited operational support in addition to in-kind contributions from the local prefecture and the central government. IDAI is one of the biggest institutions in La Paz (serving 330 persons with mainly physical and mental disabilities) that has provided institutionalized rehabilitation services during the last 20 years.

Private sector:

It is primarily the private sector that coordinates and programs activities to address the needs and rights of the persons with disabilities. An estimated 40-60 small private institutions including a few NGOs, almost entirely located in the urban centers, work with persons with disabilities nationwide.

These institutions also provide sensitivity and advocacy interventions for persons with disabilities, albeit mostly in the cities. RIC (Integral Rehabilitation into the Community) has taken the lead in scaling up this effort to a nationwide level.

Prevention and rehabilitation services by the private sector are financed mainly by private local and international NGOs (e.g. the Delgadillo Foundation/ Consipe in Cochabamba, Foundation Dewall in Santa Cruz and Cochabamba).

¹⁷ USAID Website. The Second Annual Report on Implementation of the USAID Disability Policy, 2000. (Retrieved on March 12, 2002 from http://www.usaid.gov/about/disability/2ar_imp_policy.html)

4-2. Cooperation Projects on Disability Organized by International Donors and Others

* See Annex 2, for list of projects

Assistance by Multilateral/Bilateral Organizations and International NGOs

USAID:

USAID has concentrated on preventing disabling diseases and rehabilitation interventions through its partners.

USAID, through the Health Strategic Objective Teams (SOT), will continue to put an emphasis on the prevention of disabling diseases through its new infectious disease initiative (e.g., malaria, Chagas, tuberculosis, espundia). In addition, the Health SOT, through its family planning interventions, will continue to improve prenatal care to reduce high-risk pregnancies, which in turn will lower the risk of physical and mental damage to newborns.

IDB

The IDB has supported the National Statistics Institute (INE) in conducting the year 2000 National Census of Population and Housing 2001, which is said to include questions on persons with disabilities. However, this information has not been confirmed.

Assistance by Japan¹⁸

In FY 2000, Japan initiated the Study on the Enhancement of District Health System for Beni Prefecture and provided medical equipment to the La Paz Mother and Child Health Hospital but was not involved in any projects directly related to persons with disabilities.

¹⁸ Ministry of Foreign Affairs Japan Website. *Wagakoku no Seifu Kaihatsu Enjo FY 2000* (Japan's ODA FY 2000)

Retrieved on March 14, 2002 from http://www.mofa.go.jp/mofaj/gaiko/oda/00_hakusho/index.html

5. References

This report is edited based on the main source which was drafted by a local consultant.

Main source:

CESDIN(Center of Health and Integral Development). *Country Profile Study on Persons with Disabilities in Bolivia*. 2000

Other references:

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